

## EDITORIAL

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Welcome to the third series of dissemination reports of research projects supported by the *Health Services Research Fund (HSRF)\** and the *Health Care and Promotion Fund (HCPF)*.

This edition features dissemination reports related to health care delivery, mental health, and women's and children's health. Projects in each theme are highlighted due to their significant findings, impacts on health care delivery and practice and/or contribution to health policy formulation in Hong Kong.

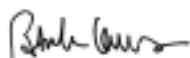
Chronic diseases contribute to substantial population morbidity and mortality. Although medications for chronic illness have demonstrated their ability to improve clinical outcomes in trial settings, it is often difficult to achieve maximum therapeutic benefits in everyday clinical practice due to sub-optimal drug use. Using a variety of means and a multidisciplinary team approach, Chan et al<sup>1</sup> were able to improve the cost-effective use of chronic medications by promoting doctors' adherence to recommended treatment guidelines and improving patients' compliance with chronic medications, resulting in significant savings and reduced patient mortality. Results of this study reportedly prompted the establishment of compliance clinics in Hospital Authority hospitals for patients on multiple medications and those with compliance problems.

Caught in the Asian financial crisis in late 1990s, Hong Kong witnessed the use of charcoal burning as a novel and rapidly growing means of suicide, evoking grave humanitarian and public health concerns in society. Lee et al<sup>2</sup> examined the psychological, social, and economic contexts in which charcoal burning suicide emerged by comparing persons who committed suicide by burning charcoal with those who used other means, and by interviewing charcoal burning suicide survivors. They found that debt and gambling problems, and a poor social support network are major contributing factors in charcoal burning suicides. In addition, the media was pivotal in promulgating this suicide method because of the tendency of local newspapers to popularise suicides in their reporting. The findings of this study have contributed to the publication of local media guidelines for coverage of suicide, and have increased the awareness and knowledge among health care professionals of the psychosocial background and economic predicaments of suicide attempters. The seriousness of the issue of rising suicide rates has prompted the establishment of the Hong Kong Jockey Club Centre for Suicide Research and Prevention.

The sudden death of a child always arouses strong emotions in affected parents, health care workers, and society at large. Nelson et al<sup>3</sup> determined the incidence and risk factors for sudden infant death syndrome (SIDS) in Hong Kong. One of the main strengths of this study is the investigators' ability to draw valuable support from public and private hospitals, the Department of Health's forensic pathology service, the coroner's office, and the police force enabling them to generate robust data and achieve the study objectives. The study confirmed risk factors for SIDS previously reported in other societies, including prone sleeping position and parental smoking. It also facilitated interaction between researchers and the public administration resulting in the production of an information pamphlet with the Department of Health on reducing the risks of SIDS drawing findings from the study.

We hope you enjoy reading this selection of dissemination reports. These dissemination reports and the studies' full reports may be downloaded individually from the Research Fund Secretariat website (<http://www.hwfb.gov.hk/grants>), where more information about these funds, including application procedures, can also be found.

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## References

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2. Lee DT, Chan KP, Yip PS, Chan SS, Leung CM, Chung DW. Charcoal burning suicide in Hong Kong. *Hong Kong Med J* 2006;12(Suppl 3): 18-9.
3. Nelson EA, To KF, Wong D, et al. A case-control study of unexpected infant death in Hong Kong. *Hong Kong Med J* 2006;12(Suppl 3):37-40.

\* The HSRF was succeeded by the *Health and Health Services Research Fund (HHSRF)* in 2002.