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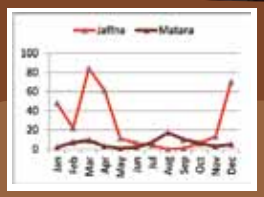
March 2014, VOLUME 07 ISSUE 02

SLMA NEWS

THE OFFICIAL NEWSPAPER OF THE SRI LANKA MEDICAL ASSOCIATION



Cover Story...

Are Rickettsial Infections... Page 03 - 05

Page 05

Women's day 2014 Page 07

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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
March, 2014 Volume 07 Issue 02

Contents

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SLMA President's address the SLMA is getting busier day by day

It is just over two months since the new Council was instituted and during this period a number of important events have been organized in quick succession. After the first Regional meeting in Matale we held another landmark event on 26 February, the third History of Medicine Lecture, to commemorate the initiation of the SLMA in 1887. The lecture this year was delivered by a doyen of the medical profession, one of my teachers from Peradeniya, the widely respected Prof. Muggy Varagunam, who spoke on the "Changing Patterns of Clinical Practice over Time". It was an elegantly crafted lecture that was well attended and was beautifully delivered with a number of significant messages for our time, perhaps the most relevant being that the gap in knowledge between the patient and the doctor is getting thinner and hence the doctor-patient relationship is likely to undergo subtle continuing changes.

During the past few weeks many of our Council members have been having discussions with many potential partners and sponsors and these have yielded very positive responses. For example Sri Lankan Airlines expressed willingness to be one of our travel partners and we are now defining the package of benefits that could be available to our members. So too with a number of other new and potential partners. Of course all of these are in addition to the excellently close ethical collaboration that we continue to enjoy with our faithful traditional partners, mostly in the pharma industry.

I have noticed that the SLMA is getting busier day by day. In addition to the numerous routine educational activities, planning is ongoing for the major events such the Annual Scientific Congress scheduled from 15 – 18 July, 2014 and its related events, the Health Run, Walk and Ride on the 13th and the array of Regional meetings and special events. On behalf of the SLMA I wish to express our appreciation to the many colleagues and friends in the partner Regional Associations around the country for their spontaneous willingness to commit their valuable time and energy to arrange these excellent Regional events. We are also very honoured that the Kandy Society of Medicine (KSM) has consented to hold the Foundation Sessions as a joint event in late October this year.

My thanks go to the President, Dr. Gamini Edirisinghe and his team at KSM. I am so thankful to our own Council and all those exceptionally talented volunteers who have taken the responsibility to make sure these collaborative events translate into outstandingly successful happenings. These are the types of pursuits that make our medical fraternity so distinctive.

We have had preliminary unconfirmed information that His Excellency the President is likely to accept our kind invitation to grace the Annual Congress as our Chief Guest. We are also expecting a number of excellent local and foreign scientists as distinguished invitees. As always, we are hoping that our Sri Lankan colleagues will be there in large numbers to benefit from the rich and diverse technical and social programmes and activities.

The SLMA was very happy to host a meeting between the SLMC, Professional Colleges, the GMOA and the IMPA on the issue of the recent Gazette Notification relaxing the regulatory control of the professional bodies in education. We thanked Prof. Carlo Fonseka, the President of the SLMC, who had immediately alerted H.E. the President of the imminent dangers and the likely adverse consequences that would follow from this legislation. We applauded the timely intervention of H.E. the President, who had realized the potential serious dangers and had ordered the relevant authorities to have this notification reversed. All of us are now await its speedy implementation.

One consistent lesson that we can learn from the large number of countries in the Region and globally that have encouraged private medical schools is that such action has always been preceded or accompanied by a streamlining of the regulatory mechanisms for quality control. This has made the current action of the Ministry of Higher Education very worrisome to those concerned with upholding the standards of health care and medical education in our country.

Our efforts must be directed at maintaining and improving our standards further, not loosening the regulatory mechanisms that have overall served very well to ensure the quality of medical education in particular and health personnel education in general. SLMA and all the Colleges will continue to be united in this mission.

I want to conclude this message with an appeal to all medical professionals who are not SLMA members still to exercise their right and obtain membership and become equal partners in all of our activities. We have designed attractive educational, professional and social events and membership benefits and also set in place concessionary easy payment terms in cooperation with a number of Banks. So please take advantage of these as a full member of the Sri Lankan medical family.

Are Rickettsial Infections considered in our differential diagnoses adequately?

Compiled by Dr.Thanuja Wickramarachchi, Research Assistant & Professor Jennifer Perera, Chairperson, Subcommittee on Communicable Diseases

Summary of the symposium on Rickettsial Infections held on 17th February 2014. The resource persons were Prof. Ranjan Premaratna, Department of Medicine, Faculty of Medicine, University of Kelaniya, Prof. Vasanthi Thevanesam, Department of Microbiology, Faculty of Medicine, University of Peradeniya and Dr. Paba Palihawadana, Chief Epidemiologist, Ministry of Health.

Rickettsiosis is a vector borne re-emerging disease in Sri Lanka. The number of notifications has been increasing over the past decade. It is not certain whether it is due to the improved detection rate or to increasing prevalence. Both scrub typhus and spotted fever group have been reported in Sri Lanka.

Causative organisms

Rickettsial infections are caused by a group of pleomorphic, gram negative, bacteria - like intracellular microorganisms. Most of these rickettsial organisms are non-pathogenic to humans whereas some of them are known to cause febrile illnesses when transmitted accidently via blood sucking arthropods such as ticks, mites, fleas and lice.

