

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 children and adolescent health, infectious diseases, reproductive health, pain, mental health, stroke, and cancer. In particular, research findings of three projects may provide insights to enhance clinical practices and help inform health policy formulation in Hong Kong.

The acquisition of antimicrobial resistance (AMR) is becoming a global public health concern, especially as international travel increases. The human gut microbiome is thought to play a major role in AMR acquisition and may provide a source of biomarkers for predicting AMR acquisition. As data in Asian populations is limited, Tun et al¹ aimed to establish the associations between gut microbiota, travel-associated risk factors, and AMR acquisition among 269 Hong Kong travellers. They found novel AMR genes among the microbiota profiles pre- and post-travel. Travel to low- and middle-income countries was linked with increased antibiotic resistance gene acquisition and richness. Eating raw seafood during travel was a risk factor of extended spectrum β -lactamase-producing Enterobacteriaceae acquisition.

Low back pain is a common disability worldwide and poses a considerable health and socioeconomic burden. Different combinations of pharmacological treatments have been tried over the years to treat severe symptoms, but the evidence base to support them is weak. Hung et al² conducted a multicentre, double-blind, randomised controlled trial in 296 Chinese adults who presented at participating emergency departments with acute non-specific

low back pain. They were randomised to receive diclofenac plus placebo, diclofenac plus tramadol, or diclofenac plus tizanidine. The primary outcome was the 24-item Roland Morris Disability Questionnaire score, which assesses self-rated physical disability caused by low back pain. There was no significant difference in improvement of functional recovery, pain intensity, and return to work among the three arms at 7 days post-treatment. Therefore, the current findings do not support additional use of tizanidine or tramadol in addition to diclofenac in patients with acute low back pain.

Stroke self-management programmes can significantly improve health-related quality of life, self-efficacy, and functional independence among stroke survivors. Often, however, stroke survivors cannot access such programmes for a variety of reasons including functional impairment, lack of transportation, and unsuitable scheduling. Chau et al³ conducted a randomised controlled trial aiming to develop and evaluate the effectiveness and cost-effectiveness of an innovative virtual multidisciplinary stroke care service among 274 Chinese community-dwelling stroke survivors. Participants of the programme had significantly improved health-related quality of life, self-efficacy, depressive level, and social participation. In addition, there were reduced emergency admissions and days of hospital stay. The flexible virtual setting of the programme addressed participants concerns on transportation limitations and scheduling conflicts. Although the virtual service is not more cost-effective than usual care, it is an effective model of service delivery for post-discharge community care and may provide reliable stroke-related support and information for stroke survivors, caregivers, and the public.

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