

14th ASEAN & 11th Perak Health Congress on Primary Health Care

10 -12 July 2026
Kinta Riverfront Hotel
& Suites
Ipoh, Perak, MALAYSIA

**Health Sector
Transformation:
Challenges Moving Forward**

Pre-Congress 09 July 2026

Joint organisers



Perak Association
of Public Health
Physicians



Perak Medical
Practitioners'
Society



Family Medicine
Specialists'
Association Perak

Official Opening of the Congress

by Perak State EXCO for
Human Resources, Health,
Indian Community Affairs
and National Integration

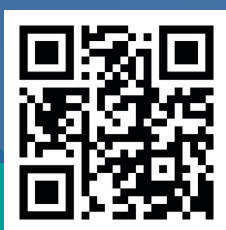
YB Dato' A. Sivanesan

Keynote Address:

**VISIONARY HEALTH CARE
REFORMATION**

by Director-General of Health,
Malaysia

Datuk Dr Mahathar Abd Wahab



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ABSTRACTS & PROGRAMME

No.1 Mucolytic Worldwide*

*Within phytomedicine category. Internal calculations by Engelhard using selected data based on IQVIA Global Analyzer MAT 12/2018



MAL10070656T



- 2X* faster recovery in cough
- Dual-action care for cough and throat irritation

*Schaefer A, et al. (2016). A randomized, controlled, double-blind, multi-center trial to evaluate the efficacy and safety of a liquid containing ivy leaves dry extract (EA 575[®]) vs. placebo in the treatment of adults with acute cough. Pharmazie. 2016; 71(9): 504-509.

Contents	Page No.
Message from Organising Chairman Dr Yee Meng Kheong	4
Foreword by Perak State Exco for Human Resources, Health, Indian Community Affairs & National Integration YB Dato' Sivanesan A/L Achalingam	5
Organising Committees & Faculty Members	6
Pre-Congress Workshop Programme	7
Opening Ceremony Programme	8
Layout Plans for Booth and Halls	9
Abstract – Pre-Congress Thursday 9 th July	14
Abstracts – Day 1 Friday 10 th July	14 - 19
Abstracts – Day 2 Saturday 11 th July	20 - 26
Congress Programme	34 - 35
Abstracts – Day 3 Sunday 12 th July	43 - 48
Oral Abstracts (lavender Hall)	49 - 50
Poster Abstracts (Right Wing of Rafflesia Ballroom)	51 - 60
Acknowledgements (to all our sponsors)	66



Message from **Organising Chairman**

I would like to extend a warm welcome to all our Guests, Speakers, Presenters and most of all, delegates from far and near, to our 14th ASEAN and 11th Perak Health Congress on Primary Health Care.

Welcome to Ipoh, Perak.

Our theme for this congress is “Health Sector Transformation: Challenges Moving Forward”. With increasing awareness and expectation from the public on healthcare delivery especially when they have access to sources with artificial intelligence, it is indeed challenging. There has to be continuing changes and improvements in the delivery of these services to be able to satisfy the needs of the population. The Scientific Committee has comprehensively prepared a 2 ½ day program which includes 4 plenaries, 13 symposia, 2 lunch and a tea symposium, a free paper and poster presentation session. The committee has made every effort to attempt to cover all the challenging topics on health care for all.

We have come a long way, organising the 1st ASEAN Conference on Primary Health Care in March 1999 with the caption “Primary Health Care into the next Millennium”. We are now 26 years into that millennium and we are still managing the transformation of the sector & looking at Challenges Moving Forward.

I would like to thank the committees who had stayed steadfastly with me the last one year, organising this congress. We had our first meeting in April 2025 and in total had 10 meetings to date, with maybe a few more before the doors finally open for the 1st plenary on Friday 10th July.

I would like to thank the sponsors for the exhibition booths, lunch/tea symposia, advertisers in this program book and all well wishers.

I thank you all for your attendance and in making this congress a successful one. Meetings are never fulfilling unless there is a good crowd. I hope you find this congress fruitful and the lectures and presentations informative. Have a good stay in Ipoh.

Dr Yee Meng Kheong

Organising Chairman, 14th ASEAN & 11th Perak Health Congress 2026
President-Elect PMPS 2026-2027



**Foreword by the
Perak State EXCO Human
Resources, Health, National
Unity and Indian Community
Affair
YB Dato' A. Sivanesan**

It gives me great pleasure to extend my heartfelt congratulations to the organisers of the 14th ASEAN and 11th Perak Health Congress on Primary Health Care for their dedication and commitment in bringing together healthcare professionals, policymakers, academicians, and industry partners under one platform.

I would also like to express my appreciation to the Perak Medical Practitioners Society, the Perak Association of Public Health Physicians, and the Family Medicine Specialists' Association Perak for their continuous collaboration and contribution towards strengthening primary healthcare services in Malaysia and the ASEAN region.

The theme of this year's congress, "Health Sector Transformation: Challenges Moving Forward", is timely and highly relevant. The healthcare landscape continues to evolve rapidly with growing demands, technological advancements, changing disease patterns, and increasing public expectations. These developments require healthcare systems to be more resilient, adaptive, and patient-centred.

Primary health care remains the foundation of an effective healthcare system. Strengthening this sector is essential to ensure equitable access, preventive care, early intervention, and sustainable healthcare delivery for all communities. Conferences such as this serve as an important platform for knowledge sharing, professional networking, and meaningful discussions on the future direction of healthcare transformation.

I am confident that this congress will generate valuable insights, innovative ideas, and strategic collaborations that will contribute towards improving healthcare outcomes and enhancing the quality-of-care delivery across the region.

I would also like to acknowledge and thank all sponsors, partners, speakers, and participants for their support and commitment in making this congress a success.

Wishing all participants a productive and insightful congress ahead.

Organising Committee:

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Dato' Dr Feisul Idzwan b Dato' Mustapha

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Dr Yee Meng Kheong

Organising Co-Chairman

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Dr Melinder Kaur Dhillon

Dr Mohamad Israk Bin Mohamad Isa

Dr Mohamad Zikri Bin Mohamad Isa

Dr Mohammad Zawawi Bin Abu Bakar

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Dr Tivya Soundarajan

Dr Yeoh Kian Hua

Pre-Congress Workshop

09 July 2026 • Time: 14:00 – 17:00 hr

Level 3, Lavender Hall

POINT OF CARE ULTRASOUND (POCUS) IN PRIMARY CARE

DATE: 09 July 2026

TIME: 2.00PM- 5.00PM

TENTATIVE (4 STATIONS)

-Each station 40 minutes (including brief introduction for each topic)

STATION	TOPIC	SPEAKER
1)Abdomen	1)Kidney 2)Biliary	Dr Melinder Kaur Dhillon (FMS)
2)FAST (Focus assessment with sonography trauma)	-pericardium -right upper abdominal quadrant -Left upper abdominal quadrant -pelvis	Dr Mohd Azzahi bin Mohamed Kamel (FMS)
3) DEEP VEIN THROMBOSIS	-Femoral -Popliteal	Dr Mohamad Zikri Bin Mohamad Isa (FMS)
4) BASIC ECHO + IVC (Inferior vena cava) and AORTA	Basic ECHO, AAA & IVC	Dr Mohammad Zawawi Bin Abu Bakar (FMS) -Fellowship in POCUS

OPENING CEREMONY

PROGRAMME

10 July 2026, Friday

**Venue: Rafflesia Ballroom, Level 2
@ Kinta Riverfront Hotel & Suites**

09:00 Delegates and guests to be seated
Arrival of the Guests of Honour

Perak State EXCO for Human Resources, Health,
Indian Community Affairs and National Integration
YB Dato' Sivanesan A/L Achalingam

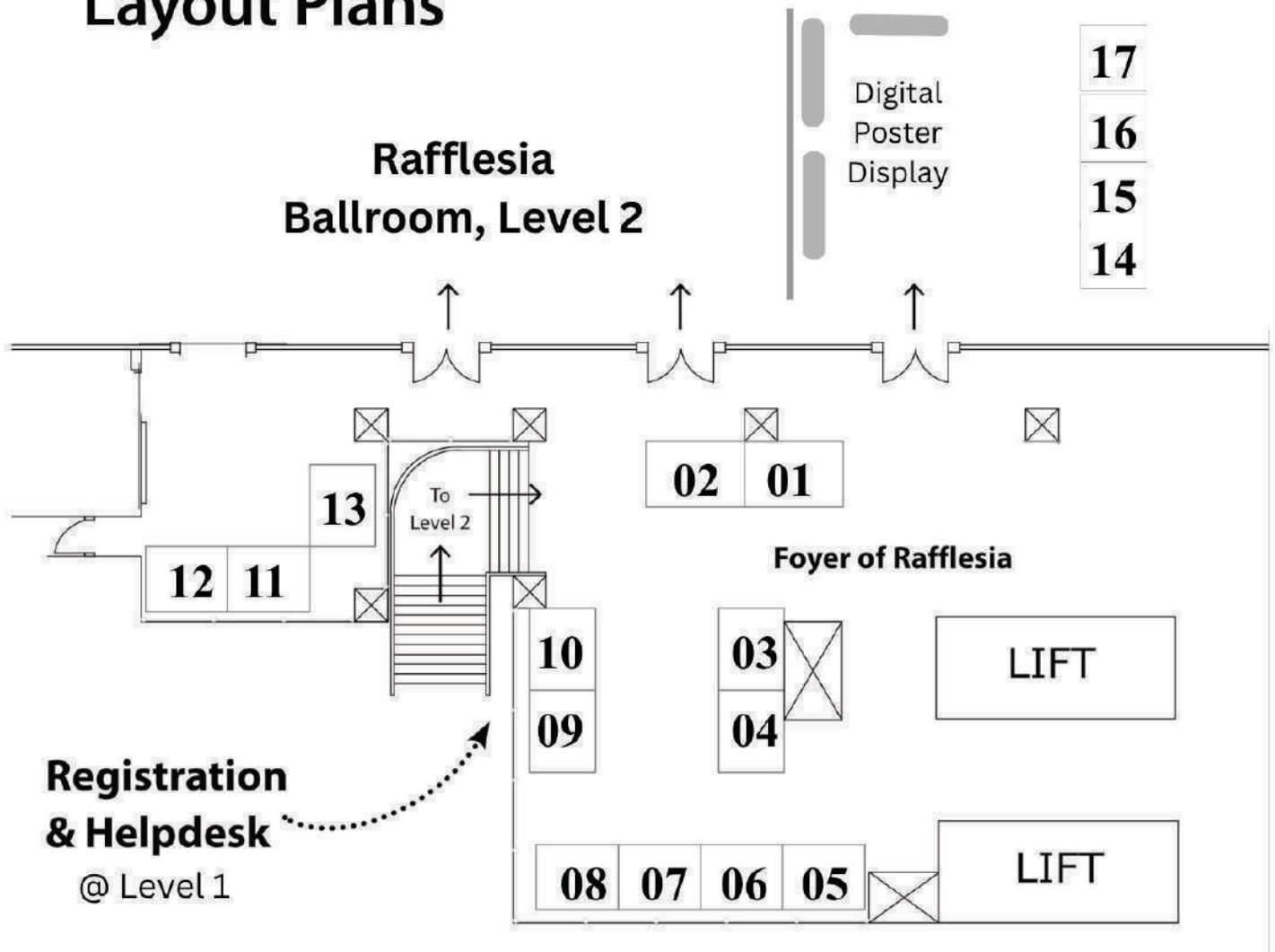
Keynote Address
VISIONARY HEALTH CARE REFORMATION
by Director-General of Health, Malaysia
Datuk Dr Mahathar Abd Wahab

10:00 **Welcome address by**
Organising Chairman & PMPS President-Elect,
Dr Yee Meng Kheong

Speech &
Official Opening of the Congress
Perak State EXCO for Human Resources, Health,
Indian Community Affairs and National Integration
YB Dato' A. Sivanesan

Opening of Trade Exhibition by the Guests of Honour
Tea & Press Conference

Layout Plans



**Registration
& Helpdesk**
@ Level 1

BOOTHS

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15. Quill Ipoh Orthopaedic Hospital
16. Unkl Royal College of Medicine Perak
17. Modiezhm Sdn Bhd