Typhus Group (TG) & Spotted Fever Group (SFG) are classified under Genus Rickettsia on the basis of immunodominent lipopolysaccharides (LPS) and outer membrane protein A (OmpA). Genus Orientia was separated from Genus Rickettsia in 1995 based on 16S rRNA and antigenic composition. These organisms parasitise a variety of mammalian cells of haemopoietic and bone marrow origin and endothelial cells. Scrub typhus is caused by *Orientia tsutsugamushi* transmitted by mites. Ticks are the main vector of spotted fever group infections. Causative organisms of SFG rickettsioses are comprised of variety of rickettsial species and thet of Typhus Group are caused by *Rickettsia prowazekii* and *Rickettsia typhi* and are known to cause epidemic and murine typhus respectively.

Epidemiology

It was believed to have one rickettsia in one continent in 1990. However more than one rickettsia per continent and vice versa were reported over the last decade.

SFG rickettsia has 15 species or sub species whereas Typhus group includes *Rickettsia prowazekii* and *Rickettsia typhi*. More than 70 strains of *Orientia tsutsugamushi* are distributed in tsutsugamushi triangle which includes South Asia.

Expansion in travel & re-creational activities have led to high incidence of Rickettsial infections worldwide.

Regarding local epidemiology, Spotted fever group of rickettsiosis is commonly seen in the Central province whereas Scrub typhus is the commonest variety in the North western, North Central, Sabaragamuwa and Southern provinces. Jaffna, Matara and Badulla are the districts with the highest number of notifications of rickettsial infections. There is no male or female preponderance in disease prevalence.

Notification rates had a wide distribution among all the age groups with higher numbers being reported from the patients who are less than 10 years old.

A seasonal occurrence can be noted in epidemiological studies due to climate factors like temperature and humidity affecting both tick and human activity. High prevalence has been reported during dry season among farmers, estate workers and housewives.

Clinical presentation

Clinical presentation is characterized by fever associated with chills, severe headache and body aches. The affected patients do not feel very ill in between fever spikes.

Fever is more frequent and high temperatures occur in the acute phase which may last for one to two weeks, whereas fever may be low grade and intermittent in untreated chronic phase.

Eschars at the site of bite are commoner in Scrub typhus. But some spotted fever group organisms such as *R conorii (Except in Israel), R australis, R japonica, R africae, R parkeri, R slovaca* and *R honei* also cause eschars. Eschars are mainly found in skin folds or at sites where there is a resistance by a strap of a garment.

However the dominant feature of the spotted fever group is a discrete erythematous papular rash. A Rash is not commonly seen in patients with scrub typhus. The rash is most prominent at the time when the patients are febrile. It is mainly distributed over the extremities, involving palms and soles and develops around the 7th day of illness often accompanied by a patch of redness in the lateral limbus of each eye, which again is more prominent when the patient is febrile. It is rarely associated with sub-conjunctival hemorrhages. Some SFG may show fern leaf rash and digital gangrene.

Contd. on page 04

Contd. from page 03

Are Rickettsial Infections ...

Localized or generalized lymphadenopathy, tender and a firm hepatomegaly and firm mild to moderate splenomegaly are among the other clinical features. Delay in the diagnosis, results in severe complications such as myocarditis (arrhythmias, ventricular hypokinesia), pneumonitis, encephalitis (coarse tremors with oscillation of eyes) and multi-organ failure. Occurrence of complications depends on the virulence of organisms.

Diagnosis and treatment

Dengue or viral fever, leptospirosis and typhoid are some of the differential diagnoses of rickettsial infections. Lack of awareness of the prevalence is the main reason for delay in the diagnosis. Other contributing factors are failure to detect eschars, not considering rickettsial infections in the differential diagnosis and lack of awareness of the complications.

When treated with anti-rickettsial antibiotics such as Doxycycline, Azithromicin, and Chloramphenicol, defeverscence is seen within 48-72 hours. Therefore the treatment response is diagnostic by itself.

Investigations

Basic investigations show a wide array of findings. E.g. white blood cell count ranges from leucopenia to leucocytosis (mostly <15,000), neutrophil leucocytosis with toxic granules, relative lymphocytosis (Giant viral lymphocytes). Platelets may be normal or mild to moderate thrombocytopenia may be present.

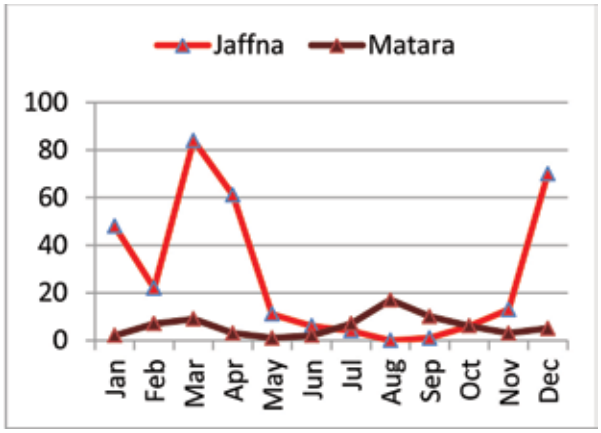


Figure 3. Seasonal variation in notifications- 2013 Jaffna and Matara (Source – Epidemiology unit)

Laboratory resources, expertise and cost are factors that need to be considered for optimization of the laboratory diagnosis. Various investigations are performed for the diagnosis of rickettsial infections. Isolation of the organism is done by cell culture or mouse inoculation, but these require biosafety level 3 laboratories. Serological investigations include indirect immunofluorescence assays (IFA), indirect immunoperoxidase test (IIP), Weil-Felix test and rapid point of care tests (e.g.- integrated diagnostics Dip-S-Ticks). Real time PCR and loop amplification (LAMP) are used as genetic tests.

