



賽馬會長者計劃新里程  
*A Jockey Club Initiative for Seniors*

## Press Conference 新聞發佈會



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## Challenges of Population Ageing on Disease Trends and Burden Part I: Diabetes

「人口老化的挑戰：疾病趨勢與社會負擔」研究系列  
第一部份：糖尿病



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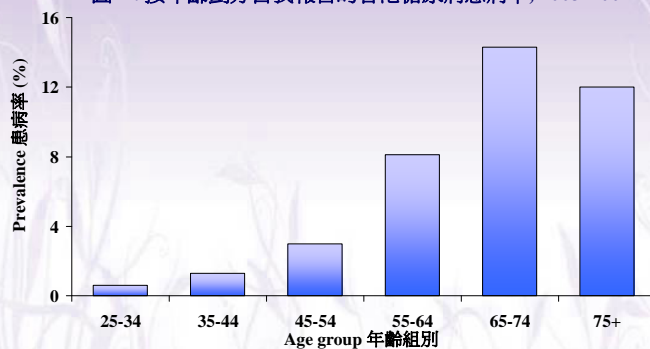
## Being Older as a Risk Factor for Diabetes 年老是糖尿病的風險因素

### Diabetes prevalence increases with age

糖尿病患病率隨年齡上升

Fig. 1 Prevalence of self-reported diabetes in Hong Kong, by age group, 2003-2004

圖一. 按年齡劃分自我報告的香港糖尿病患病率, 2003-2004



Source: Population Health Survey, 2003/2004.



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## Being Older as a Risk Factor for Diabetes (cont'd) 年老是糖尿病的風險因素 (續)

### In Hong Kong, the prevalence of diabetes among the older population (aged 65+) was 6 times that among the younger population (aged 18-64) in 2003-2004

在 2003-2004 年間，香港 65 歲或以上人口的糖尿病患病率是 18-64 歲人口患病率的 6 倍

### People aged 65+ make up 50% of the diagnosed adult cases of diabetes

每兩名成人糖尿病患者之中，便有一名患者為 65 歲或以上

(Population Health Survey 2003/2004)



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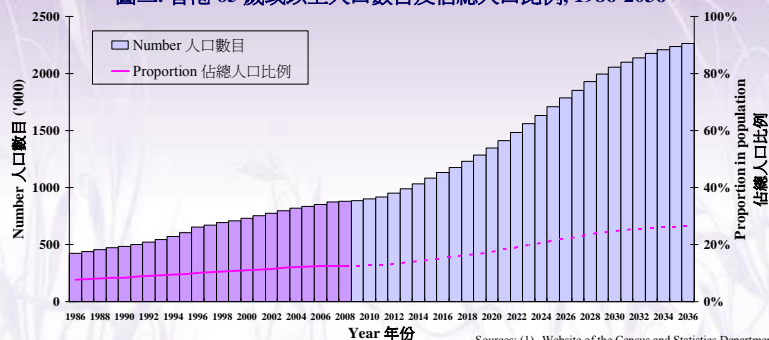
## An Ageing Population 人口老化

### Hong Kong population is ageing

香港正面對人口老化

Fig. 2 Number and proportion of people aged 65+ in Hong Kong, 1986-2036

圖二. 香港 65 歲或以上人口數目及佔總人口比例, 1986-2036



Sources: (1) Website of the Census and Statistics Department, Hong Kong.  
(2) Hong Kong Population Projections 2007-2036.



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## Impact of an Ageing Population 人口老化的影響

Even if there is no increasing trend in the age-specific prevalence of diabetes, the number of older people who have diabetes can be expected to increase over the years

即使各年齡組別的糖尿病患病率並沒有上升的趨勢，僅因人口老化，已可預期未來患糖尿病的長者會持續增加



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## Burden of Disease 糖尿病造成的負擔

- Direct costs: Medical costs (e.g. hospitalization, doctor consultation) & other costs (e.g. medicines)

直接金錢損失：醫療開支（例如留院費用、醫生診金）及其他開支（例如藥費）

- Indirect costs: Costs of dealing with disability, loss of work & premature mortality

間接損失：因糖尿病引致的殘疾、失去工作或提早死亡所帶來的損失



- Diabetes disease burden:

糖尿病造成的負擔包括：



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## Prediction of Burden of Disease 預測糖尿病造成的負擔