LOCATION SUMMARY

Ballroom (Level 2): Rafflesia Ballroom
E-Poster Display (Level 2): Right Wing of Rafflesia
Trade Exhibition (Level 2): Foyer & Right Wing of Rafflesia

Lavender Hall (Level 3)

Registration & Help Desk
 Ground Floor (Level 1): Foyer



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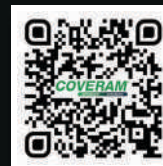
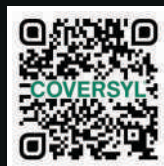
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- Intensive Care (Anaesthesiology)
- Interventional Neuroradiology
- Nephrology
- Neurology
- Neurosurgery
- Nuclear Medicine
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- Ophthalmology, Medical Retina & Uveitis
- Orthopaedic, Foot & Ankle Surgery
- Orthopaedic, Hand & Microsurgery
- Orthopaedic, Spine Surgery
- Orthopaedic & Sports/ Robotic Surgery
- Otorhinolaryngology
- Otorhinolaryngology & Rhinology
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Digestive Health



Abstracts Pre Congress Thursday 09 July

PC	THU 09 JULY
	1400 – 1700
	Lavender

POINT OF CARE ULTRASOUND (POCUS) IN PRIMARY CARE

Point-of-care ultrasonography (POCUS) is rapidly evolving as a non-invasive adjunct to physical examination among various specialties including primary care and Family Medicine. POCUS increases the accuracy of conventional physical examination by providing the answers to simple clinical questions at the bedside. A large body of evidence clearly demonstrates that using POCUS improves clinical outcomes, reduces failure and complication rates during procedures, rapidly narrows differential diagnoses, shortens times to definitive treatment, lowers costs, and reduces the use of ionizing radiation of computed tomography (CT) imaging. Involving patients in their diagnosis at the bedside by showing them their anatomy in real time palpably enhances the patient-doctor experience, engenders confidence in the physician’s diagnosis, and has been shown to improve patient satisfaction. Practitioners of POCUS are recommended to have basic knowledge and skills in POCUS before implementing it in daily clinical practice.

Abstracts Day 1 Friday 10 July

P1	FRI 10 JULY
	0800-0900
	Rafflesia

PLENARY 1

DR MAHESHWARA RAO A/L APPANNAN

ENHANCING DIGITAL TRANSFORMATION IN PRIMARY CARE

Digital transformation is rapidly redefining primary healthcare delivery in Malaysia, positioning it as a more accessible, efficient, and patient-centred system. In recent years, the Ministry of Health has accelerated this agenda through bold implementation strategies, scalable digital infrastructure, and strong clinical engagement, particularly within primary care.

A key milestone has been the rapid expansion of digital clinics. From an initial pilot base, Malaysia has achieved a fourfold increase in digitally enabled primary care clinics, demonstrating both scalability and system readiness for transformation. This expansion has transitioned a growing proportion of clinics from paper-based workflows to cloud-based electronic medical records (EMR), supporting high-volume daily patient encounters with structured, longitudinal data.

This digital backbone has translated into measurable service improvements. Clinics report shorter waiting times, improved patient flow, and more efficient clinical documentation, while enabling better continuity of care across facilities. At the same time, digital tools have strengthened chronic disease management, allowing more systematic tracking, follow-up, and population health monitoring.

Cont.

Patient empowerment has also advanced. The introduction of near real-time outpatient encounter summaries accessible via mobile platforms marks a major shift towards transparency and patient engagement. Digital appointment systems and screening programmes are increasingly embedded into routine care, contributing to improved attendance rates and service optimisation.

Interoperability remains central to the strategy. Malaysia is actively operationalising HL7 FHIR standards and implementing the International Patient Summary, supporting the broader vision of “One Person, One Record” for seamless, longitudinal health data across the continuum of care.

Beyond technology, this transformation reflects a fundamental redesign of care delivery, leveraging data for decision-making, enhancing provider experience, and strengthening primary care as the foundation of a resilient health system.

This presentation will highlight Malaysia’s accelerated progress, key lessons from scaling digital clinics, and the next phase of primary care transformation.

P2	FRI 10 JULY	PLENARY 2
	1130-1230	DR NOR HAZLIN BINTI TALIB
	Rafflesia	IMPLEMENTATION OF PRIMARY CARE TRANSFORMATION IN MALAYSIA

Malaysia faces a rising burden of non-communicable diseases, an ageing population, and escalating healthcare costs, exposing the limitations of a predominantly curative, hospital-centric system. Despite relatively strong primary care access, health promotion and disease prevention remain inconsistently implemented. Persistent challenges include time-pressured consultations, fragmented preventive services, variable workforce capacity, limited use of digital tools, misaligned financing incentives, and weak integration with community and social services, resulting in prevention that is often opportunistic and consultation-based with limited population impact.

This plenary proposes a shift towards an integrated, person-centred model of prevention anchored in primary care and aligned with Malaysia’s priorities for health system sustainability and NCD control. A multi-level framework is presented, encompassing clinical care redesign, health system strengthening, community engagement, and supportive policy alignment. Strategic priorities include enabling proactive and team-based preventive care in primary care settings, strengthening workforce competencies for risk-based and behavioural interventions, leveraging digital health for continuity and population stratification, aligning financing with preventive outcomes, and partnering communities to address social determinants of health.

Advancing prevention in Malaysia requires not more programmes, but focused prioritisation and system redesign to deliver prevention that is consistent, scalable, and outcome-driven, positioning primary care as the central driver of population health and long-term system sustainability.

LS1	FRI 10 JULY
	1230-1430
	Rafflesia

LUNCH SYMPOSIUM (HYPHENS PHARMA)

DR YEOH KIAN HUA

OPTIMISING KNEE OSTEOARTHRITIS MANAGEMENT IN PRIMARY CARE

Knee Osteoarthritis (OA) presents frequently in general practice and requires a structured, long-term approach to minimize symptoms and preserve joint function. As the first point of contact, general practitioners are well positioned to influence disease trajectory through early intervention and appropriate treatment selection. This session will focus on practical insights on managing knee OA effectively within the primary care setting. The presentation will outline a stepwise approach to care, including accurate diagnosis, identification of disease severity, and integration of non-pharmacological and pharmacological strategies. Emphasis will be placed on sustained symptom control and joint preservation, with discussion on the role of avocado soybean unsaponifiables as part of long-term management due to its favourable safety and tolerability profile.

This session aims to support GPs in refining their clinical approach, enhancing patient outcomes, and reducing the progression of knee OA in everyday practice.

S1	FRI 10 JULY
	1430-1600
	Lavender

SYMPOSIUM 1 · GASTROENTEROLOGY 1

PROFESSOR DR LEE YEONG YEH

UNRAVELLING THE IRRITABLE BOWEL SYNDROME

IBS is prevalent in Malaysia, and is a heterogenous condition characterized by lower GI symptoms without a clear organic basis; however, absence of organic basis has been challenged from recent data that indicates micro-inflammatory changes in the gut (post-infectious IBS), and a disturbance in the gut-brain axis. Due to its heterogeneity, IBS is frequently associated with overlapping conditions, both GI and extra-GI. Within disorders of gut-brain interactions (DGBIs), our group has recently published a guideline providing pathophysiological and management algorithm for IBS overlapping with functional dyspepsia. It is also common for IBS to overlap with inflammatory bowel disease (IBD); and we postulate the two conditions to exist in a spectrum rather than being independent. Approximately 50% of IBS patients have extra-GI manifestations; among them somatic pain, fatigue and sleep disturbances are commonly described. IBS patients with overlapping GI or extra-GI often have poorer quality of life and more psychological dysfunction, and we have recently demonstrated this among married women using the path analysis approach. Mechanisms of overlapping GI or extra-GI are likely to be multifactorial with hypersensitivity playing a central role, and probably gut dysbiosis too.

S1	FRI 10 JULY	SYMPOSIUM 1 · GASTROENTEROLOGY 2 DR RUBEN SKANTHA MANAGING HEPATITIS B ACROSS THE CONTINUUM
	1430-1600	
	Lavender	

Chronic Hepatitis B (CHB) management is undergoing a paradigm shift from rigid, phase-based observation toward more inclusive treatment strategies. The latest EASL Clinical Practice Guidelines reflect this evolution, prioritizing the prevention of disease progression and the simplification of clinical decision-making. This presentation will detail the EASL-recommended approach to the management of CHB, focusing on the refined definitions of the five clinical phases and the increasing importance of non-invasive biomarkers.

S2	FRI 10 JULY	SYMPOSIUM 2 · DERMATOLOGY 1 DR TANG JYH JONG SIMPLIFYING SKIN FOR THE BUSY CLINICIAN
	1430-1600	
	Rafflesia	

Skin diseases may seem complex, especially for primary care physicians managing busy clinics. There are various common skin diseases including allergy, infection, neoplasm, inflammatory, pigmentary and autoimmune diseases. This lecture, Simplifying Skin for the Busy Clinician, provides practical strategies for rapid and accurate assessment of common skin conditions. Through case-based discussions, participants will learn approaches to improve patient care, reduce diagnostic uncertainty and identify the red flag in dermatology for immediate referral to the nearest dermatology centre.

S2	FRI 10 JULY	SYMPOSIUM 2 · DERMATOLOGY 2 DR LEONG KIN FON INTEGRATING AI IN DIAGNOSING CHILDHOOD DERMATOSES
	1430-1600	
	Rafflesia	

Artificial intelligence (AI) is increasingly being incorporated into clinical medicine and has growing potential to support frontline physicians in diagnosing common pediatric skin disorders. However, many clinicians remain unfamiliar with how AI tools can be used safely and practically in everyday practice. This lecture is designed for pediatricians and primary care physicians with little or no prior exposure to AI in dermatology. The session will provide a practical overview of commonly available AI tools and demonstrate how they can assist clinicians in evaluating childhood dermatoses. Topics include AI-assisted image interpretation, generating differential diagnoses, identifying red-flag skin conditions requiring urgent referral, and using large language models for patient counselling and clinical education.

Cont.

Case-based discussions involving eczema, fungal infections, urticaria, viral exanthems, acne, birthmarks, and pigmentary disorders will be presented to illustrate real-world applications.

Special emphasis will be placed on the importance of good clinical photography and basic dermoscopy skills in maximizing the usefulness and accuracy of AI-assisted assessment. Participants will learn practical tips for capturing high-quality skin images using smartphones, recognizing common pitfalls in image acquisition, and understanding how image quality directly affects AI performance. The lecture will also discuss the limitations and potential pitfalls of AI, including inaccurate outputs, challenges in skin of color, data privacy concerns, and the risk of overreliance on technology. Emphasis will be placed on integrating AI as a supportive clinical tool rather than a replacement for clinical judgment and morphological assessment.

S3	FRI 10 JULY	SYMPOSIUM 3 · MENTAL HEALTH 1
	1615-1730	DR NOOR IZUANA BINTI REDZUAN
	Rafflesia	ANXIETY.... THE WORRY GERM- NAVIGATING DIAGNOSTIC CHALLENGES AND PRACTICAL SOLUTIONS FOR ANXIETY IN PRIMARY CARE

Anxiety disorders are among the most prevalent yet underdiagnosed conditions in primary care, often masquerading as chronic physical ailments. Hence the term “Worry Germ” as it’s able to “infect” a patient’s quality of life and strain healthcare resources. Anxiety disorder presents a significant diagnostic challenge for the busy practitioner. Somatic presentations such as palpitations, dyspepsia, and chronic fatigue frequently mask the underlying psychological distress, leading to diagnostic overshadowing and fragmented care.

This presentation adopts a "Challenges and Solutions" framework to empower Family Medicine Specialists (FMSs) with actionable strategies. We explore the diagnostic pitfalls of overlapping mental disorders and offer a streamlined approach to management. Solutions focus on a dual-track strategy: the rational use of pharmacotherapy and the implementation of low-Intensity psychological interventions with emphasis on lifestyle modifications

By integrating these brief, evidence-based interventions into routine consultations, FMSs can transition from reactive symptom management to proactive mental health care, improving patient outcomes and clinic efficiency within the ASEAN healthcare landscape

S3	FRI 10 JULY	SYMPOSIUM 3 · MENTAL HEALTH 2
	1615-1730	DR JOHARI BIN KHAMIS
	Rafflesia	PERSONALITY DISORDERS IN PRIMARY CARE: TIPS AND TRICKS

Personality disorders are frequently encountered in primary care but often remain under-recognized. These patients commonly present with persistent physical complaints, difficulties with treatment response, and interpersonal challenges rather than overt psychiatric symptoms. Such presentations can complicate diagnosis and management, particularly in busy clinical settings.