Out of currently available diagnostics, indirect immunofluorescence assay (IFA) is considered the gold standard test in the confirmation of rickettsial infections. A single test carried out during the first week of illness may not be helpful in the confirmation of the diagnosis. A four-fold rise in antibody titre over a period of two weeks is required for definitive diagnosis, however a single antibody titre of IFA-IgG ‡ 1／128 of IFA-- IgM ‡ 1/64 in a patient with compatible clinical illness who has respoded to antirickettsial antibodies is used in the presumptive diagnosis. Four fold rise of IgG carries a retrospective diagnosis and therefore has a limited clinical importance as opposed to testing IgM levels, however it is limited by availability affordability. Elevation of IgM levels usually persists up to 3-6 month, thus cross absorption and western blot may be required for the confirmation of the diagnosis.

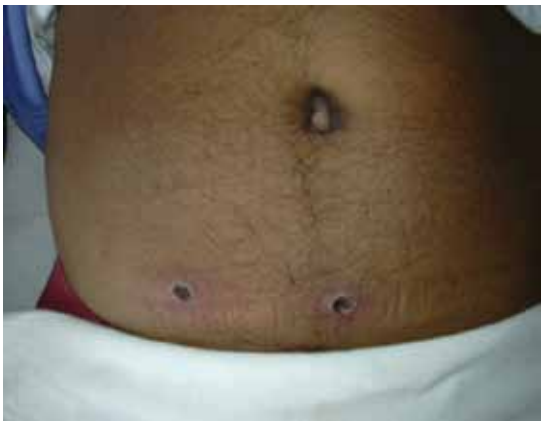


Figure 4. Eschar at the bite site

Weil-Felix reaction (Proteus OX-19 agglutination test) is no longer recommended as a sero-diagnostic test for rickettsioses due to its low sensitivity and non-specific reactions.

However, recent studies particularly from India advocates its use as the preliminary investigation for scrub typhus. Rapid therapeutic response to anti-rickettsial antibiotics may be considered a diagnostic tool for rickettsiosis. IFA or PCR based diagnostics needs to be developed at a reference laboratory level.

Prevention and control

Preventive measures are mainly focused on preventing exposure to vectors Avoidance of tick bites,prompt removal of vectors. Limiting exposure to tick-infested habitats such as wooded or grassy areas, wearing protective clothing (ex. long-sleeved shirts, pants, socks and closed-toe shoes) in endemic areas, wearing light-colored clothing (to notice crawling ticks easily) and application of insect repellants or avoidance of exposure to areas known to be endemic for typhus can be used to accomplish this goal.

N,N-diethyl-m-toluamide (DEET 10-35%) is one of the insect repellants that can be used on exposed skin and clothing to repel ticks.

Contd. on page 05

Contd. from page 04

Are Rickettsial Infections ...

Products containing permethrin can be used to treat outer clothing and should not be applied to skin.

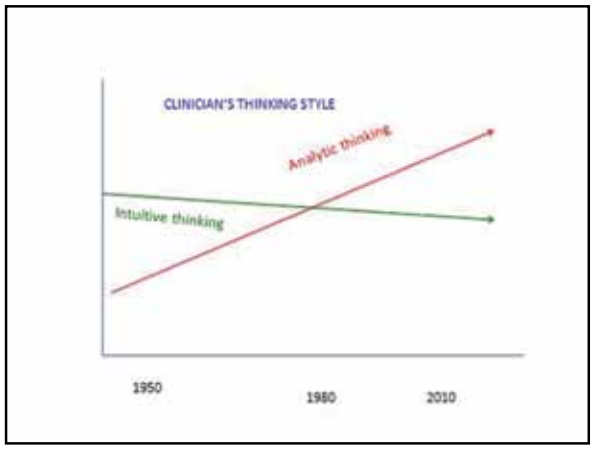
If an attached tick is found, it should be removed by grasping with tweezers or fine-tipped forceps close to the skin and gently pulling it out with constant pressure. Removing the tick with bare hands should be avoided because fluids containing infectious organisms may gain entry through the wound site. Ticks that have been removed should not be crushed between the fingers. Hands should be washed to avoid potential conjunctival inoculation. The bite wound should also be disinfected.

In the point of view of vector control, insecticides may be helpful in controlling the arthropod vectors. Reduction of the rodent host population and practicing of good personal hygiene, including frequent bathing and frequent changing of clothes are some of the other measures.

Intuitive Thinking to Analytical Thinking...

History of Medicine: Changing Patterns of Clinical Practice over Time

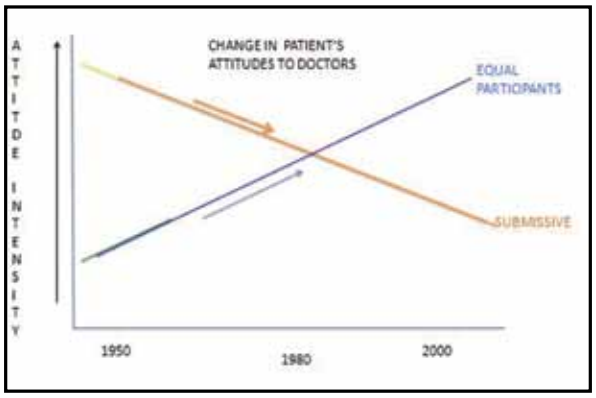
Thinking style of the modern doctor has shifted greatly towards the "analytical" style as opposed to the traditional "Intuitive" style is what Prof. T. Varagunam said delivering the 'History of Medicine Lecture 2014' on 'Changing Patterns of Clinical Practice over Time' at the Sri Lanka Medical Association (SLMA). Prof. Varagunam is known to his beloved students as 'Muggy' along with Prof. K.N. Seneviratne aka 'Bull' are dubbed the "most respected and popular teachers" of the golden years of the Peradeniya Medical Faculty in the 1960s and 1970s. The introduction of Prof. Varagunam is spotted with many firsts. Hailing from Batticaloa, he had received his secondary education at Royal College, Colombo, marking his presence there by being a hooker on the rugby team, when it won the Bradby against Trinity College, Kandy, for the first time in 1948.



