

Editorial

Dissemination reports are concise informative reports of health-related research supported by the Health and Medical Research Fund administered by the Health Bureau. In this edition, we present 12 dissemination reports of projects related to primary healthcare and preventive care, genomic medicine, rare diseases, non-communicable diseases, cancer, and child and adolescent health. In particular, research findings of three projects may provide insights to enhance clinical practices and help inform health policy formulation in Hong Kong.

Behavioural and pharmacological smoking cessation interventions can significantly increase the chances of successfully quitting. Despite free smoking cessation services being available in Hong Kong, few smokers have used or ever intend to use them. New modes of delivering smoking cessation interventions are required. Cheung et al¹ evaluated the feasibility and efficacy of an intervention comprising ecological momentary assessment (EMA) followed by nurse-led telephone counselling and text messaging, compared to no intervention after EMA, among over 450 adult current smokers. EMA is a self-administered documentation of real-time data describing behaviour, cognition, or event in the real world. All participants completed EMA assessments five times per day for seven days to document their smoking triggers, behaviours, and daily cigarette consumption. The intervention comprised nurse-led telephone counselling and 10-week tailored messages via instant messaging applications. The control group did not receive any intervention after the 1-week EMA. The results showed that EMA-based intervention was effective in increasing biochemically validated tobacco abstinence (from 3.5% to 8.2%) and smokers' readiness and preparation for quitting, compared to EMA alone, among smokers with no intention to use smoking cessation aids. Low-intensity EMA with personalised smoking cessation intervention could be a new and effective treatment model.

The adverse effects related to prolonged usage of electronic devices are a growing concern and have been linked to a range of physical and psychological symptoms, including mood disturbance, poor sleep quality, impaired academic performance, musculoskeletal pain, and vision

problems. Tsang et al² aimed to enhance individual's knowledge and awareness of the health risks associated with prolonged usage of smart devices, and to educate and promote adoption of healthy habits with respect to smart device use among primary and secondary school students. The study found a high prevalence of self-reported musculoskeletal, vision, and psychosocial symptoms among adolescents with excessive usage of electronic devices. There was moderate association between the intensity of electronic device usage and musculoskeletal, vision, and psychosocial symptoms. Frequent breaks, physical activity, and focus-group programmes incorporating motivational interviewing to explore and formulate strategies to promote healthier usage habits may help reduce the negative impacts associated with excessive or problematic use of electronic devices.

Asthma and attention-deficit hyperactivity disorder (ADHD) are prevalent chronic paediatric conditions. Children with early childhood asthma are more likely to develop ADHD. Acceptance and commitment therapy (ACT) is a mindfulness-based cognitive-behavioural technique, which has shown benefits in reducing behavioural issues in children with various conditions. Chong et al³ investigated the effects and cost-effectiveness of an ACT-based asthma management programme, compared to treatment-as-usual, on health outcomes in 118 children aged 3 to 12 years with asthma and comorbid ADHD, as well as in their parents. The results showed a substantial reduction in unplanned healthcare visits and significant improvement in asthma control and ADHD symptom severity at 12 months post-intervention. Parents also experienced improvements in psychological adjustment, asthma management self-efficacy, psychological flexibility, parenting competence, and overall family functioning across the 12-month follow-up period. Compared with baseline, the ACT group avoided 38 hospital/clinic visits, whereas the treatment-as-usual group experienced 22 additional visits. The incremental cost-effectiveness ratio was HK\$913 per visit avoided. The high recruitment and retention rates observed in this study indicate the ACT programme's feasibility and acceptance.

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References

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