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SLMA NEWS

THE OFFICIAL NEWSPAPER OF THE SRI LANKA MEDICAL ASSOCIATION

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EFFICACY

The golden poison dart frog from Columbia, considered the most poisonous creature on earth, is a little less than 2 inches when fully grown. Indigenous Emberá, people of Colombia have used its powerful venom for centuries to tip their blowgun darts when hunting, hence the species' name. The EFFICACY of its venom is such that it can kill as much as 10 grown men simply by coming into contact with their skin.

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30 Years
From Strength To Strength

SLMA NEWS
THE OFFICIAL NEWSPAPER OF THE SRI LANKA MEDICAL ASSOCIATION
September, 2014 Volume 07 Issue 07

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We had a number of distinguished visitors and a few events last month which helped to advance our theme for the year, "Globalizing the paradox of Sri Lanka's Health achievements and challenges". For example, to highlight a couple of them, we had a visit from the Minister of Health of Bhutan accompanied by a team of high officials who visited the SLMA to learn from Sri Lanka's successes in health development and to discuss possible areas of collaboration. Medical education was their principle focus (there are nearly 150 Bhutanese undergraduate medical students in Sri Lanka) and in this regard the Hon Minister was keen to obtain the support of the SLMA to strengthen the continuing education programmes using the experiences of the SLMA. He was also keen to learn from our own work in NCDs, the Nirogi programme in particular.

We also had the honour of hosting the Hon Minister of Science and Technology, Mr. Champika Ranawaka, who shared the national science and technology investment framework (2015- 2020): health research priorities. These are directly relevant to our theme as they focus on the use science and technology to address the current and emerging challenges in the health system. SLMA members played a key role in the task force, headed by Prof. Narada Warnasuriya, that was charged with the development of this plan. Minister Ranawaka also very clearly articulated his vision for Sri Lanka to transit to a knowledge hub in the Region and the elaborate plans of his Ministry for the optimum use of science and technology in the nation building process.

Another event that advanced our Theme was the highly successful symposium on Health Care Quality that was organized jointly by the SLMA and the staff of International Medical University (IMU) of Malaysia. The quality of the presentations were extremely relevant and of excellent quality and there was a large and very appreciative audience. I wish to thank Dr. Joe Perera of the IMU who coordinated this event with our President Elect, and we hope this will turn out to be an annual event in our calendar.

SLMA invited the new Secretary of Health, Ms Sudharma Karunaratne, to the SLMA for an official briefing of the role of the SLMA and to explore ways and means of further strengthening our long and mutually beneficial collaboration. Our Council Members highlighted some of the areas of our work where we would need the support of the Ministry of Health to make them more helpful to the medical profession and the people of the country. We thank the Secretary for this kind gesture and we will continue to engage with her in the months to come.

We held two highly successful joint clinical meetings in Kalutara and in Wathupitiwala, both of which also happened to be the Annual Sessions of these two clinical societies. I must commend the effort and dedication of the members of these two societies who had taken immense care to organize these events in a highly professional manner. The quality of the technical sessions was of remarkably high quality. The attendance too was far beyond our expectations, each occasion having nearly 200 participants. I am aware of the difficulties that all of us have in arranging to attend these joint meetings and in this light the local organizers highly valued the fact that we have had a minimum of a dozen or more SLMA members participating in each event. Of course it would be wonderful if we can plan to have more of our members join them as our hosts and their colleagues go out of their way to provide excellent hospitality, in addition to a very conducive academic environment.

The next major event if the Foundation Sessions to be held on the 16th and 17th of October in Kandy, jointly with the Kandy Society of Medicine. Plans are almost complete with regard to the academic and social programme and the KSM, led by the affable President, Dr Gamini Edirisinghe, is investing a great deal of energy to make this a landmark occasion for both associations. My request to our Council and the Members is to join these sessions in Kandy in large numbers and to enjoy the technical programme and the related celebrations of the occasion.

Middle East Respiratory Syndrome

Proceedings of the symposium on Middle East Respiratory Syndrome held on 26th June 2014. Resource persons were Dr. Paba Palihawadana, Chief Epidemiologist, Dr. Sarath Amunugama, Deputy Director General (Public Health Services) and Dr. Harsha Perera, Senior lecturer, Faculty of Medicine, University of Kelaniya

Introduction

The Middle East Respiratory Syndrome (MERS) is a viral respiratory illness first reported in Saudi Arabia. It is caused by a coronavirus known as Middle East Respiratory Syndrome coronavirus (MERS-CoV). Most laboratory confirmed cases with MERS-CoV infection developed acute respiratory symptoms such as fever, cough, and shortness of breath.

Epidemiology

The first MERS case was reported in the Kingdom of Saudi Arabia in June 2012. Since then a total of 701 laboratory confirmed cases including 249 deaths has been reported in 22 countries.