This session provides practical, evidence-based guidance to assist primary care physicians in the early identification and structured management of personality disorders prior to referral to mental health services. Key areas of focus include recognizing clinical red flags, conducting effective assessments, and managing high-impact conditions such as borderline personality disorder.

Participants will also explore essential management strategies, including therapeutic communication, consistent boundary setting, structured follow-up planning, appropriate pharmacological treatment of comorbid conditions, and timely referral for evidence-based psychological therapies.

Enhancing awareness and clinical skills in this area can improve patient safety, strengthen therapeutic relationships, reduce unnecessary healthcare utilization, and promote continuity of care through a multidisciplinary, patient-centered approach.

S4	FRI 10 JULY	SYMPOSIUM 4 · EMERGENCY MEDICINE 2
	1615-1730	DR TIRUMAL A/L SUBRAMANIAM
	Lavender	SEIZE THE SIGNS : MANAGING CNS EMERGENCIES

CNS emergencies are rare in primary care but carry high risk when missed. This session focuses on a practical, symptom-based approach to common presentations—confusion, seizures, focal deficits, severe headache, and unresponsiveness. Emphasis is on recognising red flags, performing a focused assessment, initiating simple but critical interventions, and avoiding delays in referral. The goal is straightforward: help primary care doctors identify danger early, act decisively, and get patients to emergency care without losing precious time.

Abstracts

Day 2

Saturday 11 July

P3	SAT 11 JULY
	0800 - 0900
	Rafflesia

PLENARY 3

PROFESSOR DR NG CHIRK JENN

RESTORING WELLBEING OF HEALTH CARE PROVIDERS

Frontline primary care providers straddle across patients, organisation and policy makers; while providing clinical care for their patients, they are also the implementers of healthcare services, programmes and policies on the ground. With the ageing population, rapidly evolving clinical evidence and technology, the primary healthcare workforce is under tremendous pressure to keep up with these changes, often under organizational constraints and rising patient and public expectations. As a result, healthcare workers’ burnout and compassion fatigue are on the rise, leading to increased risk of medical errors, affecting quality of patient care and productivity, and challenges in recruiting and retaining healthcare workforce.

This calls for urgent attention and a concerted effort to promote the wellbeing of healthcare providers in primary care. To achieve this, the health system and organisation must empower the healthcare workforce to be actively involved in tackling the challenges they face at work (*Control*); creating a conducive working environment where they feel belong (*Connectedness*); and learning ways to cope with stress and prevent burnout while maintaining work-life balance (*competency*).

S5	SAT 11 JULY
	0900 - 1030
	Rafflesia

SYMPOSIUM 5 · ORTHOPAEDIC/SURGERY 2

DR T. VISHVANATHAN

OFFICE ORTHOPAEDIC: MOVE BETTER ,HURT LESS

Improving national health care services through the enhancement of primary care, is a major challenge in many countries. A vast majority of orthopaedic cases presenting to the ED can be successfully managed at primary care level. There are no written guidelines on which conditions or to what extent a primary care physician is allowed to treat Orthopedic related disorders. Numerous factors, such as patient expectations, inadequate resources or facilities, lack of experience and insurance claims are responsible for these shortcomings. Low back pain, arthrosis, tendinosis, sprains and strains are among the common disorders that can be successfully managed at primary care level. An integrated approach hand in hand with the Orthopedic counterparts may reduce the overall burden to the ED physicians and in addition give ample time for Orthopaedic Surgeons to focus on complex cases particularly those needing surgical interventions.

S5	SAT 11 JULY	SYMPOSIUM 5 · ORTHOPAEDIC/SURGERY 2 DR ELAINE NG CATCH IT EARLY: COLORECTAL CANCER SCREENING UPDATES
	0900 - 1030	
	Rafflesia	

Colorectal cancer is now the 2nd leading cancer in the nation, highest in men (having overtaken lung cancer in the latest National Cancer Registry 2017 – 2021) and second highest in women (breast cancer being the highest). As guidelines and recommendations all over the world have evolved regarding colorectal cancer screening in the last 3 decades, where does colorectal cancer screening stand in Malaysia and how far have we come ever since the publication of the 1st edition of our CPG on Management of Colorectal Carcinoma? We are still seeing more than 50% of new cases presenting in stages 3 and 4. It is with hope that as resources keep up with case volume and the development of the 2nd edition of our CPG on Management of Colorectal Carcinoma, that we can start diagnosing colorectal cancer earlier for better patient survival.

S6	SAT 11 JULY	SYMPOSIUM 6 · ADDICTION MEDICINE 1 DR SASITHARAN MOORTHY DIGITAL DETOX: MANAGING SMARTPHONE ADDICTION
	0900 - 1030	
	Lavender	

Smartphone addiction is becoming increasingly common, especially among teenagers and young adults. Many individuals spend long hours on their smartphones throughout the day, which can lead to various psychological and physical health problems. Countries such as Korea, Taiwan, and Japan have already recognised smartphone addiction as a behavioural addiction and have started addressing it as a public health concern.

Similar to substance-related addictions, smartphone addiction involves activation of the brain’s reward system, which reinforces repeated use and makes it difficult for individuals to control their behaviour. In Malaysia, the growing dependence on smartphones among young people highlights the importance of recognising and addressing this issue early. This talk will discuss smartphone addiction, its impact on mental health, and practical strategies for digital detox to promote healthier technology use

S6	SAT 11 JULY	SYMPOSIUM 6 · ADDICTION MEDICINE 2
	0900 - 1030	DR SUBASHINI A/P AMBIGAPATHY
	Lavender	COMBATING VAPE ADDICTION

The tobacco industry has long marketed its products as a form of pleasure and satisfaction for its consumers. The tobacco industry has, in recent decades, shifted from marketing traditional cigarettes to promoting "harm reduction" products, such as vaping and e-cigarettes, in response to stricter health regulations and declining smoking rates. This strategy involves framing these products as safer alternatives designed to help smokers quit. Evidence-based research increasingly shows that e-cigarettes are not safe alternatives to tobacco cigarettes and carry significant health risks. While frequently marketed as a lower-harm option for smoking cessation, studies indicate that they are not approved as a safe cessation tool and can cause serious pulmonary, cardiovascular, and oral health problems. Communication and advocacy for health and wellness are essential, foundational responsibilities of healthcare professionals, to provide accurate, evidence-informed information to the public and stakeholders to promote well-being, encourage prevention, and address health challenges, pertaining to vape addiction. This presentation provides a comprehensive guide for healthcare professionals to address the rising public health issue of vaping, equipping them to educate patients on the risks, dispel common myths, and provide effective cessation counselling. As vaping rates rise and public health regulations shift in 2026, equipping healthcare professionals with specialized knowledge is essential to addressing this growing crisis and empowering patient decision-making.

S7	SAT 11 JULY
	1100 - 1230
	Rafflesia

SYMPOSIUM 6 · GERIATRIC 1

PROFESSOR DR ESTHER GUNASELI

**FADING MEMORIES, LASTING CARE:
RETHINKING DEMENTIA IN PRIMARY CARE**

In 2020 globally, 1 billion people were ≥ 60 years old and by 2030, that number will increase to 1.4 billion meaning one in six persons on the planet will be ≥ 60 years old. Malaysia is expected to become an aged nation by 2030 where 15% of the population will be ≥ 60 years old. In 2020, 57 million people live with dementia globally which is estimated to increase to 131.5 million by 2050. In Malaysia around 260 000 people live with dementia in 2020 and projected to rise significantly to 637,500 by 2050. Dementia is the major cause of disability and dependency among older people. Dementia is not a single disease but a collection of symptoms affecting memory, thinking, and social abilities severe enough to interfere with activities of daily living and QoL. Dementia diagnosis is possible Primary Care with detail history taking, physical examination, cognitive assessment and relevant lab or radiological investigations. Primary care plays a vital role in identifying modifiable risks factors for dementia and managing risk reduction. Primary care is centre to coordinated dementia care through multidisciplinary team collaborating with step-up specialist care and step-down caregivers’ support and education. Rethinking dementia in primary care involves integrating links between health, social, and community support systems shifting from a reactive specialist-led approach to a proactive team-based model. Multispecialty Interprofessional Team approach can reduce 70% of underdiagnosis rate. At an early-stage advanced care plans such as Power of attorney, Advanced Directives and End-of-life goals can be discussed to ensure care aligns with patient values and wishes as cognition declines. Challenges and considerations such as time limits, workforce strain and compromising the care for the sick cannot be overlooked.

S7	SAT 11 JULY
	1100 - 1230
	Rafflesia

SYMPOSIUM 6 · GERIATRIC 2

DR SURINA ZAMAN HURI

INSOMNIA IN ELDERLY

Insomnia is common among older adults due to age-related changes in sleep architecture, medical and psychiatric comorbidities, medications, pain, and psychosocial stressors. It is closely associated with depression, anxiety, cognitive impairment, and increased morbidity. Comprehensive clinical evaluation is essential, including review of contributing illnesses and medications. Non-pharmacological interventions, particularly cognitive behavioral therapy for insomnia (CBT-i), remain first-line treatment. Pharmacological options require careful consideration of symptom patterns, comorbidities, fall risk, and drug interactions. Benzodiazepines and Z-drugs carry significant risks in the elderly. Newer agents such as dual orexin receptor antagonists show promising efficacy and safety profiles. Individualized, cautious management is crucial.

LS2	SAT 11 JULY	LUNCH SYMPOSIUM (QURUS CLINIC) DR ABDUL GAFOOR BIN ABDUL MUBARAK GLP AND BARIATRIC SURGERY. LIVING TOGETHER OR DIVORCE IS BETTER
	1230-1400	
	Rafflesia	

Weight loss is considered the “third gold rush” in medical services. The availability of GLP agonist have enabled physicians to become an inclusive member of weight loss management. The armory of these drugs are only seeing its results NOW and their possibilities are endless. The availability of the drugs do not come without problems. They have limitations and their efficacy are also dependent on diet, supplements and exercise regimes coupled with blood investigations to tailor the approach to bespoke each patients. In this context bariatric and metabolic surgery also is gaining more importance as being the surgical option of choice for these patients to complement rather than compete with the drugs.

This presentation will highlight the indications , uses and limitations of GLP drugs. How QURUS CLINIC is transforming weight loss surgery making it more accessible and more effective in day to day management of weight loss for our patients.

S8	SAT 11 JULY	SYMPOSIUM 8 · NCD/ENDOCRINE 1 DR LAVANYA THE SILENT PRECURSOR TO DIABETES AND HEART DISEASE
	1400 - 1530	
	Rafflesia	

Core conditions required for diagnosis of metabolic syndrome & associated diseases and complications.

Key weight loss strategies in treatment and prevention of metabolic syndrome .

Diabetes and Heart disease treatment and management with regards to metabolic syndrome .

Role of GLP-1 & Dual agonists in management of metabolic syndrome.

S8	SAT 11 JULY
	1400 - 1530
	Rafflesia

SYMPOSIUM 8 · NCD/ENDOCRINE 2

DR SIVASANGKARI MUGILARASSAN

HYPERTHYROIDISM: THE RESTLESS GLAND

Hyperthyroidism is a common endocrine disorder affecting approximately 1–3% of the global population, with a higher incidence in women and older adults. Often described as a “restless gland,” the overactive thyroid drives a spectrum of clinical manifestations including palpitations, weight loss, tremors, heat intolerance, anxiety, insomnia, and increased bowel frequency. Graves’ disease remains the leading cause of hyperthyroidism, followed by toxic multinodular goitre and toxic adenoma.

Untreated hyperthyroidism is associated with increased risks of heart failure, osteoporosis, fragility fractures, and thyroid storm, a rare but life-threatening endocrine emergency with mortality rates ranging from 8–25%. Current international guidelines from the American Thyroid Association (ATA) and European Thyroid Association (ETA) emphasize the role of thyroid receptor antibodies (TRAb), thyroid ultrasonography, and radionuclide uptake scans in identifying disease etiology and guiding management.

