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演講摘要

Dyslipidemia is a major risk factor for stroke, following hypertension, diabetes, and smoking. Dyslipidemia is an important risk factor for the prevention and treatment of ASCVD (atherosclerotic cardiovascular disease), including stroke, coronary artery disease and peripheral vascular disease. LDL-C (low-density lipoprotein cholesterol) is the most useful serum lipid marker for predicting the risk of ASCVD. Recent guidelines recommend considering LDL-C lowering therapies, such as statins (preferably), ezetimibe, or proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors to prevent the occurrence or recurrence of stroke. In secondary prevention of non-cardioembolic stroke, intense reduction of LDL-C by statins significantly reduced the risk of recurrent stroke and major CV events. Stroke guidelines advocate for administering the maximum tolerable dose of statins as the primary treatment and as soon as possible despite the potential for new-onset diabetes mellitus and possible muscle and liver toxicity due to their demonstrated benefits in secondary prevention of cardiovascular diseases and mortality reduction. In patients with acute ischemic stroke/TIA and LDL-C ≥ 100 mg/dL, it is indicated to prescribe statins. After an Ischemic stroke/ TIA with evidence of atherosclerosis, patients who had a target LDL-C < 70 mg/dL had a Lower Risk of subsequent CV events than those who had a target range of 90-110 mg/dL.

Recent Advances in the Management of Osteoarthritis

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Osteoarthritis (OA) is the most common form of arthritis, affecting millions of people worldwide. It is a degenerative joint disease characterized due to breakdown of cartilage, changes in subchondral bone, synovial inflammation, and alterations in periarticular structures. The condition leads to pain, stiffness, reduced mobility, and impacts quality of life.

Epidemiology

OA commonly affects the knees, hips, hands, and spine. The prevalence increases with age, with a higher incidence in women compared to men, particularly after menopause. The risk factors include genetic predisposition, obesity, joint injuries, repetitive stress, and metabolic diseases.

Clinical Features

Patients with OA typically present mostly with joint pain that worsens with activity, and improves with rest, stiffness after periods of inactivity, and reduced range of motion. Crepitus and joint instability may also be noted. Advanced OA can lead to significant disability and a need for joint replacement surgery.

Pathogenesis

The pathogenesis of OA is multifactorial, involving mechanical, biological, and biochemical factors that contribute to the progressive destruction of joint structures, such as mechanical stress and injury, cartilage degradation, subchondral bone changes, synovial inflammation, meniscal damage, genetic and epigenetic factors, and metabolic & systemic factors.

Diagnosis

The diagnosis of OA based on patient history and physical examination. Radiographic findings include joint space narrowing, osteophytes, subchondral sclerosis, and cyst formation. MRI provides detailed visualization of cartilage, bone marrow lesions, and soft tissue structures, aiding in the assessment of disease severity and progression, but very expensive.

Management

Recent evidence has highlighted the importance of a comprehensive, patient-centered approach that includes both pharmacological treatments and lifestyle modifications.

First, non-Pharmacological Interventions

1. Exercise and physical therapy
2. Weight management
3. Patient education and self-management

Second, pharmacological Interventions

1. Analgesics and anti-inflammatory medications
2. Intra-articular injections
3. Emerging pharmacotherapies

Third, interventional and Surgical Treatments

1. Joint preservation
2. Total joint arthroplasty

Conclusion

The management of osteoarthritis is evolving with an increasing emphasis on personalized, multimodal approaches that integrate non-pharmacological, pharmacological, and surgical interventions. Recent evidence underscores the importance of patient education, and lifestyle modifications. As research continues to advance, the development of disease-modifying treatments holds promise for altering the course of this debilitating disease.

Ongoing collaboration between rheumatologists, orthopedics, rehabilitation physicians, general physicians, and other healthcare professionals is essential to ensure the effective implementation of these strategies, ultimately improving the quality of life for patients with osteoarthritis.

淺談常見老年性眼疾

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演講摘要：淺談幾種眼科常見，因為老年引起的眼睛病變，包括乾眼症，黃斑部病變，白內障，青光眼，希望學員對這些疾病有基礎的認識。