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Middle East...

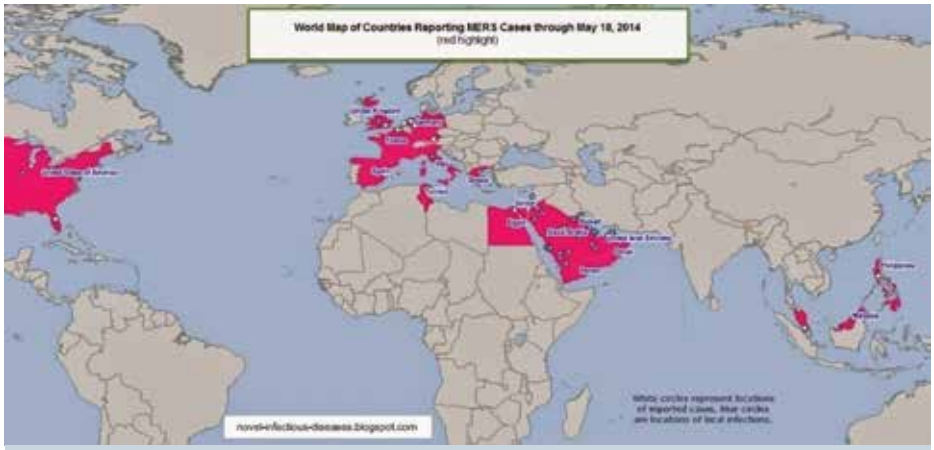

Fig 1. The countries reporting MERS cases through 18th May, 2014 (Red highlighted)

There are three Asian countries, Malaysia, Philippines and Bangladesh, which has already reported patients with MERS-CoV infections.

The case fatality rate (CFR) was initially above 40% and it has decreased gradually over time.

The infection is wide spread in Middle East countries like Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, and Yemen and in African countries such as Egypt and Tunisia. It has also been reported in European countries (France, Germany, Greece, Italy, United Kingdom) and in the United States of America, acquired through travellers.

Males were affected more than females (58%) and the median age of patients was 48 years. MERS is common and severe in the elderly and in patients with co-morbid conditions as 75% of patients suffered from coexisting chronic diseases.

Virology

Middle East respiratory syndrome coronavirus is classified under family Coronaviridae. It is a positive-sense, single-stranded RNA novel species of the genus Betacoronavirus, lineage C. In humans, the virus has a strong tropism for non-ciliated bronchial epithelial cells, and it has been shown to effectively evade the innate immune responses and antagonize interferon production in these cells. This tropism is unique as most other respiratory viruses target ciliated cells.

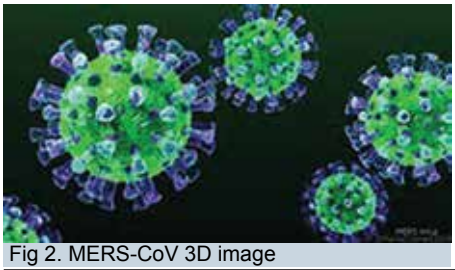

Fig 2. MERS-CoV 3D image

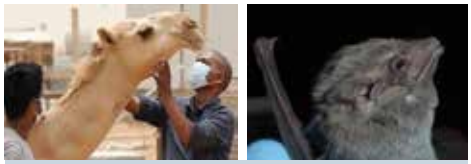

Fig 3. Possible animal sources for MERS-CoV

Transmission

Viral transmission is likely to be through droplets, direct and indirect contact. Human-to-human transmission has been confirmed especially among close household contacts and in hospital settings which was reported in 75% of cases. But no sustained human-to-human transmission was reported. Currently the source of spread to primary case is not clear. It is possible that these persons were infected by exposure to an animal or perhaps another source or a person. Human and camel genetic sequence data demonstrate a close link between the virus isolated from camels with those from patients. It is possible that other reservoirs of MERS-CoV exist. Bats harbor many types of corona viruses, and may turn out to be the ultimate reservoir species and there is a report of a genetically related virus isolated from a bat from Southern Africa. However, a variety of other animals, including goats, cows, sheep and wild birds, have been tested for antibodies against MERS-CoV and so far none have been found to be positive for MERS-CoV.