This respected teacher is also the first Sri Lankan to study medical education at Illinois University, Chicago, United States of America, after having graduated from the Colombo Medical Faculty and undergoing post-graduate training in the United Kingdom. The other firsts include: setting up the Medical Education Unit of the Peradeniya University; returning from a World Health Organisation stint in Geneva to take up duties as Chancellor of the Eastern University and founding the first Medical Faculty in the Eastern Province; and having the "unique distinction" of being the President of the Kandy Society of Medicine twice.

Clinical practice, explains Prof. Varagunam, is when the patient meets a doctor (clinician) who is in the profession of helping the sick and reducing their symptoms. The changes which have occurred in clinical practice hinge around two main aspects – numerous research being carried out and global access to the internet, according to him.

With regard to research, he cites estimates of



1.5 million research papers being produced annually by 2020, while pointing out that internet use is rising rapidly. In Sri Lanka, according to a World Bank report, there were 18.3 per 100 people accessing the internet in 2012 while in the United Kingdom it was as much as 87 per 100.

These two factors have brought "big changes", he reiterates, creating an image of what happens when a doctor meets an outpatient or inpatient. With the doctor will come his cognitive style, very individualistic, like the way he walks. The patient comes with knowledge, attitude and anxiety. Over the years, the professional cognitive style has changed from being intuitive to analytical, points out Prof. Varagunam, explaining that intuitive style was the result of instinctual insight gained from knowledge, common prior to 1950, with no attempt at analysis of a condition assailing a patient.

Contd. on page 06

Contd. from page 5

Intuitive Thinking...

Rembrandt | Portrait of Hendrickje Stoffels ... - National Gallery

A "classic example" takes the audience to the Colombo General Hospital of yore – the late Dr. Cyril Fernando in his three-piece suit and gold watch-chain, would walk into the ward where the students would be gathered, and tell the Sister, "I smell typhoid". And he would be right, with several cases of typhoid being in the ward, says Prof. Varagunam.

However, analytical style became more common after the 1950s, as knowledge increased.

Another much-quoted example of intuitive style, he cites, is how a Junior Registrar on seeing the famous nude of a woman painted by Rembrandt in the 1600s, hanging in the Tate Gallery, spot-diagnosed that the woman had breast cancer. Going back in time to the records of that period, his diagnosis had been found to be correct.

More examples flow forth of Dr. James Parkinson who described Parkinson's disease, which was not analytical but more descriptive, "between thought and action there is a considerable time lapse"; Sir William Gowers who said that Parkinson tremors in the fingers resembled "orientals beating their small drums" and William Heberden gave a classical description of angina pectoris still considered valid on how such patients feel.

"Many experienced doctors used the intuitive style," says Prof. Varagunam, detailing how analytical thinking came about later with greater knowledge backed by research. The olden-day doctors with intuitive style would be conservatives, dressed formally, while Prof. Varagunam's cardiologist is the new breed of doctors, met patients in his scrubs but was armed with analytical knowledge.

The "remarkable changes" have come about due to increased research and development which have brought in their wake practice of evidence-based medicine; practice of personalised medicine based on genetic analysis; precise location pathology by new imaging techniques ("can image and say what a person is thinking depending on the area of the brain that is active"); and vastly improved diagnosis methods.

Most patients are also aware of what they have. This is why traditional medicine will disappear, with gadgets changing the practice of medicine. Technology is making a "massive difference", now patients and doctors seem equal participants. You don't "give" a patient medicine but "offer" it to him and it is up to the patient whether he will take it or not, he says.

Stressing that research on the spot has changed clinical practice vastly, Prof. Varagunam adds that doctors now need only smart-phones with apps to come to an analytical diagnosis.

During the lecture awards were presented to the winners of the SLMA poster competition on "Patient Safety-Our Concern"; *1st Place - Dr. S.A.S.C. Karunaratne (Family Health Bureau), 2nd place- Mr. Sri Sarath Palitha (National Hospital Sri Lanka), 3rd Place - Dr. W.D. Dilshan Priyankara (National Hospital Sri Lanka).*

The 'History of Medicine' Lectures inaugurated three years ago commemorate the founding of the SLMA on a day like, 127 years ago.

Part of the audience present listens to Prof. Varagunam

2nd place winner Mr. Sri Sarath Palitha (National Hospital Sri Lanka)

1st Place winner- Dr. S.A.S.C Karunaratne (Family Health Bureau)

3rd Place winner- Dr. W.D. Dilshan Priyankara (National Hospital Sri Lanka)

Winning posters of the SLMA poster competition on "Patient Safety – Our Concerns"

Prof. Varagunam delivering the 'History of Medicine' Lecture

SLMA President Dr. Palitha Abeykoon introducing Prof. Varagunam

"Inspiring change: Are Women only an Essential Commodity in our Society"- Panel Discussion Commemorating Women's Day 2014

The Expert committee on Women's Health of the SLMA together with Zonta club 1 of Colombo held a panel discussion in order to mark Women's day on the 13th of March 2014, at the Lionel Memorial Auditorium of the SLMA.

