

We are delighted to bring you another 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 projects related to cancer, injury/rehabilitation, renal diseases, and women's health. Several projects are highlighted due to their significant findings, impact on health care delivery and practice, and/or contribution to health policy formulation in Hong Kong.

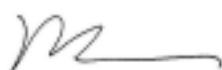
Moist desquamation—a painful sloughing of the epidermis due to death of the basal skin cell layer—is a common side-effect of combined chemotherapy and ionising radiation treatment for certain types of cancer. Mak¹ compared the effectiveness of gentian violet and non-adherent dressings in the treatment of radiation-induced moist desquamation wounds in patients attending a public hospital in Hong Kong. Despite being as effective as gentian violet, non-adherent dressings were more expensive—the increased cost attributable mainly to the additional nursing time required to apply and remove the dressing after each course of radiation. These findings add to the base of knowledge accrued locally and have proved informative in the management of radiation-induced skin reactions in the clinical oncology department of a major public hospital and in the production of patient education leaflets.

Renal transplantation is one of the great medical success stories of recent decades. Increasing numbers of transplant patients are surviving—due in no small part to the efficacy of immunosuppressants such as ciclosporin. However, the cost of ciclosporin to treat the huge numbers of transplant survivors is now itself a health care issue. Co-therapies that reduce ciclosporin metabolism resulting in lower and less frequent dosages are an attractive alternative. The anti-hypertensive drug diltiazem is useful in this regard. Kumana et al² undertook a trial to determine whether diltiazem co-treatment results in a significant reduction in ciclosporin dosage and improved overall cost-effectiveness for managing renal transplant patients. They found that such co-treatment was cost-effective and did not result in excess serious adverse outcomes or complications. As a result of this study, it is now routine Hospital Authority (HA) policy for transplant patients receiving oral ciclosporin (or tacrolimus) to receive diltiazem unless contra-indicated. This has led to cost savings for the HA.

Urinary stress incontinence adversely affects the quality of life and well-being of many people, especially women. Pelvic floor muscle exercises help reduce stress incontinence and are recommended before attempting surgical management. The exercises are more effective if the subject is well-motivated. Siu et al³ describe the translation and validation of three indices measuring symptom severity and symptom impact of urinary stress incontinence and intrinsic motivation to perform pelvic floor muscle exercise. However, the indices, while conceptually relevant, achieved only moderate test-retest reliability. Further studies are required before they can be recommended for use in incontinent Chinese populations. The prospect exists, however, that the intrinsic motivation index may be useful with other patient groups such as post-myocardial infarction patients attending cardiac rehabilitation programmes and patients undergoing stroke rehabilitation and pulmonary rehabilitation programmes. Overall, the researchers felt that the study raised awareness and knowledge of health care professionals to better understand female incontinence and the value of pelvic floor exercises.

We hope you find this selection of dissemination reports informative and enjoyable to read. These project reports and their corresponding full reports may be downloaded individually from the Research Fund Secretariat website (<http://www.hwfb.gov.hk/grants>), where more information about the funds, including application procedures, can also be found.

Supplement co-editors



Dr WC Chan
Associate Consultant (Research Office)
Health, Welfare and Food Bureau



Dr Richard A Collins
Scientific Review Director (Research Office)
Health, Welfare and Food Bureau



Dr Janice M Johnston
Consultant (Research Office)
Health, Welfare and Food Bureau

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