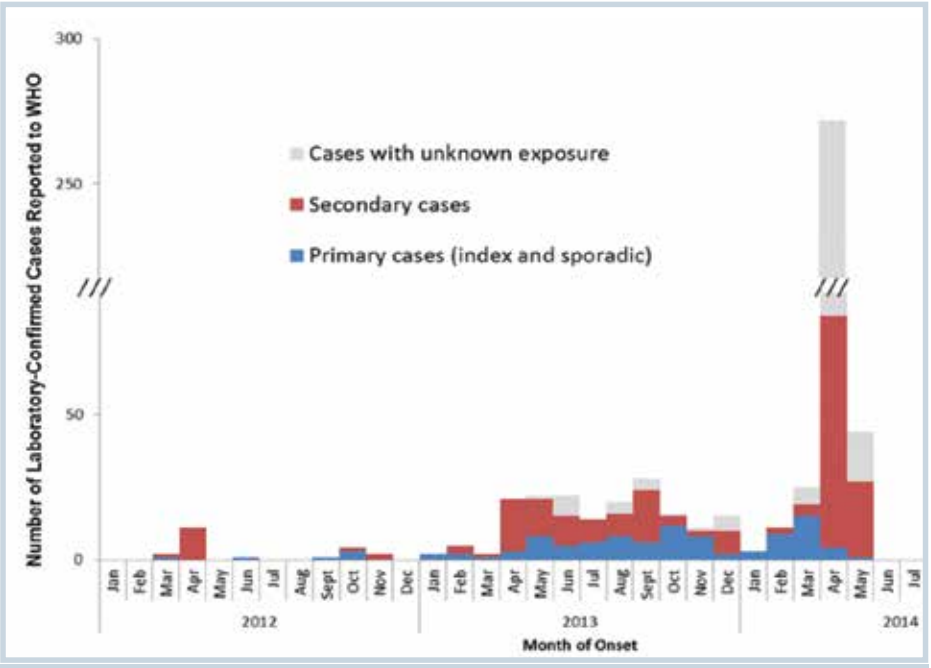

Fig.4 Epidemic Curve of MERS –CoV (by case type)

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Middle East...

Secondary cases have been increasingly recognized with contact testing. Case Fatality rates are higher among supposedly primary cases compared to secondary cases.

This has been noticed particularly among family members of patients, and health-care workers. Recently, there have been an increased number of reports of health careassociated infections which has accounted for 25% of the cases reported so far.

Symptoms

Infected person can be asymptomatic or develop mild or severe symptoms. Severity ranges from common cold to severe acute respiratory syndrome (SARS). Common symptoms are fever, cough, runny nose, shortness of breath or breathing difficulties, which may occur with or without gastrointestinal symptoms such as diarrhoea and vomiting. Symptoms may be severe in elderly & among patients with chronic diseases like diabetes, chronic lung diseases, renal failure and other immuno-compromised conditions.

The incubation period varies from 1-12 days and signs and symptoms usually manifest within 2 weeks of the exposure. Evidence increasingly demonstrate a higher viral load in lower airway compared to upper airways. The virus is also found in blood, urine and in stools.

Risk communication and preparedness

Sri Lanka also has the possibility of acquiring MERS due to the large Sri Lankan workforce in the Middle East, in those returning from pilgrims and through tourists entering Sri Lanka from the Middle East. Geographically too, Sri Lanka is situated in close proximity to the affected areas, increasing vulnerability to MERS outbreaks.

Travellers to Middle East should adhere to general hygienic measures viz, frequent hand washing and cough etiquette etc. It is advisable to avoid contact with animals especially camels. Good food hygiene practices should be followed and drinking raw milk should be avoided. Travellers should be reported to the nearest health facility if they develop fever and/or respiratory symptoms especially within 2 weeks of return from Middle East.

Scientific understanding is still lacking on the aspects of transmission, secondary reservoir, virology and mutation. Public education and awareness of the hazard should be increased. Travel agents, religious leaders, employment agencies, the Foreign Employment Bureau and airports are target sites for public education. Currently educational leaflet distribution is taking place at the Bandaranaike International Airport in Katunayake.

Availability of an emergency infrastructure and awareness of hospital staff should be developed together with the laboratory facilities for diagnosis. Currently the BSL 2 laboratory at the Medical Research Institute (MRI) conducts the tests and the reports are made available within 48 hours. Sputum, endotracheal aspirates, tracheal lavages and tracheal brushings can be used to collect lower respiratory tract specimens whereas nasopharyngeal and oropharyngeal swabs are used for upper respiratory tract. Paired sera also can be used for laboratory diagnosis.

Local agencies such as the Department of Immigration and Emigration, the Foreign Employment Bureau, tour organizers and employment agencies also take part in awareness programmes for MERS. The WHO has identified MERS as an emerging infection and published its recommendations to prevent the spread of the illness. WHO updates information on laboratory methods, surveillance, investigation, case definition, and other related information on its website regularly. The current interim case definition is that a confirmed case is identified in a person with a positive lab test by "molecular diagnostics including either a positive Polymerase Chain Reaction on at least two specific genomic targets or a single positive target with sequencing on a second.

WHO recommendations

The WHO encourages all member states to continue their surveillance for severe acute respiratory infections (SARI). Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV. All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV. WHO does not advise special screening at points of entry (airports and harbours) with regard to MERS nor does it currently recommend the application of any travel or trade restrictions.