- Prediction of burden of disease is needed for planning of health & social services

為妥善安排醫療及社會服務的資源，需要去預測糖尿病帶來的負擔

- Prediction depends on examining the trends in incidence, prevalence, morbidity & mortality

要作預測便需從糖尿病的發病率、患病率、病患及死亡率研究



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## CADENZA Project 「流金頌」計劃

### ❖ “CADENZA: A Jockey Club Initiative for Seniors” conducted a study to

「流金頌：賽馬會長者計劃新里程」完成了一項研究，以

### ❖ Examine the trends in incidence, prevalence, morbidity, associated disabilities & mortality of diabetes over the past 20 years in Hong Kong

檢視最近 20 年內香港的糖尿病發病率、患病率、相關病患、殘疾及死亡的趨勢

### ❖ Investigate the implications for health & social services

探究以上各項趨勢對醫療及社會服務的意義



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## Data & Method 數據來源及研究方法

### ❖ Statistics on the trends were based on existing studies & databases

從現有的研究及數據反映有關趨勢

### ❖ For the full list of references, please refer to our publication

關於詳細參考資料來源，請留意即將出版的報告書

(McGhee et al., 2009)

### ❖ Attributable risk methodology was used to estimate the costs attributable to diabetes

以「歸因風險」法去估計糖尿病帶來的負擔



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## Findings 研究結果



## Prevalence 患病率

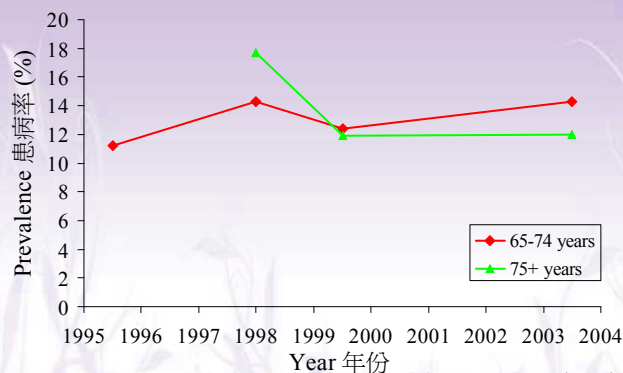
- ◆ **There is no clear evidence of either an increasing or decreasing trend of diabetes among the Hong Kong population aged 65+ from 1995 to 2004**

在 1995-2004 年間，香港 65 歲或以上人口糖尿病患病率並無明顯的上升或下降趨勢



## Prevalence (cont'd) 患病率 (續)

Fig. 3 Prevalence of self-reported diabetes in Hong Kong population aged 65+, 1995-2004  
圖三. 香港 65 歲或以上人口自我報告的糖尿病患病率, 1995-2004



Sources: 1. Harvard Household Survey 1998.  
2. Elderly cohort from Elderly Health Centre, Department of Health of Hong Kong, 1998-2001  
3. Population Health Survey, 2003/2004

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## Prevalence (cont'd) 患病率 (續)

❖ The prevalence based on self-reported data was likely to be underestimated  
以自我報告而估計的患病率很可能低估了實際情況

❖ In 2004-2005, near 30% of people aged 65-84 with diabetes were unaware of their diabetes status  
在 2004-2005 年, 近三成年齡為 65-84 歲的糖尿病患者並不知道自己已患上糖尿病

❖ Combining known and unknown diabetes cases, about 1 in 5 (21%) of population aged 65 to 84 had diabetes in 2004-2005  
計算所有已知或未知的糖尿病個案顯示, 在 2004-2005 年, 約每 5 名年齡介乎 65-84 歲的人口中, 便有 1 人患糖尿病 (患病率為 21%)

(Heart Health Survey 2004/2005)

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## Number of People with Diabetes 糖尿病患者的數目

- Assuming the age and gender specific prevalence of known diabetes remains the same as that in 2003-2004, the number of older people who have diabetes will be more than double from 0.11 million in 2006 to 0.30 million in 2036

假設按年齡及性別劃分的已知糖尿病患病率維持在 2003-2004 年間的水平，可推算年長的糖尿病患者的數目將由 2006 年的 11 萬增加至 2036 年的 30 萬

(McGhee et al., 2009)

- If undiagnosed diabetes cases were included, the number of people with diabetes will be greater