Treatment strategies focus on symptom control, restoration of euthyroidism, and prevention of long-term complications. Antithyroid drugs such as methimazole remain first-line therapy in many regions, achieving remission rates of approximately 40–50% after 12–18 months of treatment. Radioactive iodine therapy provides definitive treatment with cure rates exceeding 80–90%, while thyroidectomy offers rapid control in selected patients, particularly those with large goitres, suspicious nodules, or contraindications to radioactive iodine. Beta-blockers are recommended for symptomatic relief and reduction of adrenergic symptoms

S9	SAT 11 JULY
	1400 - 1530
	Lavender

SYMPOSIUM 9 · PAEDIATRICS ADOLESCENT 1

DR THENMOLI A/P PALANIYAPPAN

SPECTRUM OF BEHAVIOURAL DISORDERS

Behavioural disorders in children and adolescents span a wide spectrum, including attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), oppositional defiant disorder, conduct disorder, and emerging behavioural concerns linked to digital media use. These disorders often present initially in primary care, where early recognition and timely intervention are crucial in altering long-term outcomes.

This talk provides a practical overview of key clinical features, red flags, and common comorbidities, including anxiety, depression and learning difficulties. Emphasis will be placed on a practical, structured approach to assessment in busy clinical settings, incorporating developmental history, family dynamics, and school-related factors. In addition, the session will explore evidence-based management strategies, including behavioural interventions, parent engagement, school collaboration, and indications for pharmacotherapy and specialist referral.

By enhancing awareness and equipping primary care practitioners with practical tools, this session aims to improve early detection, promote holistic care, and optimise outcomes for children and adolescents with behavioural disorders.

S9	SAT 11 JULY
	1400 - 1530
	Lavender

SYMPOSIUM 9 · PAEDIATRICS ADOLESCENT 2

DR ARLIENA MAT AMIN

OBESITY IN CHILDREN AND ADOLESCENTS

Childhood and adolescent obesity has emerged as one of the most pressing public health crises of our time. In 2025, obesity surpassed underweight as the more prevalent form of malnutrition among school-aged children and adolescents globally, now affecting approximately 188 million — or 1 in 10 young people. Currently, 20.7% of children aged 5–19 worldwide are overweight or obese, rising from 14.6% in 2010, with projections of 507 million affected children by 2040. In Southeast Asia, the burden is striking: among children aged 5–19 years, the prevalence of overweight and obesity is particularly high in Malaysia at 29.8%, surpassing Brunei, Singapore, and Thailand in the region. Nationally, Malaysia's childhood obesity prevalence rose from 6.1% in 2011 to an all-time high of 14.8% in 2019 per the National Health and Morbidity Survey (NHMS). Projections from the World Obesity Atlas estimate that 65% of Malaysian children will have a high BMI by 2035, representing a 3.8% annual growth rate.

The World Obesity Atlas 2026 (WOF) calls for urgent government interventions including taxes on sugar-sweetened beverages, restrictions on marketing to children, healthier school food standards, and integration of prevention and care into primary health systems. Aligned with this, the MEMS Clinical Practice Guidelines for the Management of Obesity (2023), the first update in nearly two decades provides comprehensive guidance for evaluating and treating children, adolescents, and adults who are overweight or obese, emphasising a holistic, multidisciplinary approach. Obesity currently accounts for 19.4% of total healthcare spending in Malaysia, the highest rate among ASEAN countries, with productive years lost estimated at 6–12 years per individual.

We aim to discuss early identification, risk stratification, and evidence-based management of childhood obesity, empowering frontline clinicians to act as pivotal agents of change in combating this escalating epidemic.

TEA	SAT 11 JULY
	1600 - 1730
	Rafflesia

TEA SYMPOSIUM (ASTRAZENECA)

DR CHOONG CHOON HOOI

PULSE AND BREATH: HAND IN HAND AGAINST COPD

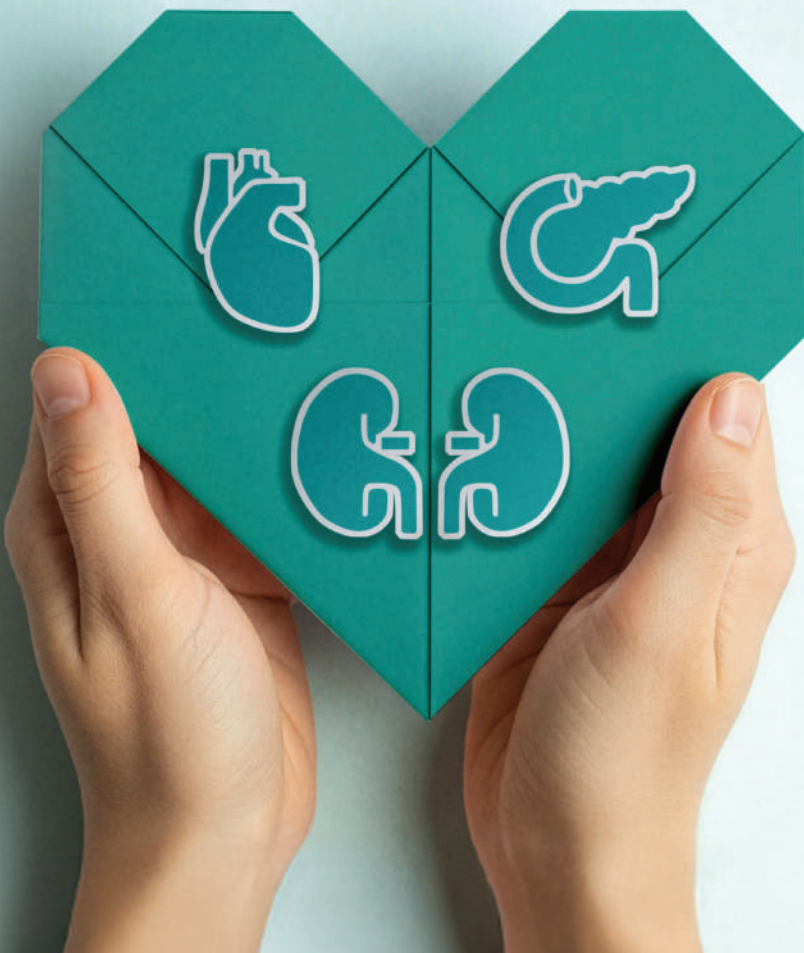
Chronic Obstructive Pulmonary Disease (COPD) is a leading cause of death in Malaysia and drives substantial healthcare burden. Beyond respiratory symptoms, COPD involves systemic inflammation and increased cardiovascular risk, contributing to a “spiral of decline.” Early identification and proactive management in primary care are essential to prevent exacerbations and reduce cardiopulmonary events. This presentation reviews practical strategies: targeted case-finding with tools like the PUMA questionnaire. It summarizes GOLD 2026 guidance, noting that triple therapy is the only pharmacologic approach shown to reduce mortality.

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References: 1. Jardiance® Malaysia Prescribing Information. 2. Herrington WG, Staplin N, Wanner C, et al; EMPA-KIDNEY Collaborative Group. Empagliflozin in patients with chronic kidney disease. *N Engl J Med.* 2023;388(2):117-127. (EMPA-KIDNEY results and the publication's Supplementary Appendix.) 3. Zinman B, Wanner C, Lachin JM, et al; EMPA-REG OUTCOME Investigators. Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. *N Engl J Med.* 2015;373(22):2117-2128. (EMPA-REG OUTCOME® results and the publication's Supplementary Appendix.) 4. Packer M, Anker SD, Butler J, et al; EMPEROR-Reduced Trial Investigators. Cardiovascular and renal outcomes with empagliflozin in heart failure. *N Engl J Med.* 2020;383(15):1413-1424. (EMPEROR-Reduced results and the publication's Supplementary Appendix.) 5. Anker SD, Butler J, Filippatos G, et al; EMPEROR-Preserved Trial Investigators. Empagliflozin in heart failure with a preserved ejection fraction. *N Engl J Med.* 2021;385(16):1451-1461. (EMPEROR-Preserved results and the publication's Supplementary Appendix.)
CRM = cardio, renal and metabolic; **T2D** = type 2 diabetes; **CKD** = chronic kidney disease; **HF** = heart failure.



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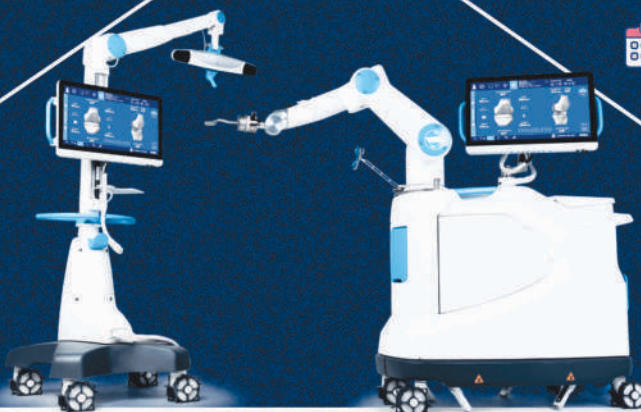


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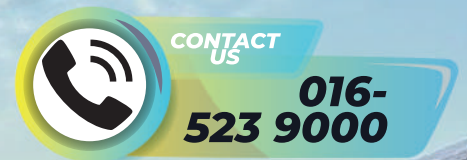