How to manage MERS patients in wards?

The patient should be placed in airborne infection isolation rooms. Until the patient is transferred to the isolation room, he should wear a facemask to contain secretions. Aerosol generating procedures should only be performed at a private room with minimum hazard to others. The room door should be kept closed limiting the number of persons.

Personal protective equipments like gloves, gowns, goggles or face shields should be always used by the health care personnel when attending to MERS patients.

Hand hygiene is the key to prevent spread. Hand hygiene in health care settings can be maintained by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water in addition.

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Middle East...

For environment infection control, the institute should follow the standard procedures, including attention to environmental surfaces and equipment, textiles and laundry,

food utensils and dishware. The duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.

Limit visitors to those who are essential for the patient's wellbeing and care. Visitors should be provided with instructions, before entry into the patient care area on hand hygiene, limiting surfaces touched, and use of PPE according to the current facility policy while in the patient's room.

No specific antivirals or vaccines are available for MERS. In vitro antiviral activity has been demonstrated for Cyclosporine, Ribavirin, Interferon-α and Interferon-α 2b, but none has undergone randomized placebo controlled studies. Therefore the main modality of treatment is supportive care. Considering the severity, the patient should be given intensive care with mechanical ventilation. There is a place for extracorporeal membrane oxygenation as well.

The early identification of the pathogen, pathogenesis and transmission could control newly emerging infections effectively.

Notification is an essential component which contributes to better understanding of viral diversity and outbreak control.

Compiled by Dr Nirmalie Fonseka, Demonstrator, and Professor Jennifer Perera, Chairperson, Expert Committee on Communicable Diseases of SLMA.

Research is the Way Forward

- Honourable Minister of Technology, Research and Atomic Energy Patali Champika Ranawaka

The Honourable Minister of Technology, Research and Atomic Energy Patali Champika Ranawaka visited SLMA on 15 August 2014. He took part in a symposium which discussed research opportunities and needs of this country in relation to health sector and how health professionals can tap in to resources offered by the Ministry of Technology and Research.

The Honourable Minister was welcomed by Dr Palitha Abeykoon, President, SLMA, who gave a brief introduction of SLMA as well. The address of the Honourable Minister outlined the current research and economic situation in Sri Lanka and how the ministry has taken the initiative to encourage professionals in Sri Lanka to be more innovative in their respective professions. He also emphasized the need of exploring into areas which could benefit Sri Lanka as a country rather than concentrating on theoretical research without practical applications to the country.

Prof Narada Warnasuriya addressed the event and gave a summary of the work the National Science and Technology Commission (NASTEC) has undertaken, mainly in relation to the health sector. He also shared some areas in which health professionals are encouraged to do research and explained how NASTEC and Ministry of Technology and Research could be of assistance.

The discussion was moderated by Mrs Dhara Wijeythilake, Secretary, Ministry of Technology and Research with the participation of the Honourable Minister Ranawaka, Dr Palitha Abeykoon, Prof Narada Warnasuriya and Prof Vajira H W Dissanayake representing Health Task Force in Research into Science and Technology.

Secretary of Health Visits SLMA

The recently appointed Secretary of the Ministry of Health, Mrs. Sudharma Karunaratne visited SLMA on Friday 5th September 2014. She was accompanied by Dr H R U Indrasiri, advisor to the Honorable Minister of Health. She was eager to meet the members of the Council and to know the role SLMA plays in medical arena.

The Members of Council discussed various functions of the SLMA and a brief presentation was made on the history and functions of the SLMA of which she was very impressed. She emphasized the need for SLMA to continue to work closely with the Ministry of Health in future developments in the profession and was thankful for the assistance given and the initiatives taken by SLMA towards making the profession better. She invited the SLMA to meet with her at the ministry for further discussions and assured of her assistance in the future events of the SLMA.

Several publications by SLMA, including various guidelines and a copy of the book "A history of Medicine in Sri Lanka" by Dr C G Uragoda, which was relaunched by the SLMA at the Inauguration of the recently held 127th Anniversary International Medical Congress of the SLMA were presented to her as well.

Syringe Labelling in Anaesthesia

Dr. S. Premakrishna, Consultant Anaesthetist, Teaching Hospital, Jaffna

Incidents due to "wrong drug administration" are well recognized in anaesthesia with syringe swap and misidentification of the label being the most common contributory factors. An important minority of these incidents results in severe morbidity of death. The use of a coloured label syringe, consistent with the international colour coding system for syringe labeling which is widely used in Europe, North America and Australia will help reduce drug administration errors.

The majority of hospitals in Sri Lanka use an adhesive plaster for syringe labelling on which the name of drug and the dose is written by hand. The size and the colour of the adhesive plaster are not uniform and the name and concentration may not be clear due to illegible hand writing. This leads to incidents of wrong drug administration.