若把未知的糖尿病個案也計算入內，糖尿病患者的數目將會更高



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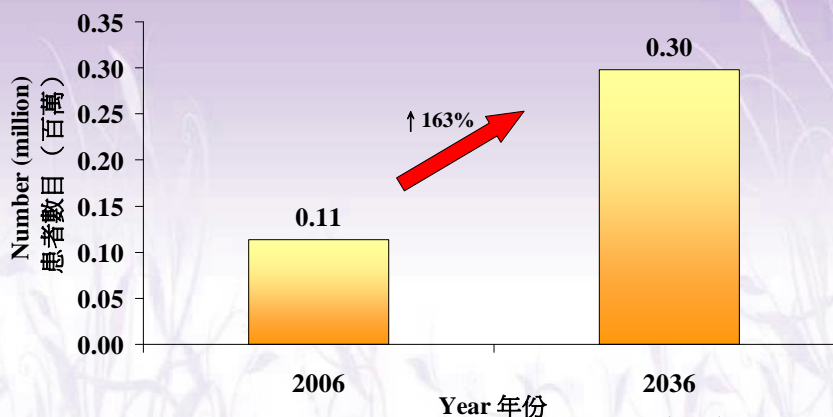


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## Number of People with Diabetes (cont'd) 糖尿病患者的數目 (續)

Fig. 4 Estimated number of people aged 65+ with known diabetes in Hong Kong, 2006 & 2036

圖四. 2006 年和 2036 年香港 65 歲或以上的已知糖尿病患者的推算數目



Source: McGhee et al., 2009.



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## Number of People with Diabetes (cont'd) 糖尿病患者的數目 (續)

- ◆ According to the projection, by 2036, people aged 65+ make up about 70% of the diagnosed adult cases of diabetes

推算在 2036 年，每十名成人糖尿病患者之中，便約有七名患者為 65 歲或以上



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## Pre-diabetes 前期糖尿病

- ◆ In 2004-2005, about 18% of people aged 65-84 have pre-diabetes, which are at substantially higher risk of developing diabetes

在 2004-2005 年，約 18% 的年齡為 65-84 歲的人屬於前期糖尿病，他們患上糖尿病的機會較一般人為高

(Heart Health Survey 2004/2005)

- ◆ Actions have to be taken to prevent these cases becoming diabetes cases

必須採取一切措施以避免前期糖尿病演變成糖尿病



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## Incidence 發病率

- ❖ Not much information on the local trend in incidence of diabetes

有關本地糖尿病病發率趨勢的資料不多

- ❖ Based on self-reported data, a cohort study in 1991-1992 found that there were about 12 new cases among 1,000 people aged 70+ in a year

一項 1991-1992 年的隊列研究顯示，以自我報告計算，每年每千名70歲或以上的人口中，便約有 12 個糖尿病新個案

(Woo *et al.*, 2002)

## Mortality 死亡率

- ❖ Diabetes is the 9<sup>th</sup> most common cause of mortality among the population aged 65+ in Hong Kong

在香港 65 歲或以上的人口中，糖尿病是第九號殺手

- ❖ In 2007, the death rate from diabetes was 50 per 100,000 population aged 65+

在 2007 年，每十萬名65 歲或以上的人口中，便有約50人死於糖尿病

(Department of Health, 2008)

## Mortality (cont'd) 死亡率 (續)

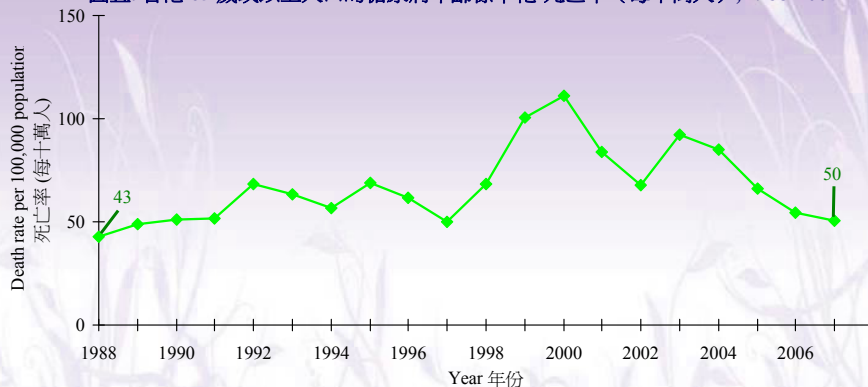
- The age-standardized mortality rates of diabetes were quite stable between 1988 to 1997, increasing sharply in the late 1990's but generally decreasing from 2001 to 2007

