

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 cancer, public health, renal and urogenital system, infectious diseases, organ donation, injuries and accidents, and traditional Chinese medicine. In particular, research findings of three projects may provide insights to enhance clinical practices and help inform health policy formulation in Hong Kong.

Gynaecological problems are often investigated using pelvic ultrasound. Accurate prediction of a malignant mass enables appropriate referral to specialised care for follow-up and treatment. There are several different assessment tools available for interpreting ultrasound features including the International Ovarian Tumor Analysis (IOTA), Risk of Malignancy Index (RMI), and Risk of Malignancy Algorithm (ROMA). Chan et al¹ investigated whether ROMA/RMI could replace ultrasound assessment by an expert when IOTA outcome was inconclusive. They found that in Hong Kong women, the IOTA simple rules were 94% accurate in diagnosing pelvic mass malignancy by ultrasound when the IOTA rules were conclusive. The IOTA simple rules were more accurate than ROMA/RMI. In the 25% of cases that IOTA was inconclusive, addition of ultrasound assessment by an expert resulted in higher sensitivity, compared with addition of ROMA/RMI. The results suggest that pelvic masses detected by ultrasound should be assessed by IOTA rules first. Inconclusive results should be assessed by an expert first or by ROMA/RMI if expertise is not available.

Alcohol misuse is a major risk factor for mortality, morbidity, and disability. Kim et al² aimed to understand more about the prevalence of various first- and second-hand alcohol-related harms in Hong Kong adults and their associated factors. They found that 21.2% of drinkers experienced first-hand harms in the past year, whereas 18.2% of adults experienced second hand harms in the same period. Severe harms such as assault were rare, but public disturbance and lowered work productivity were common. The density of neighbourhood alcohol outlets was associated with being inconvenienced by inebriated drinkers. There was very little support for regulating alcohol outlets. The authors suggest targeting high-risk drinkers through happy-hour restrictions and minimum pricing regulations.

The first-line treatment for urinary incontinence in women is pelvic floor muscle training (PFMT). Lack of motivation and inability to contract the correct muscles may result in poor adherence to PFMT. A biofeedback device inserted vaginally can detect signals from voluntary muscle contraction, but it causes pain, discomfort, and hence refusal to continue treatment. In a pilot study, Kannan et al³ compared a new non-invasive biofeedback device with the conventional device and no device on adherence to PFMT, pelvic floor muscle strength, safety, stress urinary incontinence symptoms, and other outcomes in women aged 35 to 60 years with mild to moderate stress urinary incontinence. They found that the new biofeedback device was well accepted and safe for PFMT and helped in strengthening pelvic floor muscles and reducing severity of urine loss after training.

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References

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