Figure 1. Standard background colours for drug labels on syringes

A system within our own departments with clearly printed colour coded labels will be very useful to reduce the incidence of wrong drug administration and will bring our standards in par with international standards.

I introduced a colour coding system for syringe labelling in the Department of Anaesthesiology, Teaching Hospital, Jaffna in 2009. Drug names were printed in black on an A4 size colour adhesive paper with the help of a private printing service.

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Syringe...

We couldn't follow the international colour coding system for the syringe labeling due to non-availability of all the colour adhesive papers locally. Thus I introduced a local standard colour coding system for the syringe labeling in the Department of Anaesthesiology, teaching Hospital, Jaffna.

Table 1. Standard background colours for the syringe drug labels.

Drug	Colour
Atropine, Neostigmine	Green
Ephedrine	Red
Opiods- Morphine, Fentanyl	Orange
Suxamethonium, Atracurium	Blue
Thiopentone sodium, ketamine, midazolam	White
Normal Saline	Yellow

Joint Regional Meeting of SLMA With the Kalutara Clinical Society

The Joint Clinical Meeting of SLMA with the Kalutara Clinical Society was held on Wednesday 20th August 2014 at AVANI Kalutara Resort. Dr Pujith Hemachandra, President of the Kalutara Clinical Society welcomed the audience following the lighting of the oil lamp. Dr Palitha Abeykoon, President SLMA, presented a token of appreciation to the Kalutara Clinical Society appreciating the effort the Clinical Society has taken in organizing the event. He also presented a copy of the 'A History of Medicine in Sri Lanka' by Dr C G Uragoda to the library of the Kalutara Clinical Society.

An interactive discussion on Management of the acutely wheezy child was held

By Dr B J C Perera, Senior Consultant Paediatrician and Immediate Past President SLMA. Dr Mahanama Gunasekera, Consultant Surgeon, G H Kalutara did a lecture on Thyroid Carcinoma.

Following the tea break Dr Malik Fernando who is a former president of the SLMA did a very interesting lecture on decompression sickness (BENDS) in divers. The topic Acute Coronary Syndrome was discussed by Dr Gotabhaya Ranasinghe, Consultant Cardiologist, GH Kalutara. Dr Harsha Atapattu, Consultant Obstetrician and Gynaecologist, GH Kalutara discussed on the impact of abortions. Finally Dr Ruvaiz Haniffa, Senior Lecturer, Family Medicine, Faculty of Medicine, Colombo and Honorary Secretary, SLMA, discussed the topic 'Care of the elderly in General Practice'.

During the session copies of SLMA Guidelines on Management of Decompression Sickness and leaflets on First Aid for Decompression Sickness were presented to the Kalutara Clinical Society's library with complements of SLMA.

The Vote of Thanks was delivered Dr Erandi Kulasinghe, Secretary, Kaluthara Clinical Society.

A large number of medical professionals, the largest crowd SLMA had for a regional meeting, attended the meeting making it a memorable one.

With compliments of the SLMA…

Part of the participants eagerly listening to expert's opinions

Joint Regional Meeting of SLMA With the Wathupitiwala Clinical Society

The Joint clinical meeting of SLMA with the Wathupitiwala Clinical Society was held on 6th September 2014 at Sanol Hotel, Nittambuwa. This meeting was organized for the 4th consecutive year and was organized in collaboration with the Annual Academic Sessions of the Wathupitiwala Clinical Society.

Over 150 doctors participated in the program and the session went on for 6 hours. An introduction about the Clinical Society was done by Dr S P Akmeemana, President of the Clinical Society, Base Hospital, Wathupitiwala. Dr Sisira Wijesundara, Medical Superintendent, Base Hospital Wathupitiwala welcomed the guests following which Dr Palitha Abeykoon, President, SLMA addressed the gathering. He presented a token of appreciation to Dr S P Akmeemana, President Wathupitiwala Clinical Society, appreciating their tremendous effort in making the event a success. Dr Sudath Dharmaratne, Regional Director of Health Services, Gampaha and Dr Deepthi Perera, Provincial Director of Health Services, Western Province also addressed the gathering.

The meeting consisted of 3 sessions. During the first session Prof Deepika Fernando conducted a lecture on 'The Role of Clinicians in Eliminating Malaria from Sri Lanka' representing the Anti-Malaria Campaign. Dr Swarna Wijetunga, Consultant Psychiatrist, Lady Ridgeway Hospital for Children, addressed the gathering on 'Psychosocial development in Childhood and the Role of Parents and Caregivers'. Prof K I Deen, Professor of Surgery, Faculty of Medicine, University of Kelaniya presented a lecture on Anal diseases. An Overview on COPD was given by Dr Pancha Nandasiri, Consultant Chest Physician, Base Hospital, Hambantota. To wind up the first session Prof Aloka Pathirana, Professor in Surgery, Faculty of Medicine, University of Sri Jayawardenepura gave an update of Cancer Screening.