糖尿病年齡標準化的死亡率在 1988-1997 年間保持穩定，在 1990 年代末期急劇上升，但在 2001-2007 年間逐漸下降

## Mortality (cont'd) 死亡率 (續)

**Fig. 5 Age-standardized\* death rates for diabetes (per 100,000) among population aged 65+ in Hong Kong, 1988-2007**

圖五. 香港 65 歲或以上人口的糖尿病年齡標準化\*死亡率 (每十萬人), 1988-2007



\* The age-standardized death rates used the Hong Kong population as of mid-2007 as the standard  
年齡標準化死亡率以香港在 2007 年的年中人口為標準人口計算

Source: Vital Statistics, Department of Health

## Mortality (cont'd) 死亡率 (續)

- ❖ **People with diabetes have relatively higher risk of dying**  
糖尿病患者相對有較大的死亡風險

- ❖ **For example, an overseas study showed people aged 60-69 with diabetes had 1.4 times higher risk of dying as compared to those without**

例如一項海外研究顯示，60-69歲的糖尿病患者的死亡風險比非患者高1.4倍

*(Barnett et al., 2006)*

## Mortality (cont'd) 死亡率 (續)

- ❖ **Many people would have been recorded as dying from another cause which was itself a complication of diabetes**

即使被記錄的死亡原因並非糖尿病，該死者也可能死於由糖尿病引起的併發症

- ❖ **The mortality rate attributable to diabetes was near 80 per 100,000 population in 2006**

在2006年，每十萬名長者之中，歸因糖尿病的死亡人數接近80人

*(McGhee et al., 2009)*

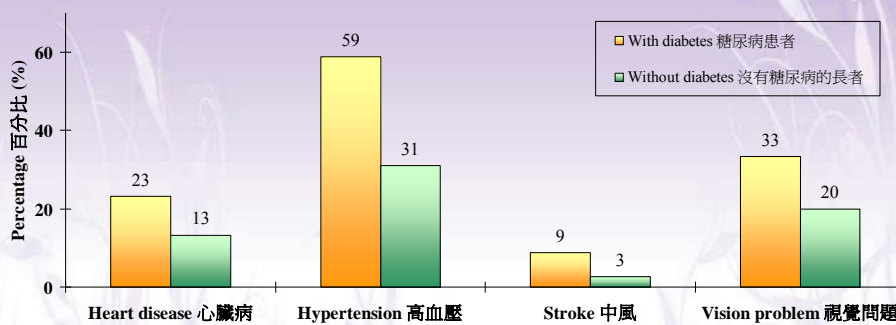
## Complications 併發症

More than half (58%) of older people with diabetes have complications

過半數(58%)的年長糖尿病患者有併發症  
(Statistics from Hospital Authority, 2002-2006)

## Complications (cont'd) 併發症 (續)

Fig. 6 Complications among population aged 60+ in Hong Kong, 1996  
圖六. 香港 60 歲或以上人口的併發症比率, 1996



Source: Chou & Chi, 2005.

## Disability 殘疾

- ❖ **Older people with diabetes were 1.8 to 4.1 times (depending on different tasks) more likely than those without diabetes to report some difficulty with activities in daily living**

在進行日常生活自我照顧時，年長的糖尿病患者較沒有糖尿病的長者有多1.8至4.1倍機會（視乎不同項目）有障礙

(Chou & Chi, 2005)

- ❖ **Those aged 70+ with diabetes had 50% to 70% greater chance of mild to severe functional limitation than those without diabetes**

70歲或以上的糖尿病患者在日常活動有障礙的機會比非糖尿病患者高50%至70%

(Woo et al. 1998)