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PROGRAMME

Pre Congress (09 July 2026) Thu		Start	Day 1 (10 July 2026) Fri	Day 2 (11 July 2026) Sat	Day 3 (12 July 2026) Sun		
			Registration & Help Desk: 07:30 - 17:00	Registration & Help Desk: 07:30 - 17:00	Registration & Help Desk: 07:30 - 12:00		
	08:00		PLENARY 1 R ENHANCING DIGITAL TRANSFORMATION IN PRIMARY CARE DR MAHESHWARA RAO A/L APPANNAN	PLENARY 3 R RESTORING WELLBEING OF HEALTH CARE PROVIDERS PROF DR NG CHIRK JENN	PLENARY 4 R HEALTHY AGEING IN A RAPIDLY CHANGING SOCIETY: ARE WE READY? DR CHEAH WEE KOOI		
	09:00		R OPENING CEREMONY KEYNOTE: VISIONARY HEALTH CARE REFORMATION DATO' DR FEISUL IDZWAN BIN DATO' MUSTAPHA	S5 R ORTHOPAEDIC/SURGERY 1. OFFICE ORTHOPAEDIC: MOVE BETTER ,HURT LESS - DR T. VISHVANATHAN 2. CATCH IT EARLY: COLORECTAL CANCER SCREENING UPDATES - DR ELAINE NG	S6 L ADDICTION MEDICINE 1. DIGITAL DETOX: MANAGING SMARTPHONE ADDICTION - DR SASITHARAN MOORTHI 2. COMBATING VAPE ADDICTION - DR SUBASHINI A/P AMBIGAPATHY	S10 R INFECTIOUS DISEASE 1. NEW FRONTIERS IN HIV CARE - DATO' DR KER HONG BEE 2. STRENGTHENING TB SURVEILLANCE IN PRIMARY CARE- DR SUZANA BINTI MOHD HASHIM 3. HTLV-1 IN MALAYSIA: ENCHANCING AWARENESS AND RESPONSE	S11 L EYE/ENT 1. DON'T MISS A THING: SPOTTING VISION PROBLEMS EARLY IN CHILDREN - DR MOHAMAD ISRAK BIN MOHAMAD ISA 2. THE ITCH, SNEEZE AND RUN - DR HARVINDER SINGH 3. DIABETIC RETINOPATHY - DR KOGILAVAANI
	10:30			TEA BREAK	HIGH TEA BREAK		
	11:00		TEA BREAK				
	11:30		R PLENARY 2 IMPLEMENTATION OF PRIMARY CARE TRANSFORMATION IN MALAYSIA DR NOR HAZI IN RINTI TAI IR	S7 R GERIATRIC 1. FADING MEMORIES, LASTING CARE: RETHINKING DEMENTIA IN PRIMARY CARE - PROF DR ESTHER GUNASELI 2. INSOMNIA IN ELDERLY - DR SURINA ZAMAN HURI	S12 R O&G 1. COSMETIC GYNAECOLOGY AND WOMEN SEXUAL HEALTH - DR SOFIA SYUKUR 2. HORMON REPLACEMENT THERAPY AND CANCER : FRIEND OR FOE - DR LEE SAW JOO	S13 L PREVENTIVE MEDICINE 1. INTEGRATING PRIMARY HEALTH CARE AND PUBLIC HEALTH FOR EFFECTIVE DENGUE PREVENTION AND CONTROL IN COMMUNITIES - PROF MADYA DR SYED SHARIZMAN 2. ADULT VACCINATION - DR MARSILLA MARIATY	
	12:30		R LUNCH SYMPOSIUM 1 Hyphens Phama Sdn Bhd OPTIMISING KNEE OSTEOARTHRITIS MANAGEMENT IN PRIMARY CARE DR YEOH KIAN HUA	R LUNCH SYMPOSIUM 2 Qurus Clinic GLP AND BARIATRIC SURGERY. LIVING TOGETHER OR DIVORCE IS BETTER DR ABDUL GAFOOR BIN ABDUL MUBARAK	R LUCKY DRAW & CLOSING		
	14:00			S8 R NCD/ENDOCRINE 1. METABOLIC SYNDROME: THE SILENT PRECURSOR TO DIABETES AND HEART DISEASE -DR TIVYA SOUNDARAJAN 2. HYPERTHYROIDISM: THE RESTLESS GLAND - DR SIVASANGKARI	S9 L PAEDIATRICS ADOLESCENT 1. SPECTRUM OF BEHAVIOURAL DISORDERS - DR THENMOLI A/P PALANIYAPPAN 2. OBESITY IN CHILDREN AND ADOLESCENTS - DR ARLIENA MAT AMIN	14th Asean & 11th Perak Health Congress On Primary Health Care 10-12 JULY 2026 Kinta Riverfront Hotel, Ipoh Health Sector Transformation: Challenges Moving Forward Level 2 Rafflesia Ballroom Level 3 Lavender Hall	
	14:30		S1 L GASTROENTEROLGY 1. UNRAVELLING THE IRRITABLE BOWEL SYNDROME - PROF DR LEE YEONG YEH (USM) 2. MANAGING HEPATITIS B ACROSS THE CONTINUUM - DR RUBEN SKANTHA	S2 R DERMATOLOGY 1. SIMPLIFYING SKIN FOR THE BUSY CLINICIAN - DR TANG JYH JONG 2. INTEGRATING AI IN DIAGNOSING CHILDHOOD DERMATOSES - DR LEONG KIN FON			
	15:30			HIGH TEA BREAK			
	16:00		TEA BREAK	S4 L EMERGENCY MEDICINE 1. PULSE OF SURVIVAL: HANDLING ARRHYTHMIAS - DATO DR ASRI RANGA BIN ABDULLAH RAMAIAH 2. SEIZE THE SIGNS : MANAGING CNS EMERGENCIES - DR TIRUMAL SUBRAMANIAM	HIGH TEA SYMPOSIUM AstraZeneca Sdn Bhd PULSE AND BREATH: HAND IN HAND AGAINST COPD DR CHOONG CHOON HOOI		
	16:15		S3 R MENTAL HEALTH 1. ANXIETY: THE WORRY GERM - DR NOOR IZUANA BINTI REDZUAN 2. PERSONALITY DISORDER IN PRIMARY CARE : TIPS AND TRICKS - DR JOHARI BIN KHAMIS				
	17:30 (ends)		TEA BREAK - END -				
			PRE-CONGRESS LEVEL 3 LAVENDER HALL POINT OF CARE ULTRASOUND (POCUS) IN PRIMARY CARE 2pm-5pm L TEA BREAK - END -				

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Transformation of Hospital Ar-Ridzuan into FSH Specialists Hospital

The transformation of Hospital Ar-Ridzuan into FSH Specialists Hospital marks a significant milestone in the evolution of healthcare services in Ipoh. Under the new management of Faculty of Specialists Hospital (Ipoh) Sdn. Bhd., the hospital has embarked on a strategic journey to strengthen its position as a comprehensive multidisciplinary specialist healthcare provider while maintaining its long-standing commitment to quality patient care.

Since its establishment in 2001, Hospital Ar-Ridzuan has been recognised as a trusted healthcare institution, particularly in maternity, paediatric, and general medical services. Over the years, the hospital has served the community with a patient-centred approach rooted in compassionate and ethical healthcare practices. As healthcare demands continue to evolve, the hospital recognised the need to expand its capabilities and service offerings to better meet the growing and diverse healthcare needs of the population.

The rebranding to FSH Specialists Hospital reflects a broader vision to transform the institution into a multidisciplinary specialist hospital that caters to patients across all demographics and communities. While preserving the values and legacy established by Hospital Ar-Ridzuan, the new identity represents a progressive healthcare model focused on clinical excellence, innovation, accessibility, and inclusivity.

Under the leadership of Faculty of Specialists Hospital (Ipoh) Sdn. Bhd., FSH Specialists Hospital now offers a wider spectrum of specialist services including general surgery, internal medicine, orthopaedics, ophthalmology, urology, obstetrics and gynaecology, paediatrics, radiology, anaesthesiology, plastic and reconstructive surgery, and other specialised healthcare disciplines. Supported by experienced specialists, modern medical technologies, and enhanced facilities, the hospital is well-positioned to provide comprehensive healthcare solutions under one roof.

The transformation also signifies a strategic shift from being primarily recognised as a maternity-focused hospital to becoming a healthcare destination that serves the broader needs of the Ipoh community and surrounding regions. FSH Specialists Hospital welcomes patients from all races, backgrounds, and age groups, reinforcing its commitment to providing equitable and accessible healthcare services for everyone. This inclusive approach aligns with the growing demand for integrated healthcare services and reflects the hospital's aspiration to become a preferred specialist health care provider in Perak.

As FSH Specialists Hospital moves forward, the organisation remains dedicated to delivering high-quality, patient-centred care while continuously improving healthcare outcomes through innovation, collaboration, and professional excellence.

“Healthcare transformation is not only about changing a name; it is about expanding possibilities, enhancing capabilities, and delivering better care to every patient who walks through our doors.”

For appointment or enquiries:

FSH Specialists Hospital

A-1, BG-3 & BG-5, B-1-1 & B-1-3, Greentown Suria, Jalan Dato' Seri Ahmad Said, 30450 Ipoh, Perak Darul Ridzuan.

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1. World J Gastroenterol. 2008 Mar 28; 14(12): 1941-1945. 2. Ther Clin Risk Manag. 2007 Aug; 3(4): 653-663. 3. Aliment Pharmacol Ther. 2010 Jul;32(2):182-90.

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P4	SUN 12 JULY
	0800-0900
	Rafflesia

PLENARY 4

PROF DR CHEAH WEE KOOI

HEALTHY AGEING IN A RAPIDLY CHANGING SOCIETY: ARE WE READY?

The global landscape is undergoing a profound demographic shift, with the population of adults aged 65 and older projected to double by 2050. As life expectancy increases, the prevalence of multi-morbidity and complex social needs demands a more sophisticated approach to clinical practice. At the heart of recent advances is the "5 Ms" framework—Matters Most, Medication, Mentation, Mobility, and Multi-complexity. This streamlined model simplifies complex geriatric principles into actionable domains. Additionally, a critical advancement in the field is the formal recognition of frailty as a measurable clinical state rather than an inevitable consequence of aging. The Comprehensive Geriatric Assessment (CGA) remains the gold standard for managing frailty. Digital transformation of geriatrics is shifting the focus from episodic hospital visits to continuous, home-integrated care. At the forefront are wearable biosensors and ambient monitoring systems that track "digital biomarkers" like gait stability and sleep patterns. Hospital at Home model is the most significant structural advancement. By utilizing point-of-care diagnostics and high-definition tele-health, clinicians can treat acute conditions in a familiar environment, drastically reducing the risk of hospital-acquired delirium and functional deconditioning.

Simultaneously, specialty co-management is becoming the gold standard. Onco-geriatrics and Orthogeriatrics integrate Comprehensive Geriatric Assessments into surgical and oncological workflows to tailor treatment intensity to a patient's physiological reserve. This interdisciplinary synergy ensures that complex interventions—like chemotherapy or hip repairs—prioritize functional recovery and quality of life over mere survival. In summary, modern geriatric care has transitioned from managing isolated illnesses to preserving functional independence through the 5 Ms framework. By integrating technological innovations like remote monitoring with interdisciplinary strategies, we can provide proactive, person-centered care that addresses the root biological causes of aging while respecting individual goals.

S10	SUN 12 JULY
	0900 - 1030
	Rafflesia

SYMPOSIUM 10 · INFECTIOUS DISEASE 1

DATO' DR KER HONG BEE

NEW FRONTIERS IN HIV CARE

Modern medicine has transformed HIV into a manageable chronic condition, allowing patients to achieve a normal life expectancy through early diagnosis and effective treatment. The latest clinical strategies focus on the "Undetectable = Untransmittable" (U=U) principle, which confirms that effective viral suppression eliminates the risk of sexual transmission. A significant shift is occurring as care moves away from daily pills toward long-acting injectable therapies, which can provide months of protection. General Practitioners are increasingly vital to this landscape, serving as the first point of contact for rapid testing, PrEP administration, and integrated chronic disease management. Future developments aim to further simplify regimens and enhance global prevention efforts for high-risk populations. This overview highlights how innovative delivery methods and proactive primary care are the primary tools for ending the epidemic.

S10	SUN 12 JULY
	0900 - 1030
	Rafflesia

SYMPOSIUM 10 · INFECTIOUS DISEASE 2

DR SUZANA BINTI MOHD HASHIM

STRENGTHENING TB SURVEILLANCE IN PRIMARY CARE

Strengthening Tuberculosis (TB) surveillance in primary care is essential to closing the diagnostic gap, facilitating early detection, and curtailing community transmission. While national control programs remain robust, stagnant notification rates underscore an urgent need to transition toward Active Case Finding (ACF). To evolve primary care into a proactive "early warning system" the following strategic pillars are required: i. ii. iii. Frontline Diagnostic Empowerment: Expanding the availability of advanced diagnostics—such as AI-assisted Chest X-rays and rapid molecular testing—directly at the Klinik Kesihatan level to enable immediate, frontline identification. Institutionalized Screening Integration: Embedding TB screening protocols into routine Non-Communicable Disease (NCD) clinics and Specialist Outpatient Clinics to capture subclinical cases among high-risk populations. Workforce Upskilling: Enhancing the clinical competency and specialized expertise of frontline healthcare providers to ensure high-fidelity identification and management of TB cases. iv. Digital Intelligence & Continuity: Leveraging the National TB Registry (NTBR) and integrated electronic health records to digitize the notification chain. This enables rigorous, multi-level monitoring and transforms data into actionable public health intelligence.

S10	SUN 12 JULY	SYMPOSIUM 10 · INFECTIOUS DISEASE 3 PROFESSOR MADYA DR SYED SHARIZMAN HTLV-1 IN MALAYSIA: ENHANCING AWARENESS AND RESPONSE
	0900 - 1030	
	Rafflesia	

Human T-cell Leukaemia Virus type 1 (HTLV-1) is a neglected retrovirus affecting an estimated 5–10 million people globally. While historically associated with specific endemic regions like Japan and Central Australia, recent evidence suggests a silent presence in Southeast Asia, including Malaysia. Despite its potential to cause Adult T-cell Leukaemia/Lymphoma and HTLV-1-associated Myelopathy, HTLV-1 remains outside the routine surveillance and screening frameworks in the Malaysian primary healthcare system. We need to revisit the current epidemiological landscape of HTLV-1 in Malaysia, identify clinical "red flags" for primary care providers, and propose a strategic framework for enhancing national awareness and response. There is a need to assess the prevalence and transmission risks. Primary health care plays a major role in breaking the transmission chain, specifically mother-to-child and sexual transmission. Current data indicate that while Malaysia is not considered a high-prevalence zone, specific indigenous and migrant populations may carry a disproportionate burden. Challenges in the primary care setting include low clinician index of suspicion, lack of accessible diagnostic pathways, and the absence of standardised antenatal screening. By enhancing the response to HTLV-1 requires a multi-pronged approach: (1) Integrating HTLV-1 education into primary care training, (2) Implementing targeted screening for high-risk groups and blood donors, and (3) Developing clinical pathways for the management of asymptomatic carriers. By shifting HTLV-1 from a "rare disease" to a "screenable risk," primary care can significantly reduce the incidence of its long-term complications.

