of untreated psychosis’ (DUP) appears critical in determining the patient’s longer-term course and outcome. In this context, a key role has been identified for primary care doctors in the recognition of early symptoms and rapid referral to specialist services. The workshop will provide practical guidance in (a) how to recognise and respond to at-risk mental states and the prodromal symptoms of schizophrenia; (b) how to screen for bipolar disorder, which is easily missed in primary care settings; and (c) how to facilitate effective two-way communication at the interface between primary and local psychiatric services.

Part 2 will address Common Mental Disorders (CMDs) in primary care. These disorders, including major depressive disorder and anxiety disorders, often co-present with chronic medical conditions such as diabetes and cardiovascular disease and greatly worsen the overall medical prognosis. There is increasing research evidence on how CMDs can be more effectively managed in primary care settings using Stepped Care and Collaborative Care models. The practical application of these approaches will be outlined. The Collaborative Care model will be further illustrated through the example of a recent initiative where psychiatrists from Penang Medical College provide on-site liaison/consultation and medical student teaching to two government health clinics (Klinik Kesihatan) in Penang. Early experiences will be reported from the psychiatrists and primary care teams’ perspectives. Discussion with workshop participants will explore the challenges and opportunities in adapting this approach in the workshop participants’ clinical practice.

W06
Case Study: Diet and Lifestyle Management of Obese Type 2 Diabetes with Hypertension and Dyslipidemia

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Participants in this workshop will examine a case of a 45-year-old man who has been diagnosed with type 2 diabetes 6 months ago and followed up at a private GP clinic. He has also been diagnosed with borderline hypertension and dyslipidemia. His BMI is 32.8, HBA1c 7.5%, FBG 6.0 mmol/L, post-meal 9.4 mmol/L, BPI40/90, T Chol 6.8, LDL-C 2.8 and HDL-C 1.0 mmol/L. Participants will assess the social, medical, behavioural and environmental factors for metabolic syndrome and make recommendations for diet and lifestyle changes to improve his condition.

W07
Helping Your Patients to Make an Informed Decision: A Shared Decision-Making Approach

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There is an increasing recognition of the importance of shared decision-making in primary care worldwide. It involves clinicians and patients discussing, negotiating and agreeing on a screening or treatment option during a consultation. Involving patients in decision-making has been shown to improve patient satisfaction and adherence to treatment.

The incidence of type 2 diabetes is increasing worldwide, especially in the Asia Pacific region. Although it is well established that good glycaemic control reduces micro- and macrovascular complications, the glycaemic control of patients in many countries remains poor. Insulin is often necessary to achieve satisfactory glycaemic control when oral glucose-lowering drugs and lifestyle modification no longer work. However, insulin therapy has been underutilised due to various patients, clinicians and system barriers.

A patient decision aid booklet and self-navigated internet e-learning module have been developed in Malaysia to help patients to make an informed decision about starting insulin. Using these resources with participants, this workshop will define the concept of shared decision-making, present the evidence available for its use in clinical practice and demonstrate how patient decision aids can be used as a tool to facilitate clinical decision-making between patients and clinicians in a primary care consultation.

Goals and objectives: At the end of the workshop, the participant will be able to: 1. Understand the concept of shared decision-making; 2. Understand and know how to use a patient decision aid

Outline of the workshop: 1. Short lecture on shared decision-making and patient decision aids (20 min); 2. Demonstrating the insulin patient decision aid (Show and tell) (20 min) 3. Introducing the insulin patient decision aid e-learning module (10 min); 4. Hands-on session on how to use the patient decision aid (20 min); 5. Conclusion (10 min) 6. Feedback (10 min) Total: 1 hour 30 min

Keywords: shared decision-making, patient decision aids, diabetes, insulin

W08
Searching for Evidence

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Clinicians are confronted daily with questions dealing with patient care. Yet, the explosion of research and publication has made searching for evidence to answer these clinical questions increasingly difficult. This workshop aims to teach participants to develop answerable questions and conduct a quick but efficient search. The method of delivery will be through a mixture of short interactive lectures and hands-on small group sessions. Participants should bring along laptop computers or tablets (with Wi-Fi or Internet connectivity) as this will allow them to participate fully in the search session. They will be guided and given the opportunity to practice the first 2 steps in evidence-based practice, namely ASK (clinical question formation) and ACQUIRE (acquisition of medical evidence from the literature). The workshop facilitators have extensive experience in teaching and practicing evidence-based medicine. As advocates of EBM, they have spent the last 5 years pushing for the greater use of this approach in clinical practice in their respective countries.