## Disability (cont'd) 殘疾 (續)

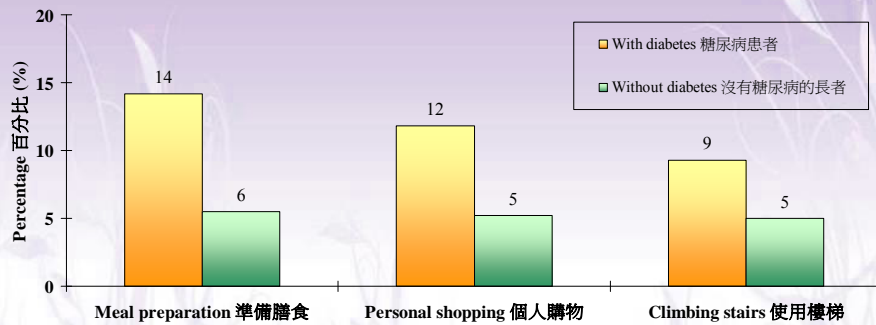
- ❖ **More older people with diabetes reported difficulty in at least one of the three functional domains covering self-care tasks, mobility and higher functional tasks (26% compared with 15% without diabetes)**

與沒有患糖尿病的長者相比，較多患糖尿病的長者在自我照顧、行動或日常活動方面有障礙（26%；沒有糖尿病的長者則有15%）

(Chou & Chi, 2005)

## Disability (cont'd) 殘疾 (續)

Fig. 7 Percentage of Hong Kong population aged 60+ with limitations in functional domains, 1996  
圖七. 香港 60 歲或以上在進行功能活動時有障礙的百分比, 1996



Source: Chou & Chi, 2005.



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## Cognitive Impairment (cont'd) 認知障礙 (續)

- Older people with diabetes are more likely to have cognitive impairment including dementia

年長的糖尿病患者較易有認知障礙，包括癡呆症

- For example, about 8% of older people having regular care for diabetes have moderate/severe cognitive impairment compared to 6% without diabetes

例如在定期接受糖尿病護理的年長患者中，8%有中度或嚴重的認知障礙，相比而言，沒有患糖尿病的長者只有6%有同樣情況

(Elderly cohort from Elderly Health Centre, Department of Health, 1998-2001)



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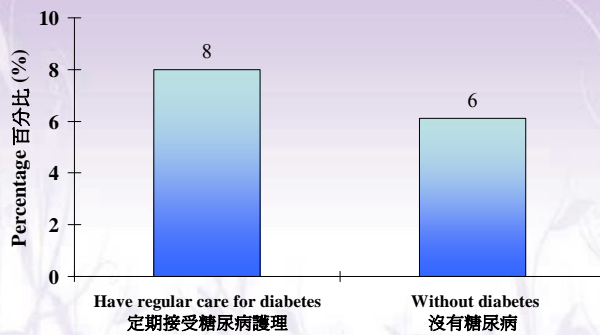


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## Cognitive Impairment (cont'd)

### 認知障礙 (續)

**Fig. 8 Proportion of moderate/severe cognitive impairment\* of people aged 65+ in Elderly Health Centre cohort, 1998-2001**  
圖八. 65歲或以上「長者健康中心」會員患中度或嚴重認知障礙的百分比, 1998-2001



\*Abbreviated Mental Test (AMT)  $\leq 7$  indicates moderate/severe impairment  
簡短智能測驗  $\leq 7$  為中度或嚴重障礙

Source: Elderly cohort from Elderly Health Centre, Department of Health, 1998-2001.



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## Quality of Life

### 生活質素

- Older people with diabetes generally had poorer quality of life than those without

年長的糖尿病患者的生活質素一般較沒有糖尿病的長者差

- For example, about 12% of older people having regular care for diabetes have depressive symptoms compared to 9% without diabetes

例如在接受定期護理的年長糖尿病患者中, 12% 有抑鬱症狀, 而沒有糖尿病的長者中, 只有 9% 有抑鬱症狀

(Elderly cohort from Elderly Health Centre, Department of Health, 1998-2001)



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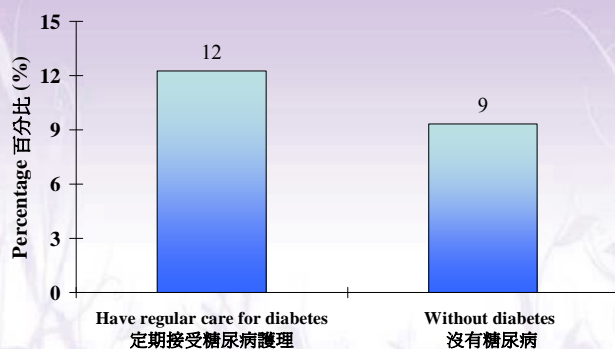


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## Quality of Life (cont'd) 生活質素 (續)

Fig. 9 Proportion of people aged 65+ showing depressive symptoms\*  
in Elderly Health Centre cohort, 1998-2001  
圖九. 65 歲或以上「長者健康中心」會員有抑鬱症狀\*的百分比, 1998-2001



\* Geriatric Depression Scale (GDS)  $\geq 8$  indicates depressive symptoms  
老人抑鬱量表 (GDS)  $\geq 8$  為有抑鬱症狀

Source: Elderly cohort from Elderly Health Centre, Department of Health, 1998-2001.