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Joint Regional...

Following the 1st session the participants enjoyed tea while watching the entertaining drama done by the doctors of the Base Hospital, Wathupitiwala.

During second session, Dr U Bulugahapitiya, Consultant Endocrinologist, Colombo South Teaching Hospital, Kalubowila shared his vast knowledge on Pituitary Tumours with the audience followed by Dr Rohitha Haththotuwa, Senior Consultant in Obstetrics and Gynaecology, who delivered a lecture on subfertility. Concluding the 2nd session, a lecture on hypertension was done by Dr Thusith Goonewardhena, Consultant Physician, Base Hospital Wathupitiwala.

The third session was unique as it included a talk on Matters Related to Money by Dr D de Silva from Ministry of Health. Conclusion of the session was marked by Dr S Jayakody, Medical officer in Health Education, Base Hospital, Wathupitiwala enlightening the audience on the Exercise & Nutrition programme at BH Wathupitiwala.

Sri Lanka Medical Library Unveils Portraits of Distinguish Members

Dr. Tistle Jayawardene and Prof. Wilfred S.E.Perera with the portraits

Prof. Neville Perera, President of The Sri Lanka Medical Library unveiled the portraits of two distinguished members of the library, Prof. Wilfred S E Perera and Dr. Tistle Jayawardene at the 168th Annual General Meeting of the library held on 28th August 2014 at the library premises at Wijerama House, Colombo.

Prof. Wilfred S E Perera, a pioneering Consultant Obstetrician and Gynaecologist, was the President of the Sri Lanka Medical Library (SLML) for 15 long years from 1996 to 2013.

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Sri Lanka...

He got involved with the SLML as an administrator in 1984. He has served as a committee member and sub-committee member of the Finance and Fund Raising Committee and as the vice president. His personal donations in cash and kind over the years to the library have ensured its survival at times of great financial crisis.

Prof. Neville Perera unveils the portraits

Dr. Tistle Jayawardene, a pioneering Consultant Anaesthesiologist has been involved with the Library since 1987. He has rendered yeomen service to the library in various capacities and held the offices of the Honourable Assistant Treasurer, Honourable Treasurer and Vice President. He has also served as a member of the Management Committee, Book Committee, Sub Committee on Finance and Fund Raising Committee; and the Honourable Director of the Management Committee. His tenure as Hon. Treasurer from 2004 to 2013 was at a critical junction in the history of the Library. He extended his skills as an intensivist to nurse the library back to financial stability during his term as its Treasurer.

The SLML is greatly honoured to have felicitated these medical greats for their selfless and exemplary service to the library which has ensured its services to the next generation of medical professionals by unveiling their portraits to be displayed in the SLML.

Vitamin E: the ugly sides of a "beauty" vitamin

Dr. Ranil Jayawardena
MBBS (Colombo), MSc (Glasgow),
PhD (Queensland), RNutr (SL),
ARNutr (UK), ARNutr (Australia)
Clinical Nutritionist

"Vitamin E" is the collective name for a group of fat-soluble compounds with distinctive antioxidant activities. In addition to its activities as an antioxidant, vitamin E is involved in immune function and, as shown primarily by in vitro studies of cells, cell signaling, regulation of gene expression, and other metabolic processes. Vitamin E is a lipid-soluble vitamin, is found in vegetable oil, nuts, wheat, green leafy vegetables, and fish. There is no published data on Vitamin E intake among Sri Lankan adults. However, typical Sri Lankan dishes are full of Vitamin E-rich foods such as green leafy vegetables, nuts, fish etc. The vitamin can be stored in adipose tissue, liver, and muscle.

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Vitamin E...

Recommended Intake

The recommended daily allowance for vitamin E (RDA) for adults (including 14-18y) is 15 mg (22 IU). There are no increases for pregnancy, but for lactation the RDA is 19 mg/d. The RDA for children 1 to 3 y is 6 mg; for those 4–8 y, it is 7 mg and 11 mg for those 9 to 13 y. However common vitamin E capsule (green color) has 400 mgs. Vitamin E is one of the most commonly prescribed antioxidant vitamin in Sri Lanka and is available as an over the counter drug. Moreover, prolonged intake of vitamin E among some population groups such as healthy women for cosmetic reasons, elderly, and cardiac patients is highly prevalent. Although observational studies suggested several health benefits of the vitamin E intake, intervention studies are not supporting that statement. The aim of this article is to discuss the highest quality evidence on vitamin E supplementation on apparently healthy individuals for chronic diseases prevention and treatments.