S11	SUN 12 JULY	SYMPOSIUM 11 · EYE/ENT 1 DR MOHAMAD ISRAK BIN MOHAMAD ISA DON'T MISS A THING: SPOTTING VISION PROBLEMS EARLY IN CHILDREN
	0900 - 1030	
	Lavender	

Early detection of vision problems in children is essential for preventing long-term developmental and academic challenges. This presentation will highlight the importance of recognizing common pediatric eye conditions, such as amblyopia, strabismus, and refractive errors, and provide guidance on identifying signs of vision issues in children. By understanding developmental milestones, risk factors, and utilizing age-appropriate screening tools, caregivers and professionals can detect problems early and initiate timely interventions. The goal is to ensure that children receive the necessary care to support their cognitive and social development, ultimately enhancing their overall quality of life.

S11	SUN 12 JULY	SYMPOSIUM 11 · EYE/ENT 2 DR HARVINDER SINGH THE ITCH, SNEEZE AND RUN
	0900 - 1030	
	Lavender	

Allergic rhinitis is a common immunoglobulin E-mediated inflammatory disorder of the nasal mucosa triggered by exposure to allergens such as pollen, dust mites, animal dander, and molds. It is characterized by symptoms including sneezing, nasal itching, rhinorrhea, and nasal congestion, often accompanied by ocular irritation. The condition significantly affects quality of life, sleep, school and work performance, and is frequently associated with asthma and sinusitis. Diagnosis is based on clinical history, physical examination, and allergy testing. Management includes allergen avoidance, pharmacotherapy such as antihistamines and intranasal corticosteroids, and immunotherapy in selected patients.

S11	SUN 12 JULY	SYMPOSIUM 11 · EYE/ENT 3 DR KOGILAVAANI JAYARAMAN DIABETIC RETINOPATHY
	0900 - 1030	
	Lavender	

Diabetic Retinopathy (DR) is a major public health concern globally, reflecting the worldwide rising incidence of preventable blindness. International Diabetes Federation (IDF) has estimated approximately 537 million adults worldwide were living with diabetes in 2021 and the number is increasing due to many factors such as aging, urbanisation, increasing number of obesity and physical inactivity. DR is a serious microvascular complication of diabetes mellitus with a prevalence of DR ranges from 6.8 to 44.4% worldwide in patients with diabetes mellitus. The incidence of sight threatening DR ranges from 0.4-22.2%. Chronic hyperglycemia induces biochemical and structural changes with retinal microvasculature including culminating in pericyte apoptosis, endothelial damage, capillary non perfusion and breakdown of blood-retinal barrier. This results in retinal ischemia, increased vascular permeability and pathologic neovascularization. DR underlies the clinical spectrum of non proliferative diabetic retinopathy (NPDR), proliferative diabetic retinopathy (PDR) and diabetic macular edema (DME). NPDR is characterized by microaneurysm, intraretinal hemorrhages, hard exudates, cotton wool spots, venous beading and intraretinal microvascular abnormalities reflecting progressive retinal ischemia. PDR represents advanced disease with pathologic neovascularization, predisposing to vitreous haemorrhage and new vessels in the retina. DME which can occur at any stage of DR remains the most common cause of vision loss in affected individuals. Early detection through multidisciplinary approach focused on systemic risk factor optimization and timely ophthalmic intervention, good final visual acuity may be achieved in most patients with DR. The management options include strict control of the systemic conditions, intravitreal anti-vascular endothelial growth factor (anti-VEGF) therapy constitutes first line treatment for center involving DME. Cont.

Continue.

Laser photocoagulation still remains as a standard practice for treating DR. Intravitreal corticosteroids have demonstrated clinical benefits in the treatment of refractory DME or cases lacking response to anti-VEGF therapy. The surgical outcome after diabetic vitrectomy has continued to steadily improve with advances in vitreoretinal surgical instrumentation and technique. One thing that is now certain is that in view of the multiple and complex pathways involved in the formation of DR, no single standard treatment strategy is sufficient and multiple modes of treatment are needed as a part of the algorithm for DR management.

S12	SUN 12 JULY	<p>SYMPOSIUM 12 · O & G 1</p> <p>DR SOFIA SYUKUR</p> <p>COSMETIC GYNAECOLOGY AND WOMEN SEXUAL HEALTH</p>
	1100 - 1230	
	Rafflesia	

Cosmetic gynaecology and women’s sexual health encompass a range of medical, surgical, and non-surgical approaches aimed at improving both the functional and aesthetic aspects of female genital health, while enhancing overall well-being and quality of life. Cosmetic gynaecology includes procedures such as labiaplasty, vaginoplasty, and energy-based therapies (e.g., laser or radiofrequency) that may address concerns like laxity, discomfort, or appearance. Importantly, these interventions intersect with women’s sexual health, which involves a holistic understanding of desire, arousal, lubrication, orgasm, and pain—often influenced by hormonal status, psychological factors, relationship dynamics, and medical conditions (e.g., genitourinary syndrome of menopause). A well-rounded approach emphasizes evidence-based care, patient-centered counseling, realistic expectations, and ethical considerations, ensuring that interventions are safe, necessary, and aligned with the individual’s physical and emotional needs.

S12	SUN 12 JULY	<p>SYMPOSIUM 12 · O & G 2</p> <p>DR LEE SAW JOO</p> <p>HORMONE REPLACEMENT THERAPY AND CANCER : FRIEND OR FOE</p>
	1100 - 1230	
	Rafflesia	

Hormone Replacement Therapy (HRT) is widely used to relieve menopausal symptoms such as hot flushes, urogenital atrophy, mood changes, and osteoporosis. It typically involves estrogen alone for women without a uterus, or combined estrogen-progestogen therapy for women with an intact uterus. While HRT offers significant benefits in quality of life and bone protection, its association with cancer risk remains an important clinical consideration. There are mixed reports on risks of cancer in patients on HRT. Current recommendations emphasize individualized risk assessment, using the lowest effective dose for the shortest necessary duration, with regular review. Careful patient selection and counseling are essential to balance symptom relief against potential malignancy risks.

S13	SUN 12 JULY	SYMPOSIUM 11 · PREVENTIVE MEDICINE 1 PROFESSOR MADYA DR SYED SHARIZMAN INTEGRATING PRIMARY HEALTH CARE AND PUBLIC HEALTH FOR EFFECTIVE DENGUE PREVENTION AND CONTROL IN COMMUNITIES
	1100 - 1230	
	Lavender	

Dengue remains the most significant vector-borne disease in Malaysia, with the Asia-Pacific region bearing approximately 70% of the global burden. Despite robust national strategies, the disease exhibits dynamic cyclical patterns with major waves every 4–5 years. A critical challenge in effective control is the high prevalence of asymptomatic infections, which estimated at 75% and act as a silent reservoir for transmission. Primary Health Care serves as the essential frontline for early detection through Point-of-Care Testing (POCT) and standardised clinical management, which has successfully kept Malaysia's Case Fatality Rate (CFR) below 0.2%. Simultaneously, Public Health provides the technical backbone through Integrated Vector Management (IVM) and digital surveillance tools. Drawing on research, highlights the necessity of community empowerment through the COMBI (Communication for Behavioural Impact) model and the adoption of innovative biocontrol such as Wolbachia-infected mosquitoes. For integration to be effective, we must move beyond reactive treatment toward proactive participation in local surveillance and community education. By rechannelling resources from traditional reactive fogging towards more sustainable and evidence-based innovations, hopefully we see a better reduction in dengue cases and mortality.

S13	SUN 12 JULY	SYMPOSIUM 11 · PREVENTIVE MEDICINE 2 DR MARSILLA MARIATY ADULT VACCINATION
	1100 - 1230	
	Lavender	

Adult vaccination is a critical yet underutilized component of preventive healthcare. Our local healthcare setting mainly focuses on childhood vaccines, while the importance of adult vaccination tend to be neglected. Adults remain at significant risk for vaccine-preventable diseases due to waning immunity, aging immune system, comorbidities, occupational exposure, and travel.

Vaccination in adults help reduce morbidity and mortality, as well as healthcare burden associated with infectious diseases such as influenza, pneumococcal disease, herpes zoster, dengue fever, COVID-19, and hepatitis B. Vaccine uptake remains suboptimal in this population despite strong evidence supporting effectiveness and cost efficiency of adult vaccination mainly due to limited awareness, vaccine hesitancy, and inconsistent healthcare provider recommendations. Integrating vaccination into routine adult primary healthcare is an essential strategy to improve population health outcome.

Oral Abstracts	Day 2 Lavender Hall	Saturday 11 July 1100 - 1230
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Corresponding Author 01

SHOBASHENI A/P THANGAVELU

ASSESSMENT OF APPROPRIATE TREATMENT AND PATIENT EDUCATION IN PRIMARY CARE PRACTICES TOWARDS CLASSICAL SCABIES AMONG HEALTHCARE WORKERS IN THE KINTA DISTRICT

Thangavelu S¹, Hamidon AH¹, Isa ZAM¹, Kalaipan M¹, Govindan U¹, Kathamuthu SA¹, Singh AHS² ¹Greentown Health Clinic, Perak, Ministry of Health MALAYSIA

²Clinical Research Centre, Raja Permaisuri Bainun Hospital, Perak, Ministry of Health MALAYSIA

Corresponding Author 02

DR SURIATA BT DAUD

TO IMPROVE THE MEAN TOTAL CHOLESTEROL LEVEL AMONG HEALTH CARE WORKERS IN LANGKAP HEALTH CLINIC.

Daud S¹ ¹Langkap Health Clinic, Perak, Ministry of Health MALAYSIA

Corresponding Author 03

DR ROZAINA AKMAR BINTI ABDUL GHANI

FLOOD DISASTER PREPAREDNESS AMONG HEALTHCARE WORKERS (HCWs) IN PERAK TENGAH, MALAYSIA: A KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) STUDY

Rozaine Akmar AB¹, Norzahidah MK¹, Hasmaizal H¹, Nur Syarah Zulaikha MK²

¹Perak Tengah District Health Office, Ministry of Health MALAYSIA

²Perak State Health Department, Ministry of Health MALAYSIA

Corresponding Author 04

DR. MARLIANA BINTI MOHAMMAD

FACTORS ASSOCIATED WITH ADVANCED CHEST X-RAY LESIONS AMONG TUBERCULOSIS PATIENTS IN HILIR PERAK DISTRICT

[Marliana M¹, Muhamad Razi Z¹, Thinakaran K¹, Siti Rohani N¹]

¹Hilir Perak District Office, Teluk Intan, Perak, MALAYSIA

Corresponding Author 05

DR MOHD SHAFFIK BIN SAIDI

CHIKUNGUNYA IN PERAK 2019-2025: FACTORS INFLUENCING DELAYED DIAGNOSIS & NOTIFICATION OF CHIKUNGUNYA IN PRIMARY CARE SETTINGS.

Shaffik Saidi¹, Muhammad Siddiq², Mohd Fadhli Shamsuri¹

¹Perak State Health Department, ²Kampar District Health Office

Corresponding Author 06

DR SITI ROHANI NURUMAL

PUBLIC HEALTH INVESTIGATION OF A SCHOOL-BASED FOODBORNE OUTBREAK IN HILIR PERAK DISTRICT, MALAYSIA

Siti Rohani Nurumal¹, Muhamad Razi Zakaria², Thinakaran Kandayah³, Razali Bidik⁴, Nor Hashamila Taharin⁵ ¹⁻⁵Hilir Perak District Health Office

Corresponding Author 07

DR DIANA SAFRAA SELIMIN

**FACTORS ASSOCIATED WITH BEING A TB CASE AMONG TB CONTACTS
IN MUALLIM DISTRICT, 2020–2025**

Aliff Faisal bin Ahmad Kamar¹, Normaskinah Yahya², Izzul Haziq Zahba², Mohammad Noh Maarof², Siti Raudah Jamaluddin², Diana Safraa Selimin², Raja Mohd Azim bin Raja Haron²

¹Public Health Department, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, MALAYSIA, ²Muallim District Health Office, Perak, Ministry of Health MALAYSIA

Corresponding Author 08

DR ANIS SYAFIQAH BINTI ALIAS

**TRANSFORMING THE SOCIAL FRONTLINE: ADDRESSING NON-MEDICAL DRIVERS OF
PREVENTABLE STILLBIRTH AND UNDER-FIVE MORTALITY IN PERAK**

Anis Syafiqah A.¹, Kirage Letchemy M.¹, Khoo S.Y.Y.¹, Husna Maizura A.M.¹

¹*Cawangan Pembangunan Kesihatan Keluarga, Bahagian Kesihatan Awam, Jabatan Kesihatan Negeri Perak.*

Corresponding Author 09

DR KHAIRUNNISA MOHAMED

STILL STUNTED: WHY GROWTH FAILS DESPITE CARE

Nursazila Asikin MA, Khairunnisa M, Nurazidah Z, Rozaimah AT

Kerian district Health Office, Perak Health Department, Ministry of Health Malaysia.