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## Economic Burden on the Society 對社會造成的經濟負擔

- Attributable medical cost of diabetes in Hong Kong was estimated at about HK\$1.4 billion in 2006 for those aged 65+  
於 2006 年, 估計香港用於 65 歲或以上糖尿病患者的醫療開支約為 14 億港元
- In 2006, the per capita attributable medical cost to diabetes in the public sector among the older patients in Hong Kong was about HK\$11,915  
於 2006 年, 公共醫療體系平均為每名患糖尿病的長者支出 11,915 港元
- This is a conservative estimate which does not include private sector care  
以上僅為保守的估計, 並不包含用於私人醫療體系方面的開支  
(McGhee et al., 2009)



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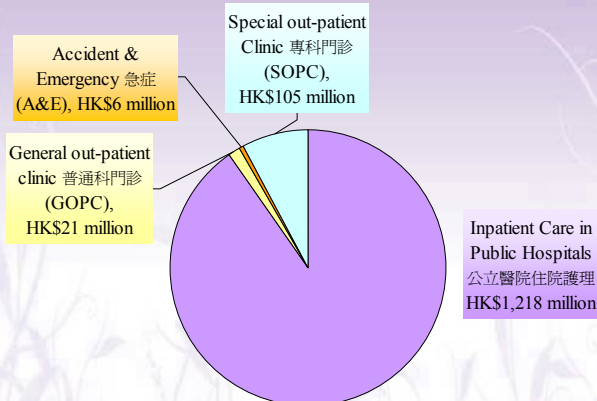


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## Economic Burden on the Society (cont'd) 對社會造成的經濟負擔 (續)

Fig. 10 Summary of the attributable medical costs to diabetes among population aged 65+ for the public medical sectors in Hong Kong, 2006

圖十. 香港在公共醫療體系用於 65 歲或以上糖尿病患者的開支分類, 2006



Source: McGhee et al, 2009.

## Economic Burden on the Society (cont'd) 對社會造成的經濟負擔 (續)

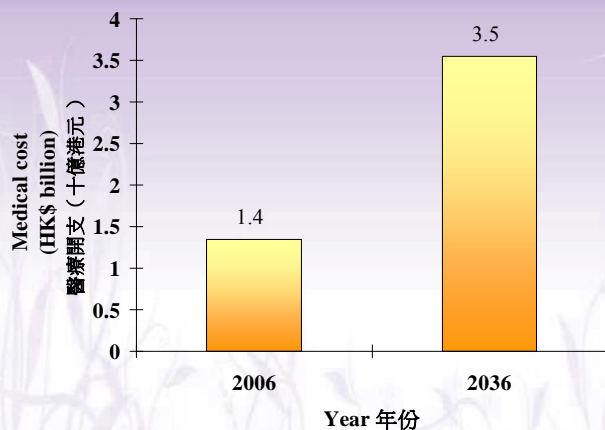
It is projected that the attributable medical cost of diabetes in Hong Kong would increase to about HK\$3.5 billion in 2036 for those aged 65+

預計香港在 2036 年，用於 65 歲或以上的糖尿病者的醫療開支，約為 35 億港元

(McGhee et al., 2009)

## Economic Burden on the Society (cont'd) 對社會造成的經濟負擔（續）

Fig. 11 Estimated attributable medical cost of diabetes in Hong Kong, 2006 & 2036  
圖十一. 估計糖尿病為香港帶來的醫療開支, 2006年及2036年



Source: McGhee et al, 2009.