Cardiovascular diseases

A pool of 84 studies showed supplements of the antioxidant vitamin E does not affect the outcome of the cardiovascular diseases [1].

Heart Outcomes Prevention Evaluation (HOPE-TOO) trial showed that in patients with vascular disease or diabetes mellitus, long-term vitamin E supplementation (400 IU/d) does not prevent cancer or major cardiovascular events and may increase the risk for heart failure [2]. In the Heart Protection Study, a combination of vitamin E (600 IU), vitamin C, and beta-carotene did not affect mortality. However, it did cause a significant, albeit small, increase in total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides, as well as a decrease in high-density lipoprotein (HDL) cholesterol [3]. The protective increase in HDL with simvastatin plus niacin was attenuated by concurrent therapy with vitamin E [4]. In a meta-analysis, high-dosage vitamin E (≥400mg/d) supplemented studies (n=11) showed significant increase in all-cause mortality (p=0.035). Furthermore, in dose-response analysis, all-cause mortality progressively increased as Vitamin E dosage increased by more than 150IU/d [5].

Vitamin E can inhibit platelet aggregation and antagonize vitamin K-dependent clotting factors. As a result, taking large doses with anticoagulant or antiplatelet medications, such as warfarin, can increase the risk of bleeding, especially in conjunction with low vitamin K intake. ATBC study reported the higher mortality due to hemorrhagic stroke among participant reviving Vitamin E. Schurks et al. evaluated the effect of vitamin E supplementation on incident total, ischaemic, and haemorrhagic stroke in nine RCTs (n=118765).

The meta-analysis revealed that vitamin E increased the risk for haemorrhagic stroke by 22% and reduced the risk of ischaemic stroke by 10% [6].

Cancer

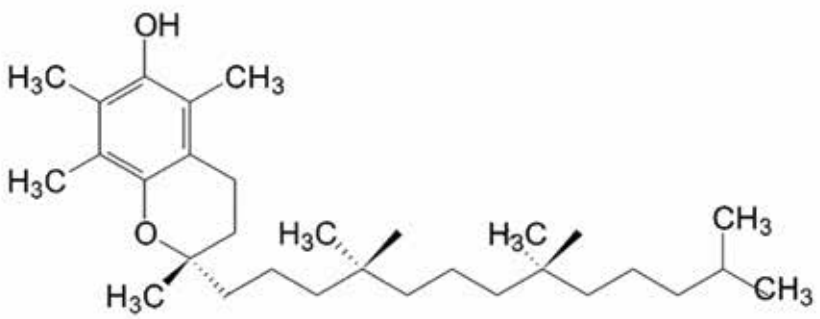
In a large cancer prevention trail (SELECT), a total of 35533 men were supplemented with vitamin E (400 IU/d) and were followed up for a minimum of 7 years. Results showed men with vitamin E supplementation had 17% increased risk for prostate cancers compared with placebo. In a systemic review and meta-analysis on antioxidant supplements to prevent gastrointestinal cancers reported that antioxidant vitamins (including Vitamin E) seem to increase the overall mortality [7]. Similarly, Antioxidant supplements (including Vitamin E) seemed to increase the development of colorectal adenoma in three low-bias risk trials [8]. Oncologists generally advise against the use of antioxidant supplements during cancer chemotherapy or radiotherapy because they might reduce the effectiveness of these therapies by inhibiting cellular oxidative damage in cancerous cells [9].

Liver diseases

There is no convincing evidence to support or refuse vitamin E (with or without other antioxidant vitamins) for patients with liver diseases. The TONIC trial showed supplementing with vitamin E (800 IU/D) to have no significant improvement for children and adolescents with NAFLD [10]. Based on the available evidence, vitamin E (RRR-α-tocopherol) is only recommended in NASH adults without diabetes or cirrhosis and with aggressive histology [11].

Other diseases

The Women's Health Study which is a randomized, double-blind, placebo-controlled trial of vitamin E supplementation (600 IU/EOD) conducted among 39,876 healthy US women did not provide cognitive benefits [12].



Vitamin E (α-tocopherol)

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Vitamin E...

A systematic review of RCTs showed no improvement in glycaemic control in the full set of type 2 diabetes patients with Vitamin E supplementation [13]. In a systematic review and meta analysis of randomized controlled trials showed that supplementation with vitamins C and E during pregnancy does not prevent preeclampsia [14].

Bjelakovic et al. reviewed 46 studies (n= 171,244) on Vitamin E supplementation and mortality in healthy participants and patients with various diseases. Low biased studies showed a 3% significant increase ($p<0.05$) in the total mortality in the supplemented participants [15].

In summary, current evidence are not supportive of supplementing vitamin E for preventing and treating several chronic diseases, especially cardiovascular diseases. Therefore, prescribing a large dose of vitamin E (400mg) for a longer period may do more harm than benefits to your patients.