Corresponding Author 10

DR MOHD AZMI BIN SULIMAN

**PRIMARY CARE DENGUE SURVEILLANCE EFFICIENCY: GOVERNMENT VERSUS PRIVATE
CLINICS**

Mohd Azmi BIN SULIMAN¹, Mohd Zarin BIN ALIAS¹, Mohd Zamri BIN MD ALI¹

¹Kinta Health District Office, Perak, Ministry of Health MALAYSIA,

Corresponding Author 11

DR NUR FADHILAH ZUBAIR

**SAME CLINIC, DIFFERENT MINDSET: HOW PAST SCREENING SHAPES COLORECTAL CANCER
SCREENING INTENTION**

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Corresponding Author 12

DR NORANNISA ROHIMAN

**PREVALENCE AND ASSOCIATED FACTORS OF RESISTANT HYPERTENSION IN PRIMARY
CARE CLINICS IN KINTA, PERAK: A CROSS-SECTIONAL STUDY**

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**Poster
Abstracts**

**Right Wing of
Rafflesia Ballroom**

Corresponding Author P01

DR AMIRTHAI SARAS A/P JAYAVEL

**WITH DIFFERENT THALASSEMIA CARRIER STATUS - CASE OF COMPOUND
HAEMOGLOBINOPATHY**

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DR FADZILATUL AHYA BT IDRIS

NOT ALL RED IS CELLULITIS: A MISSED CASE OF LEPROMATOUS LEPROSY

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Corresponding Author P03

DR LO VEE-SHIN

**EFFECTIVENESS OF LOW-INTENSITY SHOCKWAVE AND INJECTION THERAPY IN
ERECTILE DYSFUNCTION: A CASE SERIES USING A SIMPLIFIED PATIENT-REPORTED
OUTCOME MEASURE**

Corresponding Author P04

DR NURUL NADIA BINTI RAMLEE

**BEYOND BRONCHIOLITIS: UNMASKING AN EPSTEIN-BARR VIRUS COINFECTION IN AN
RSV-POSITIVE TODDLER WITH SEVERE HEPATITIS AND REFRACTORY
HYPERINFLAMMATION**

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Paediatrics, Hospital Taiping, Ministry of Health MALAYSIA

Corresponding Author P05

DR. MARLIANA BINTI MOHAMMAD

**BEYOND THE SKIN: CLINICAL COMPLEXITY AND PUBLIC HEALTH IMPLICATIONS OF
MULTIBACILLARY LEPROSY CASE IN HILIR PERAK**

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Corresponding Author P06

DR NUR ALYZA BT HAJI YUSUF

**SUSTAINED VIROLOGICAL RESPONSE IN CHRONIC HEPATITIS C WITH HEPATITIS B CO-
INFECTION, INTRAVENOUS DRUG USE, AND SUBSTANCE-INDUCED PSYCHOSIS-
LESSONS FROM A PRIMARY CARE CASE REPORT**

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Corresponding Author P07

DR SYAIFUL AZWAN BIN ROSLAN

METHANOL POISONING AND ENFORCEMENT GAPS UNDER THE FOOD ACT 1983: A CASE STUDY FROM BAGAN DATUK

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A PROGRESSIVE SILENCE: DIFFUSE SCLERODERMA WITH RAYNAUD PHENOMENON PRESENTING LATE TO PRIMARY CARE

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DR MIRA NAZIRA BINTI MOHD IZHAM

FROM FORAGING TO OUTBREAK: A CLUSTER OF *CHLOROPHYLLUM MOLYBDITES* POISONING IN BAGAN DATUK, PERAK

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**WHEN A RASH SIGNALS A LIFE-THREATENING INFECTION”
A CASE REPORT OF TALAROMYCOSIS IN PRIMARY CARE**

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Corresponding Author P11

DR SAFIAH SARIYAH BINTI SANI

UNDERSTANDING LOCAL HIV TRENDS IS ESSENTIAL FOR TARGETED PREVENTION AND CONTROL. THIS STUDY DESCRIBES THE TRENDS AND EPIDEMIOLOGICAL PROFILE OF HIV INFECTIONS IN KINTA DISTRICT FROM 2021 TO 2025.

Corresponding Author P12

DR. PATHMA SREE RAMA REDDY

TRACING A TRAGEDY: INVESTIGATION OF A FATAL ROTAVIRUS OUTBREAK IN KINTA AFTER A FAMILY DAY EVENT, 2025

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Corresponding Author P13

DR. SITI NURSYAHIRAH BINTI MOHD THARMIZI

CLUSTER OUTBREAK OF NEISSERIA MENINGITIDIS AMONG PRESCHOOL STUDENTS IN OCTOBER AT MUALLIM DISTRICT

Siti Nursyahirah M.¹, Aliff Faisal A.¹ Raja Mohd Azmi R.¹, Diana Safraa S.¹.

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DR MUHAMAD RAZI BIN ZAKARIA

PRIORITISING ENVIRONMENTAL HEALTH RISKS IN HILIR PERAK: INSIGHTS FROM A QUALITATIVE RISK MAPPING APPROACH”

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DR UMMU ATHIYAH BINTI MOHD NAWAWI

PARENTAL HOSTILITY FOLLOWING MANDATORY REPORTING OF STATUTORY RAPE: SAFEGUARDING DILEMMAS IN MALAYSIAN PRIMARY CARE

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Corresponding Author P16

DR EZA BINTI ARIFIN

ISOLATED ALKALINE PHOSPHATASE ELEVATION IN GRAVES' DISEASE DURING ANTITHYROID THERAPY: A DIAGNOSTIC CHALLENGE

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Corresponding Author P17

DR NADIA BINTI ABD GAFFAR

CONFORM, SEAL, AND RESOLVE: OVERCOMING COMPLEX PERINEAL DEFECTS IN A MULTIMORBID PATIENT USING LIQUID-TO-FOAM POLYURETHANE TECHNOLOGY IN THE COMMUNITY SETTING.

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ADOLESCENT TARGETED INTERVENTION 2025 PKMR SERI ISKANDAR HEALTH CLINIC:STRENGTHENING THE KNOWLEDGE AND AWARENESS ON SEXUAL REPRODUCTIVE HEALTH AMONG ADOLESCENT

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BRIDGING THE KNOWLEDGE–ACTION GAP IN DENGUE PREVENTION: QUALITATIVE INSIGHTS FROM A COMMUNITY IN MANJUNG, PERAK

Khairunnisa Makmon¹, Norbaizura Saidin¹, Nur Intan Kartiniwati Kamaruddin¹, Muhamad Anuar Yaakub¹, Eryda Liana Abdul Rahim¹, Mohd Alif bin Ezani¹

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EN MUHAMAD ISA ABDUL AZIZ

AGE DIFFERENCES IN E-CIGARETTE USE AMONG MALAYSIAN MALE

ADOLESCENTS: PREVALENCE, METHODS OF OBTAINING, AND ASSOCIATED FACTORS

Corresponding Author P21

DR TEOH HUI TING

A CASE REPORT OF NONTUBERCULOUS MYCOBACTERIAL (NTM) SKIN INFECTION PRESENTING AS A CHRONIC WRIST LESION IN RURAL PRACTICE

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DR TAN WEI JUN

WHEN TRAUMA MASKS MALIGNANCY: ANTERIOR MEDIASTINAL GERM CELL TUMOR IN A YOUNG ATHLETE

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Corresponding Author P23

DR NUR INTAN KARTINIEWATIE BINTI KAMARUDDIN

IDENTIFYING BEHAVIOURAL FACTORS PREDISPOSING TO INFLUENZA A

INFECTION DURING AN OUTBREAK IN A NAVY TRAINING COMMUNITY IN LUMUT, PERAK - A RETROSPECTIVE COHORT STUDY.

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Corresponding Author P24

DR VAISHNAWI KUNUSEGARAN

OCCULT VARICEAL BLEEDING UNMASKED BY DISCORDANT BETWEEN HbA1C AND SELF-MONITORED BLOOD GLUCOSE IN A DIABETIC PATIENT: A CASE REPORT

Vaishnawi Kunusegaran¹, Fatin Adiela Mohd Rusli¹, Haddad Nor Khalida Haddad Farid¹, Mohd Farid Abd Hamid¹, Wan Muhd Noor Al Hadi Ab. Razak²

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DR NORHALILAH BT ABDULLAH

PREDICTING FACTORS FOR HIV AND AIDS-RELATED DEATHS IN PERAK: AN ANALYSIS OF THE NATIONAL AIDS REGISTRY (2015–2025)

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DR PATRICK RAJ

THE ESCAPING IMPLANT: A RARE CASE OF ETONOGESTREL IMPLANT SELF-EXPULSION

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DR MUHAMAD NI'AM BIN MASBAH

ALL NATURAL HOME MADE KRATOM BREW, TONIC OR TOXIC? – A CASE REPORT

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DR SYARIFAH SAKINAH BINTI SYED ISMAIL
INVESTIGATING AND MANAGING AN INFLUENZA A OUTBREAK IN TRAINING
INSTITUTION IN LUMUT, PERAK

Sakinah ISMAIL¹, Nur Intan Kartiniwati KAMARUDDIN¹, Norbaizura SAIDIN¹,
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ENCIK MUHAMMAD ASRI BIN BAHRUM
DETERMINANTS OF PROGRAMME ADHERENCE, WEIGHT LOSS OUTCOMES AND
PARTICIPANT RETENTION IN A WORKPLACE WEIGHT MANAGEMENT INTERVENTION
AMONG HEALTHCARE WORKERS IN HILIR PERAK DISTRICT.

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Corresponding Author P30

DR NUR AFINI ROZANA BINTI MOHD SANI
NAVIGATING HEALTH SECTOR TRANSFORMATION: ADDRESSING MANPOWER
MALDISTRIBUTION IN PRIMARY CARE THROUGH WISN TOOL

Nur Afini Rozana M.S.¹, Hairul Izwan A.R.¹, Nor Baizura A.K.², Rizawati M.³, Noor Dalila
I.Z.A.⁴, Nur Syariza R.⁴, Hui Teng C.⁵, Husna Maizura A.M.¹

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DR NURUL AFIQAH BINTI MOHD SAIDI
WHO CARES AT HOME? RETHINKING CAREGIVER COMPETENCY IN DOMICILIARY CARE

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DR CHAI SIEW TING
LATENT AUTOIMMUNE DIABETES IN ADULTS IN PRIMARY CARE SETTING: A CASE
REPORT

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*Aisyah ABDULLAH (MD)*², *Mohammad Zawawi ABU BAKAR (MBBS)*².