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## Control of Diabetes 糖尿病的控制

- ❖ In 2004-2005, half of those aged 65-84 with known diabetes had poor control of diabetes

在 2004-2005 年，年齡為 65-84 歲的已知糖尿病患者中，半數患者未能好好控制他們的糖尿病

(Heart Health Survey 2004/2005)

- ❖ Control of diabetes is difficult for elderly

對長者來說，糖尿病的病情難以控制



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## Implication of Findings 研究結果的意義



## Problem in Control of Diabetes 控制糖尿病時遇到的問題

### ◆ Control of diabetes is difficult for the older people because:

長者難以控制糖尿病的病情，因為：

### ◆ It requires a change in lifestyle, which is difficult for many older people

控制病情需要改變生活習慣，很多長者難以做到



## Problem in Control of Diabetes (cont'd)

### 控制糖尿病時遇到的問題（續）

- ❖ **Cognitive & function limitations of the older people lead to**  
認知障礙及功能障礙令長者
  - ❖ **Difficulty in managing complex drug regimes**  
難以跟從複雜的服藥日程
  - ❖ **Difficulty in coping with multiple service providers at multiple sites**  
難以應付於不同地點尋求不同的服務
  - ❖ **Lack of knowledge of handling gadgets & information technology**  
欠缺足夠知識來使用糖尿病輔助用具（如血糖機、胰島素筆）及瞭解資訊

## What Individuals Can Do

### 對個人的建議

- ❖ **Start prevention of diabetes & its complications from young ages**  
從年輕時開始預防患上糖尿病及其併發症
- ❖ **For example, maintaining a healthy lifestyle**  
例如應維持健康的生活習慣

## What Healthcare Professionals Can Do 對醫護人員的建議

- Take into account the physical & cognitive impairment of the older people

顧及長者在身體機能和認知方面的障礙

- Adopt an elder-oriented approach in care of older people with diabetes as a cornerstone in health & social services in addition to prevention, screening & optimizing disease control

以「長者為本」的精神為患糖尿病長者提供醫療及社會服務，做好糖尿病的預防、篩查及優化控制



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## What Healthcare Professionals Can Do (cont'd) 對醫護人員的建議 (續)

- Carry out comprehensive geriatric assessment covering physical, functional, psychological, nutritional & social domains to guide the management plan, in addition to the current diabetes complications screening

除了現有的糖尿病併發症篩查外，應為長者進行「全面評估」，從身體機能、功能、心理、營養及社交各方面，訂立更全面的糖尿病管理計劃

- Consider the trajectory of the disease in management of the disease versus the usual 'static' system based approach governed by guidelines

提供糖尿病的護理時，應重視病情的「動態」發展和變化，而並非只專注傳統的「靜態」病情指引



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## What Healthcare Professionals Can Do (cont'd)

### 對醫護人員的建議（續）

- ◆ **Emphasis the importance of eye care and promote regular eye check-up to monitor for retinopathy**

應特別留意眼睛護理，提倡定期眼睛檢查，以監測糖尿病引起的視網膜病變

## What the Society/ Government Can Do

### 對社會和政府的建議

- ◆ **Consider care in the context of a social unit, ideally be provided in a user friendly & convenient community setting integrating medical & social activities for management & maintenance**

考慮以社區為平臺推行糖尿病管理，致力以方便使用者的形式，為糖尿病患者提供管理和長期監控糖尿病的醫療及社會服務

## Role of CADENZA

### 「流金頌」的角色

◆ A new model of care in the community integrating medical & social setting is being piloted. The results will be presented in the October 2009 CADENZA Symposium

「流金頌」現正試行一項醫社合作的嶄新護理模式；詳細結果將於 2009 年 10 月「流金頌」研討會內分享



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## Conclusion

### 結論



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## Conclusion

### 結論

- ◆ **Diabetes exerts a high cost on the health care system & the population, especially older people who are at highest risk for diabetes**

糖尿病為醫療系統及整體人口（特別是較易患糖尿病的長者）帶來沉重負擔

- ◆ **All of these costs will predictably increase in future years as the population ages**

隨著人口老化，預料這些負擔會持續上升

- ◆ **A number of recommendations are made to help the society to get better prepared, including orienting current services to be more elder-friendly**

為使社會為糖尿病作更妥善的準備，我們提出各項建議，包括現有服務要更方便長者



## Enquiry

### 查詢

Further information on **CADENZA** can be obtained via:

有關「流金頌」的詳細資料可經下列途徑索取：

- ◆ **Website 網址:** [www.cadenza.hk](http://www.cadenza.hk)
- ◆ **Email 電郵:** [info@cadenza.hk](mailto:info@cadenza.hk)
- ◆ **Telephone 電話:** 2219-4271