This session consisted of a group of eminent panellists. The group included Prof. Savithri Goonesekara, Emeritus professor of Law and former Vice chancellor, University of Colombo; Prof. Jennifer Perera, Professor of Microbiology and Head of Department at the Faculty of Medicine, Colombo and President –elect of the SLMA; Dr. Sudharshini Fernandopulle, Honourable Member of Parliament and Community Physician; Dr. Sujatha Samarakoon, Consultant Venerologist and Former Director National STD and Aids Campaign; Ms. Kumudini Hettiarachchi, Media Consultant and Deputy Editor, Sunday Times and Mr. Ashok Ferrey, renowned author and mathematician.

Ms. Savithri Wijesekara, Excutive Director, Women in Need and Dr. Mahesh Rajasuriya moderated this discussion.

Three case scenarios were discussed based on real life situations pertaining to topics such as education for women, employment for women, gender based violence and other relevant areas.

The programme was well attended with a crowd of over 120 people, including doctors, lawyers, journalists and other interested persons. This was also attended by Dr. Firdosi Rustom Mehta, WHO representative and Dr. Palitha Abeykoon, President SLMA.

The case discussions were interactive with participation of the audience. The discussion was followed by refreshments and fellowship.

Panelists in Discussion

Joint Regional Meeting:Sri Lanka Medical Association and Vavuniya Medical Association on 20th March 2014

Joint clinical meeting with Sri Lanka Medical Association and Vavunniya Medical association was held on Thursday 20th March 2014 at the Vavuniya District General Hospital Auditorium.

The session marked the reincarnation of Vavuniya Medical Association in to life and about one hundred doctors from District general Hospital Vavuniya and from surrounding hospitals participated in the event.

Dr Lucian Jayasuriya presenting the plaque to Dr. P. Yogananth

The session was launched off traditionally by lighting oil lamp and President of the Vavuniya Medical Association Dr. P. Yogananth welcomed the guests. Health minister for the northern province Dr. P. Sathyalingam graced the occasion with his presence. SLMA president was represented by Dr. Lucian Jayasuriya (Past President, SLMA).

First Dr. S. Sridharan (Director, Healthcare Quality and Safety, Ministry of Health) delivered the first lecture on Quality of care followed by a session on management of Snakebite by Dr. Malik Fernando (Secretary, Snakebite Committee, SLMA). Dr. M.R.G. Janz (Consultant Pediatrician, DGH, Vavuniya) presented an overview of Nutrition at Early Childhood and the discussion on Management and Rehabilitation of Alcoholics was done by Dr. S. Sivathas- (Consultant Psychiatrist, DGH, Vavuniya). Dr. Mathu Selvarajah (Consultant Nephrologist, Teaching Hospital, Kandy) gave the Update on Cronic Kidney Disease and to conclude the first part of the session Dr. N. Jeyakumar (Consultant Oncologist, National Cancer Institute, Maharagama) delivered his lecture on Palliative care.

After lunch Dr. V. Murali (Consultant Community Physician, Ministry of Health) did a hands on workshop on "Modern Techniques on Literature Search" and concluded the session.

Copies of SLMA Guidelines for the Management of Snakebites in Hospitals and copies of the SLMA Guidelines and Information on Vaccines were presented to participants and a gift plaque was presented to Vavuniya Medical Association for their efforts in organizing the event by Dr. Lucian Jayasuriya (Past president, SLMA and President Representative of SLMA).

Participants were awarded a certificate at the end of the program which will contribute towards their CME.

SRI LANKA MEDICAL ASSOCIATION

127th Anniversary International Medical Congress 2014

INAUGURATION: 15th July 2014 **SCIENTIFIC SESSIONS:** 16-18 July 2014
VENUE : BMICH, Colombo

CALL FOR ORATIONS, FREE PAPERS, POSTERS AND AWARDS

Orations: Applications are invited for the following Orations to be held during 2014.

1. SLMA Oration
2. S.C. Paul Oration
3. Sir Nicholas Attygalle Oration
4. Sir Marcus Fernando Oration
5. Murugesar Sinnetamby Oration

The SLMA Oration and the S.C. Paul Oration will be held during the Anniversary Scientific Sessions. The Murugesar Sinnetamby Oration should be preferably on a topic pertaining to Obstetrics & Gynaecology.

Closing date for all orations will be **28th March 2014.** Five copies of the scripts should be submitted. Each copy should be accompanied with a brief resume of the salient in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

Free Papers: Closing date: **28th March 2014.**
A copy of the abstract format with guidelines is enclosed in this issue.

The following prizes will be awarded for Free Papers and Posters:

1. E.M. Wijerama
2. S.E. Seneviratna
3. H.K.T. Fernando
4. Sir Nicholas Attygalle
5. Wilson Peiris
6. Daphne Attygalle (Cancer)
7. Sir Frank Gunasekera (Community Medicine and Tuberculosis)
8. Kumaradasa Rajasuriya (Research Tropical Medicine)
9. Special prize in cardiology
10. SLMA prize for the best poster
11. S. Ramachandran (Nephrology)

CNAPT Award: Applications are invited from doctors and others for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2013, for the Richard and Sheila Peiris Memorial Award. All material should be in triplicate. **Closing date: 28th March 2014.**

GR Handy Award: Applications are invited from Sri Lankans, for the best publications in cardiovascular diseases published in the year 2013 for the G.R. Handy Memorial award. All material should be in triplicate.
Closing date: 28th March 2014.

