

(continued from Page 25: The Journey Towards the MMed(FM) & Fellowship)

being able to multitask was the way to success. Constant encouragement and support from peers and family were invaluable when having so many stresses in life, and with having experienced failure twice. The programme by CFPS is a guideline, but for candidates who has multiple stresses in

life, help from colleagues with similar experiences would be useful. I have reached my goal and the journey has not only improved my medical knowledge but also taught me crucial coping and management skills in stressful situations.

to endeavor. In addition to one's own sphere of clinical experience and practice, there are various platforms of learning one has to undergo as well. These includes didactic lectures, small group discussions, workshops and seminars.

Doing a systematic review and conducting a research project is one of the most alien experience for myself due to my lack of experience in this field and not forgetting the alien language of statistical analysis!

Yet somehow I managed to pull through this arduous journey. I would not have achieved this without the support of many people: my

wife and daughter, my fellowship comrades, my workplace bosses especially Dr Luke Low, my various supervisors and many more. Most importantly, the resilience inside me never faltered: once a goal is set, keep moving forward and never stop until you reach the goal, no matter how tough the journey will be.

CM:

Can you share some advice for the new trainees?

XBY:

The need to build resilience for this journey. This journey will be tough with many obstacles to overcome, self-sacrifices and moments where one would feel like throwing in the towel. One who keeps moving forward and never stop until one reaches the goal will be the one to blossom into the "Iron Flower".

■ CM

Dr Xu Bangyu:
The Fellowship Journey -
Blossoming to become the
"Iron Flower"



College Mirror (CM):

Congratulations on your examination success. What have you learnt or benefitted from completing the Fellowship training?

Dr Xu Bangyu (XBY):

The completion of the Fellowship programme has broadened my roles as a Family Physician. The programme is designed to prepare the trainee to embrace the following essential roles of a Family Physician: Family Medicine Expert, Communicator, Collaborator, Manager, Health advocate, Scholar and Professional. Indeed as one progresses through the programme, the dormant seeds of these roles slowly start to germinate and eventually blossom to become the "Iron Flower".

CM:

What were the challenges you faced in the examination preparations? How did you overcome them?

XBY:

Notice that I used the term "Iron Flower" to describe the outcome. The Fellowship programme is definitely not a walk-in-park experience, in contrary to what many would think. This journey has many on-going parallel routes that one has

Use of codeine-containing cough medications in children

by Adj Asst Prof Tan Tze Lee, President, 26th Council, College of Family Physicians Singapore
A/Prof Ng Kee Chong, College of Paediatrics and Child Health, Singapore

Over the years, we have had instances of young children being prescribed codeine-containing cough mixtures. One case hit the news in 2017, when a 14-month-old child was alleged dispensed Fedac syrup, with instructions to take 10ml of the medicine three times a day.

In general, cough and cold preparations have not been shown to be efficacious for its intended use and side effects have occurred, especially for the very young. In October 2007, the Singapore Health Sciences Authority (HSA) in its letter to healthcare professionals made interim recommendations to restrict the use of these products in those below 2 years of age.

- In those under 6 months of age, promethazine is contraindicated while the other cough and cold products are not recommended.
- In those between 6 months to 2 years of age, promethazine is not recommended while the other products should be used only if benefits outweigh risks.



(morphine) may subsequently be found in the breast milk. If the infant shows signs of increased sleepiness, difficulty when breastfeeding, breathing difficulties or limpness, immediate medical attention should be sought.

Many other international authorities, such as the FDA, have also issued recommendations to refrain from prescribing codeine-containing over the counter

There has been much concern regarding the use of codeine-containing cough medications, especially amongst children. Codeine has been found to carry a higher risk of respiratory depression in patients with genetic polymorphism, where ultrarapid metabolizers produce an increase in the active metabolite (morphine). Its use as a painkiller and cough suppressant for the young in particular, carries higher risks.

In its letter to healthcare professionals in July 2016, HSA recommended that codeine should **not** be used as a cough suppressant for children below 12 years old. Moreover, they would be working with companies to update local package inserts of codeine-containing products.

In December 2016, the HSA issued a further advisory regarding reports on local incidents of respiratory adverse events associated with the use of codeine-containing medications in children and adolescents, and recommended the following restrictions on the use of such products in Singapore:

- Codeine is not recommended for the treatment of post-operative pain following surgical procedures such as tonsillectomy/adenoidectomy in children and adolescents below 18 years old, due to the increased risk of respiratory depression.
- For treatment of unproductive cough and treatment of acute moderate pain not relieved by analgesics, codeine remains indicated for those 12 years old and above. The lowest effective dose should be used for the shortest possible duration.
- Caution is advised when codeine is used in children with underlying respiratory conditions, including those with asthma and other chronic breathing problems.
- Parents and caregivers should be advised on the possible signs and symptoms of respiratory depression in their children, such as unusual sleepiness, confusion and difficult or noisy breathing, and to seek immediate medical attention if these are observed.
- Nursing mothers should also be advised to exercise caution when taking codeine as codeine's metabolite

(OTC) cough mixtures to children below 12 years of age. This is especially so in the very young (particularly those in infancy).

In summary, codeine-containing medications should be avoided as a cough suppressant for children below 12 years old. Healthcare professionals should always exercise caution and be cognizant about the additive effects of multiple medications that can cause respiratory depression in young children, and to report any suspected serious adverse events, including those related to codeine, to the Vigilance and Compliance Branch of HSA.

Continued efforts should be made to reinforce these best practices through MOH, HSA and the relevant academic and professional bodies in Singapore working with drug companies.

REFERENCES

- HSA Letter to Healthcare 30/10/2007: HSA's Advisory On The Use Of Cough And Cold Medicines In Children
- HSA Letter to Healthcare 4/7/2016: Recommendations On The Use Of Codeine-Containing Products For Treatment Of Pain And Relief Of Cough And Cold In Children And Adolescents
- https://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/Safety_Information_and_Product_Recalls/Product_Safety_Alerts/2016/restrictions-on-the-use-of-codeine-containing-products-in-childrenandad.html (accessed 08 Feb 2019)
- http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/referrals/Codeine-containing_medicines/human_referral_prac_000008.jsp&mid=WC0b01ac05805c516f

■ CM