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Corresponding Author P33

DR SHAHIRUL FARHANIM
FIVE- YEAR TREND ANALYSIS OF NATIONAL DIABETES REGISTRY AUDIT INDICATORS IN
HILIR PERAK DISTRICT, 2021-2025

Shahirul F¹, Firdaus A² ¹Langkap Health Clinic, Perak ²Pejabat Kesihatan Daerah Hilir Perak

Corresponding Author P34

DR ZATIL ZAHIDAH BINTI MOHD SHARANI
PREVALENCE AND FACTOR ASSOCIATED WITH ANEMIA AMONG PREGNANT MOTHERS
IN HILIR PERAK-A RETROSPECTIVE COHORT STUDY

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Corresponding Author P35

NAZMIL BIN NASIRUDDIN

LARGE-SCALE DIGITAL HEALTH EDUCATION ENGAGEMENT: A DESCRIPTIVE STUDY OF 19,938 WEBINAR REGISTRATIONS IN THE HIPER TV PKD HILIR PERAK WEBINAR SERIES, 2025-2026

Nasiruddin N Muhammad M

Hilir Perak District Health Office , Perak, Ministry of Health MALAYSIA

Corresponding Author P36

DR AHMAD ZAID BIN ISMAIL

PREVALENCE AND ASSOCIATED RISK FACTORS OF STUNTING AMONG ORANG ASLI TEMIAR CHILDREN UNDER TWO YEARS OLD ATTENDING THE PASUKAN BERGERAK ORANG ASLI CLINIC IN KUALA KANGSAR, PERAK

Ahmad Zaid I.¹, Muhammad Firdhaus P.¹,

Nor Aishah M.O.², Norlisa H.P.², Zainab I.², Norashikin M.Z.², Faizah A.K.²,

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TOWARDS THE IMPLEMENTATION OF BUSINESS CONTINUITY PLAN FOR PRIMARY HEALTHCARE FACILITIES AT MANJUNG DISTRICT HEALTH OFFICE

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Corresponding Author P38

DR. ABDULLAH AIMAN BIN MOHAMED AMIRUDDIN

HOUSEHOLD LEPTOSPIROSIS ASSOCIATED WITH SHREW INFESTATION IN THE VICINITY OF AN OIL PALM PLANTATION: A PUBLIC HEALTH CASE STUDY FROM BAGAN DATUK

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DR AHMAD FAHIM BIN NGIMRON

PREVALENCE AND ASSOCIATED FACTORS OF POOR COMPREHENSIVE DIABETIC CONTROL AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS IN BAGAN DATUK: A REGISTRYBASED STUDY

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DR AHMAD FAHIM BIN NGIMRON

LIMITED SCREENING ROLES OF FULL BLOOD COUNT ACROSS NS1, IGM AND IGG SEROLOGICAL PROFILES IN EARLY AND LATE DENGUE INFECTION IN BAGAN DATUK.

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DR. MUHAMAD ANUAR BIN YAAKUB

FROM COMMUNICATION TO CONTROL: EVALUATING DENGUE RAPID CONNECT FOR COMMUNITY-BASED DENGUE OUTBREAK RESPONSE IN MANJUNG DISTRICT

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Corresponding Author P42

NOR AISYAH BINTI ABDULLAH

WHEN APRI REASSURES BUT POCUS REVEALS: SUSPECTED HEPATOCELLULAR CARCINOMA IN CHRONIC HEPATITIS C

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DR NURUL SUHADA BINTI KAMARUZZAMAN

PREVALENCE OF DIABETIC FOOT ULCER AND ASSOCIATED CLINICAL AND DEMOGRAPHIC FACTORS AMONG PATIENTS WITH DIABETES ATTENDING PRIMARY CARE CLINICS IN HILIR PERAK DISTRICT: A RETROSPECTIVE CROSS-SECTIONAL RECORD REVIEW AIM

To determine prevalence of diabetic foot ulcer (DFU) and its associated clinical and demographic factors among patients with diabetes attending public health clinics in Hilir Perak District.

Corresponding Author P44

MOHD ZARIN BIN ALIAS

DENGUE SURVEILLANCE TIMELINESS: A COMPARISON BETWEEN PRIMARY AND SECONDARY CARE PERFORMANCE

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WHEN PREGNANCY IS NOT IN THE UTERUS: A DIAGNOSTIC CHALLENGE IN PRIMARY CARE -A CASE REPORT

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Corresponding Author P46

PUAN AINA MARDIAH BINTI BASRI

THE IMPACT OF NUTRITIONAL INTERVENTION IN PROGRAM COMMUNITY FEEDING (PCF) AMONG UNDERWEIGHT ORANG ASLI CHILDREN IN KUALA KANGSAR, PERAK

Aina Mardiah B, Nurul Munirah MS, Shahrizan A, Siti Amirah SAB and Julaidah S Kuala Kangsar District Health Office, Perak, Malaysia

Corresponding Author P47

PUAN NUR WARDATUNATIRAH BINTI AHMAD RASLI

THE ROLE OF FOOD SAFETY CULTURE IN SHAPING COMPLIANCE BEHAVIOUR

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DR POTHANANTHA RAJA PATHMANATHAN
VALIDATION OF A CLOUD-BASED ANALYTICS SOFTWARE IN DIAGNOSING AND REPORTING OCCUPATIONAL NOISE RELATED HEARING DISORDER

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PUAN SITI NURSHAHIRA BINTI NOR AKMALLIZAN
PATTERNS OF MENTAL HEALTH SERVICE UTILISATION IN PRIMARY CARE SETTINGS: A RETROSPECTIVE ANALYSIS OF COUNSELLING REFERRALS IN MANJUNG DISTRICT, MALAYSIA

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ENCIK MD. ASROYADI BIN HAJI ABDUL RAHMAN
A DESCRIPTIVE EVALUATION OF DENGUE PREVENTIVE INTERVENTIONS DURING SEASONAL HIGH-RISK PERIODS IN HILIR PERAK DISTRICT, 2025-2026

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DR NORBAIZURA BINTI SAIDIN
WHEN HOME KITCHENS BECOME PUBLIC HEALTH RISKS: POLICY AND ENFORCEMENT GAPS IDENTIFIED FROM A CHARITY-RELATED HOME-BASED FOOD POISONING OUTBREAK IN MANJUNG, PERAK

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Corresponding Author P52

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ECOTOURISM-ASSOCIATED FOODBORNE AND WATERBORNE OUTBREAKS IN KAMPAR DISTRICT, PERAK: A DESCRIPTIVE EPIDEMIOLOGICAL ANALYSIS, 2023–2025

Dr. Faizatul Syazana binti Mohd OSMANI¹, Dr. Abdul Haadi Muqsith Bin Abdul RANI¹, Dr. Muhammad Siddiq bin DAUD¹, Dr. Che Wan Ilmiyah Binti Che Wan AHMAD¹, Nurul Syariah binti SHAFIIN¹, Noor Hidayah binti YASSIN¹, Mohammad Hazeq bin DARIAN @ KARIM¹, Pejabat Kesihatan Daerah Kampar, Perak, Malaysia

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NOT JUST ANOTHER CHRONIC COUGH: UNMASKING KARTAGENER'S SYNDROME IN PRIMARY CARE

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DR TING CHUNG HUI
SWELLING OF AN INFANT'S HEAD : DELAYED SUBAPONEUROTIC FLUID COLLECTION

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Corresponding Author P55

PUAN FARIDIN ATHOULLAH BIN NOR BHAUDDIN

TO IMPROVE CUSTOMER SATISFACTION THROUGH 'FARMASI LETAK DAN AMBIL' AT PHARMACY COUNTER, KLINIK KESIHATAN LANGKAP IN YEAR 2026

Faridin Athoullah NB, Suriata D, Teoh MO, Nur Azurin MS, Nur Syakira S, Nur Amalina MS, Umi Kalsom MI, Nurliyana H *Klinik Kesihatan Langkap, PKD Hilir Perak*

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DR FAEIZ SYEZRI ADZMIN BIN JAAFFAR

DETERMINANTS OF SEVERE PLASMODIUM KNOWLESI MALARIA: A FIVE-YEAR (2021–2025) ANALYSIS IN BATANG PADANG DISTRICT, PERAK, MALAYSIA

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DR NUR SAKINAH AB RAZAK

DOCTORS' EXPERIENCES IN ADDRESSING ONLINE HEALTH INFORMATION IN NON-COMMUNICABLE DISEASE CONSULTATIONS: A QUALITATIVE STUDY

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PREVALENCE OF PSYCHOSOCIAL DISTRESS AND ITS ASSOCIATED FACTORS AMONG POSTGRADUATE MEDICAL TRAINEES ENROLLED IN MEDICAL MASTER'S PROGRAMMES AT UNIVERSITI PUTRA MALAYSIA

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DR ANG WAN SIN

THE HANDS STILL MATTER: PHYSICAL EXAMINATION UNCOVERED A SURGICAL ABDOMEN DESPITE MISLEADING INVESTIGATIONS

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DR MUHAMMAD ABBAS MOHD FIRDAUS

RICE, RISK, AND RECOVERY: DECODING THE INTERMITTENT COMMON SOURCE AT THE HEART OF AN OUTBREAK

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A 5-YEARS REVIEW OF UNDER FIVE MORTALITIES IN BATANG PADANG DISTRICT, PERAK

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SUPPORTING TUBERCULOSIS SURVEILLANCE WITH ACTIONABLE INSIGHTS: A DATA-DRIVEN COMPARTMENTAL MODEL IN MALAYSIA

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SILENT CARRIERS: FINDINGS FROM THALASSAEMIA SCREENING IN KERIAN DISTRICT (2022–2024)

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DISTRICT-LEVEL MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT RESPONSE DURING A MASS CASUALTY INCIDENT INVOLVING FRU PERSONNEL: AN OPERATIONAL CASE REPORT FROM TELUK INTAN, PERAK

Mohamad Firdaus MA¹

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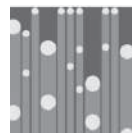
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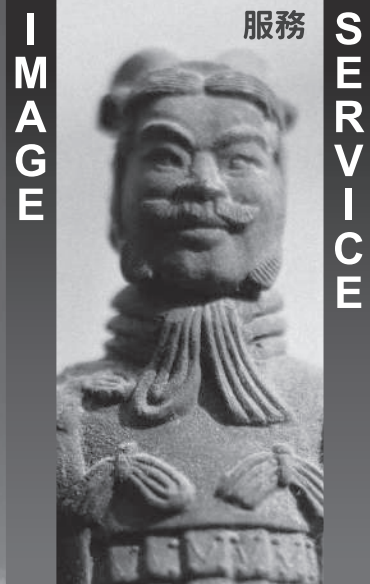
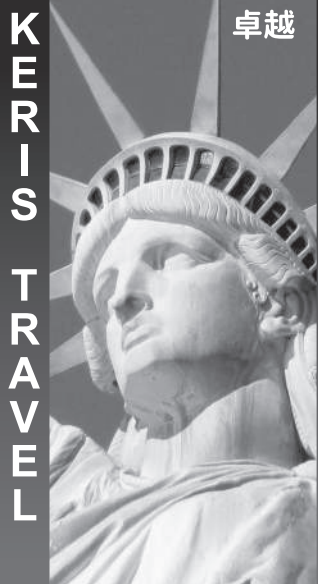
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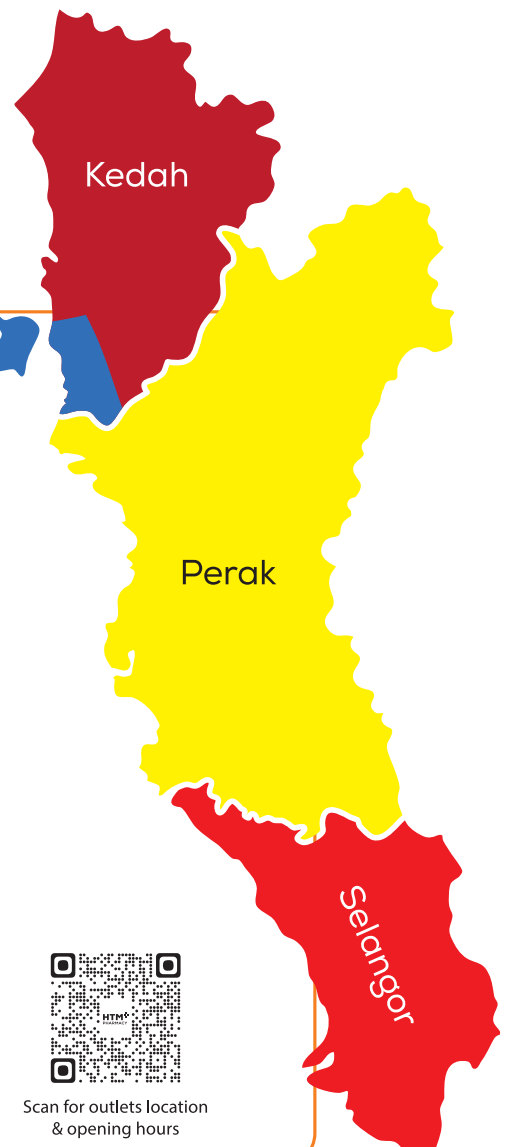
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