Glaxo Wellcome Research Award: Applications are invited research proposal from its members on a topic related medicine. 5 copies of the research proposal should be submitted. **Closing date: 28th March 2014.**

Professor Wilfred S E Perera Fund Travel grant to be awarded to Ethics Review Committee in Sri Lanka recognise under Strategic Initiative for Development of Capacity in Ethics Review (SIDCER). 5 copies of the Application should be submitted. **Closing date: 28th March 2014.**

For further details please contact:
The Honorary Secretary, SLMA
"Wijerama House", 6, Wijerama Mawatha
Colombo 7

Telephone: 2693324 **Fax:** 2698802 **E-mail:** slma@eureka.lk

SLMA RESEARCH GRANTS 2014

Dr. Asela Olupeliyawa
Secretary,
Research Promotion Committee

The Research Promotion Committee of the SLMA is pleased to call for applications from SLMA members for the following research grants:

SLMA Research Grant

This grant is offered in this sixth round of grants for research proposals on topics related to any branch of medicine. The maximum financial benefit for the grant is LKR 100,000.00. The grant is targeted for young researchers in their early career, for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. The project should be supervised.

SLMA/ Glaxo Wellcome Research Grant

This grant is offered for research proposals on topics related to any branch of medicine. The maximum financial benefit for the grant in 2014 is LKR 100,000.00.

FAIRMED Foundation – SLMA Research Grant

Three grants are offered in the area of Neglected Tropical Diseases. Preference will be given to projects on Leprosy and Leishmaniasis. The maximum possible total value for all three grants is LKR 1,000,000.00. The selection criteria for funding include the relevance of the research project to Sri Lanka and control programmes in Sri Lanka, and multi-center collaboration within Sri Lanka.

Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care

This grant is offered for a research project with relevance to the advancement of Intensive and Critical Care in Sri Lanka. The maximum financial benefit for the grant is LKR 100,000.00.

N.B. All research projects should be completed within two years. Preference will be given for proposals that could be completed with the available grant. Utilization of grant funds should commence within six months. Proposals should include problem identification, detailed methodology, timeline, and budget. Ethical clearance should be applied for when submitting the grant application.

The deadline for the applications is 28th of March 2014. The application forms are available from the SLMA office and the SLMA website.

Vaccine forum of Sri Lanka – Research Grant

Vaccine forum of Sri Lanka is awarding a research grant to the value of Rs 100,000 to the best Research Proposal on a vaccine related research. Please apply with a comprehensive research proposal as per standard format clearly stating the expected outcome of proposed research and CV of principle investigator.

Mail your applications by 15th March to : Secretary, Vaccine forum of Sri Lanka, 127/3 Alakeshwara Road, Etul Kotte and e-mail a Soft copy to savithrikellapatha@hotmail.com

Inter College Six A Side Cricket Tournament

Organized by Sri Lanka Medical Association

Date: Sunday, 4th of May 2014 Venue: Health Grounds, Castle Street

Two teams can participate from each college which **may** have a combination of male and female players

Confirm your participation on or before 10th of April 2014.

Your College will receive further details via mail or contact SLMA

Cricket Fiesta

Are you ready for the challenge?

127th Anniversary International Medical Congress
Of
The Sri Lanka Medical Association

15-18th July 2014

Tentative Programme

Theme: Globalizing the Paradox of Sri Lanka's Health Achievements And Challenges

Sub Theme 1 : Frontiers of clinical management

Sub Theme 2 : Achievements and challenges in Primary care

Sub Theme 3 : Health Policy and planning to overcome challenges

Sub Theme 4 : The Science and art of medicine for the future

Registration fees

- Early bird
  - Members : Rs. 3000
  - Non-Members : Rs. 3500
- Day registration : Rs. 1200
- Session registration : Rs. 500
- Pre-interns and interns : Rs. 2000
- Medical Students : Rs. 1000 (Day registration: Rs. 500)
- Overseas registration
  - SAARC
    - Early bird : 100 USD,
    - Late : 125 USD
  - Other countries : 200 USD

Contd. on page 12

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127th Anniversary...

Sunday 13 July 2013	6.00 am	SLMA 127th Anniversary Run, Walk and Ride 6.00 am starting at the BMICH Front Lawn

Pre Congress Workshops

Workshop I	14th July 2014	Global Burden Of Disease
Workshop II	14th July 2014	Urological Surgery
Workshop III	15th July 2014	Advances in Immunology and their Application to Vaccination
Workshop IV	15th July 2014	Road Traffic Crash Prevention
Workshop V	15th July 2014	The Aging Heart in Health and Disease/ The Lesser Known Aspects of Cardiovascular Care
Workshop V I	15th July 2014	Relationship Between Medical Doctors and Pharmaceutical Industry

Tuesday 15th July 2014	6.00-7.30 pm	Inauguration
	7.30-8.30 pm	SLMA Oration
	8.30-9.00 pm	Cultural Show