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16TH & 17TH OCTOBER 2014

OAK RAY REGENCY - KANDY

16th October 2014 (Thursday)

6.30 pm Inauguration Ceremony

E.M .Wijerama Endowment Lecture
"Protect the Values of a Noble Profession"
Dr. Preethi Wijegoonewardene MBBS,DFM,FCGP,FRCGP(UK) – Hony.

6.30 pm Fellowship

17th October 2014 (Friday)

8.00 am Registration

8.45 am Ceremonial Procession

8.55 am Introduction of the orator
By KSM President

9.00 am KSM Health Research Prize Oration
"Lipids and cardiovascular risk"
Senior Professor R. Sivakanesan
Professor of Biochemistry,
University of Peradeniya

9.40 am Tea

Low back pain - Clinician's Perspective
Dr. Lalith Wljeratne
Consultant Rheumatologist

Symposium on
"Symptom-Oriented Interactive Session: Abdominal Pain"

Surgical aspects
Dr. Sanjaya Abeygunawardene
Consultant Gastroenterological Surgeon

Paediatric aspects
Prof. Chandra Abeysekera
Professor in Paediatrics,

Radiological aspects
Dr. Lalith Gamage
Consultant Radiologist

Psychiatric aspects
Dr. Gihan Abeywardene,
Consultant Psychiatrist

12.00 noon Role of foetal medicine in modern obstetrics
Dr. Tiran Dias
Senior Lecturer in Obstetrics and Gynaecology, Accredited foetal medicine specialist

12.30 pm Lunch

1.10 pm Ceremonial Procession

1.15 pm Sir Marcus Fernando Oration – SLMA
"Depression: addressing the local burden in the context of global mental health"
Professor Athula Sumathipala
Professor of Psychiatry,
University of Keele, UK

2.00 pm 'Cosmetic Medicine and Aesthetic Surgery in Sri Lanka'
Dr. Thushan Beneragama
Consultant Plastic Surgeon

2.30 pm 'Managing your stress'
Dr. Shyama Arambepola
Consultant Psychiatrist

3.00 pm 'Ebola virus outbreak - Are we ready?'
Dr. Sunethra Gunasena
Consultant Virologist,

3.30 pm Tea

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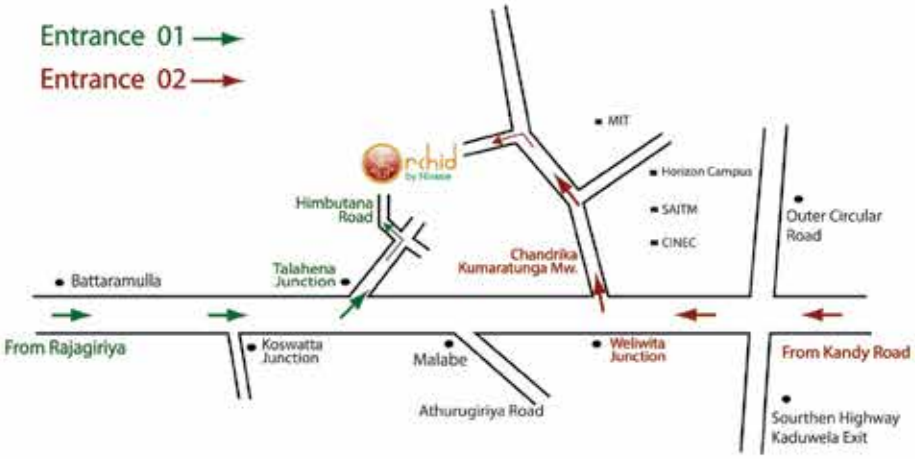

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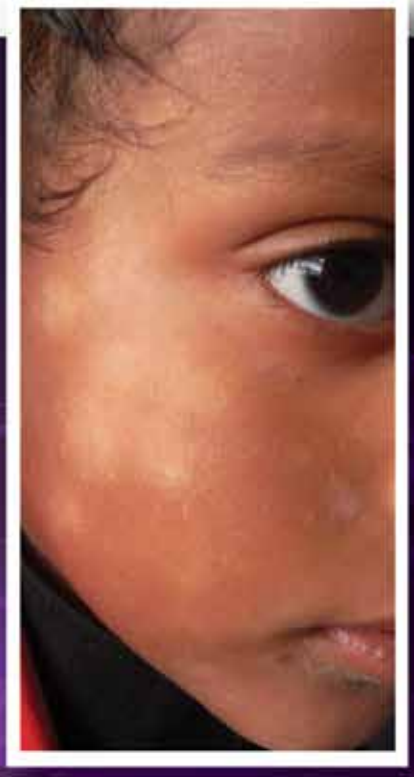

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