Wednesday, 16th July 2014

Time	Hall A	Hall B	Hall C	Hall D
8.00-8.30 am	Registration			
8.30-9.15 am	Key Note Address: Sri Lankan paradox: time to celebrate and move forward			
9.15-9.45 am	Guest lecture 1: NCD Prevention	Guest lecture 2:Achievements and challenges in Maternal and Child health	Guest lecture 3:Emerging challenge of HIV	Guest lecture 4: Emerging infectious diseases
9.45-11.00 am	Professor N D W Lionel Memorial Oration			
11.00-11.30 am	Tea and poster viewing			
11.30 am-1.00 pm	Symposium 1:Obesity prevention	Symposium 2:Women's health	Symposium 3: Elderly Medicine	Symposium 4: Diagnostics and radiology
1.00- 2.00 pm	Lunch			
2.00-3.30 pm	Free paper session 1	Free paper session 2	Free paper session 3	Free paper session 4
3.30-5.00 pm	Symposium 5: Advances in Cardiology	Symposium 6: Obstetric Emergencies	Symposium 7: Oncology	Symposium 8: Management of Dengue
5.00-5.30 pm	Tea			
5.30-6.30 pm	DR. S C Paul Memorial Oration			

Thursday, 17th July 2014

Time	Hall A	Hall B	Hall C	Hall D
8.00-8.30 am	Registration			
8.30-9.00 am	Plenary: Chronic Kidney Disease			
9.00-10.30 am	Symposium 9: Neurology	Symposium 10: Health Economics	Symposium 11 Genomic Medicine	Symposium 12: Training of medical doctors
10.30-11.00 am	Tea and poster viewing			
11.00-11.30	Guest lecture 5: Sexual Health	Guest lecture 6: Social Determinants of Health	Guest lecture 7: Stem cell therapy	Guest lecture 8: Palliative care
11.30-1.00 pm	Free paper session 5	Free paper session 6	Free paper session 7	Free paper session 8
1.00-2.00 pm	Lunch			
2.00-3.30 pm	Symposium 13: Dermatology	Symposium 14: Respiratory Medicine	Symposium 15: e-Health and M-Health	Symposium 16: Primary health care in Sri Lanka- the way forward
3.30-5.00 pm	Free paper session 9	Free paper session 10	Free paper session 11	Free paper session 12
5.00 pm	Tea			
7. 00 pm	Doctors' concert			

Friday, 18th July 2014

Time	Hall A	Hall B	Hall C	Hall D
8.00-8.30 am	Registration			
8.30-9.00 am	Plenary : Advances in Surgery			
9.00-9.30 am	Guest lecture 9 ENT	Guest lecture 10: Heamatological malignancies	Guest lecture 11: Robotics	Guest lecture 12: Clinical governance
9.30-10.30 am	Dr. S Ramachanchran Memorial Oration			
10.30-11.00 am	Tea and poster viewing			
11.00 am-12.30 pm	Symposium 17: Management of Trauma	Symposium 18: Immunology update	Symposium 19: Hyperbaric Medicine	Symposium 20 Endocrine disorders
12.30-1.30 pm	Lunch			
1.30-3.00 pm	Free paper session 13	Free paper session 14	Free paper session 15	Free paper session 16
3.00-4.30 pm	Symposium 21: Intensive care and emergency medicine	Symposium 22: Gastro intestinal disorders	Symposium 23: Nano-technology	Symposium 24: Ensuring quality and safety in Healthcare
4.30 pm	Tea			
7.30 pm	Banquet			

Post Congress Workshops

Workshop I	Saturday, 19th July 2014	Mental Health(Galle)
Workshop II	<Dates to be Decided>	Pediatric Disabilities

Joint Regional Meeting:Sri Lanka Medical Association and Ratnapura Clinical Society on 26th March 2014

The Joint regional meeting with Sri Lanka medical Association and Rathnapura Clinical Society was held on Wednesday, 26th March 2014 at the Ratnapura Provincial General Hospital auditorium.

Dr. N. Sritharan, President of The Ratnapura Clinical Society welcomed a crowd of about one hundred doctors after lighting the oil lamp to set off the programme. Dr. Palitha Abeykoon, President, SLMA urged young doctors of the area to join SLMA as it is their right and formally invited all the members of Ratnapura Clinical Society to take part in 127th Anniversary Internatonal Medical Congress of the SLMA in July. A token of appreciation was presented to the Ratnapura Clinical Society by SLMA and SLMA Guidelines on Management of Snakebites was presented to the hospital library.

First part of the session was chaired by Dr. H. Sugathapala and Dr. N. Jayasinghe and the first discussion was on breastfeeding by Dr. Anoma Jayathilake- National Professional Officer on breastfeeding for Sri Lanka, WHO followed by an update on regional, global and local situation of HIV/AIDS by Dr. Iyanthi Abeywickrama- Consultant Venereologist and Former regional advisor, WHO SEARO.

Dr. Palitha Abeykoon lighting the oil lamp

Dr. N. Sritharan lighting the oil lamp

A token of appreciation was presented

Contd. on page 14

Contd. from page 13

Joint Regional Meeting...

Dr.Thamara Herath- Consultant chemical pathologists, Provincial General Hospital, Ratnapura delivered her lecture on the Management of hyponatraemia to finish the first session of the meeting.

The second session was chaired by Dr. Lanka Tennakoon and Dr. N. Jeyawardhana. Dr. Dimuthu Muthugoda- Consultant Endocrinologist, Provincial General Hospital, Ratnapura explained the latest recommendations on Management of Thyroid Disorders. The latest recommendations on management of recurrent UTI in in paediatric practice were discussed by Dr. Jasintha Sabanadesan- Senior Registrar in Paediatric Nephrology, Teaching Hospital Peradeniya. Dr. Kumudu Karunaratna- Consultant Microbiologist, Lady Ridgeway Hospital - Borella discussed how to use antibiotics rationally and the importance of implementing preventive measures for antibiotic resistance.

All participants were awarded a certificate which will contribute towards their CME and were invited for lunch at the end of the session.

Participants eagerly listening to the discussion

Point of View

To the Editor, SLMA news

I have been attending SLMA meetings, including Joint Meetings with outstation clinical societies, for a great many years. In 1992 I had the privilege of being Chairman at many of these meetings when I was President of the SLMA. I have noticed that in recent years a great many SLMA Presidents and Presidents of other societies and Colleges have chosen to slip into the background passing on their duties as host to junior medical officers and even non-medical persons designated 'compères'.

I think it is wrong for someone other than the host President or perhaps Secretary to invite guests to light the lamp and to make presentations etc.

A compère may ask the guests to rise for the ceremonial procession and to remain standing for the National Anthem. He/she should then hand over the proceedings to the host President or Chairman of a session to welcome the guests and invite those chosen to light the lamp. The President should then continue with the ceremony. In other words, compères may make announcements, but should not have to invite the President and others at every turn. This can be done— many of us have done it.

I feel that the SLMA should set the standard and help younger presidents of clinical societies, for example, to conduct their meetings with an appropriate degree of formality. In the long run it will enable the medical profession to maintain a high standard of efficiency. In the recent past I have observed that joint meetings have been conducted without designated chairpersons—this results in speakers not being introduced, a discussion not been initiated, the speaker not being thanked and worst, the session going on and on without the speaker's time being limited. Having a junior medical officer introduce the speaker and thank him/her is not the answer—that is the duty of the chairperson who should then see that the speaker finishes on time and that a discussion takes place.

Dr.Malik Fernando
MB, ChB (Bristol)

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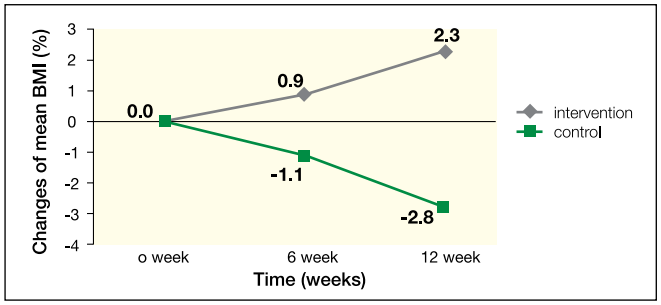
In a clinical trial conducted by Zahara et al at the National University of Malaysia to evaluate the effect of Appeton Wellness 60+ on the nutritional status of the malnourished institutionalized elderly, it is concretely proven that Appeton Wellness 60+ was significantly effective in improving the following: nutritional status, body weight, body mass index (BMI), body fat percentage, albumin and prealbumin, serum ferritin, haemoglobin appetite, energy intake, carbohydrate intake, protein intake, fat intake and physical activity. It is currently the only clinical trial to scientifically prove its efficacy in the elderly in Malaysia.

Parameters	Men n = 72	Women n = 90	Total n = 162
BMI (kg/m²)			
<18.5 kg/m² (Underweight)	57 (79.2)	64 (71.1)	122 (75.3)
>18.5 kg/m² (Normal & overweight)	15 (20.8)	26 (28.9)	40 (24.7)

A total of 64 malnourished elderly were recruited for the 12-week study. They were divided into two groups of 30 (as placebo) and 34 elderly (intervention group).

"The patients screened is designed to reflect the actual clinical settings as close as possible."

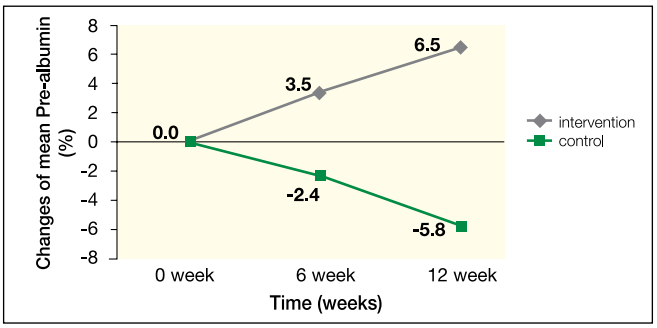
75% of the subjects were underweight. 60% of them had at least one chronic illness, and 50% of them on current medication. Subjects in both groups continued consuming their regular diet as usual but subjects in the intervention group received Appeton Wellness 60+ twice daily for 12 weeks.



All subjects in the intervention group achieved an increase towards normal BMI readings and had improvements in all parameters. Besides, the appetite and energy intake were increased in the intervention group.

"Appeton Wellness 60+ is a complete, easy to digest, and balanced nutritional drink for adults 60 years and above."

It is specially formulated with a unique "Energy Complex" containing Coenzyme Q10, B Complex and the micronutrient Chromium to help metabolise energy effectively at the cellular level. The energy distribution is designed in accordance to the United States Dietary Reference Intake (US DRI) for elderly and the fat



composition complies with The American Heart Association's (AHA) Nutrition Committee fat guideline. It is cholesterol and trans-fat free. Appeton Wellness 60+ is also formulated with a slow-release protein (Casein) which is kidney friendly by not burdening the kidney with protein spikes in the blood.

Appeton Wellness 60+ also obtains the highest possible Protein Digestibility Corrected Amino Acid Score (PDCAAS*) of 1.0 (A PDCAAS value of 1 is the highest, and 0 the lowest). The PDCAAS rating is a fairly recent evaluation method and been adopted by the US Food and Drug Administration (FDA) and Food and Agricultural Organization of the United Nations/Would Health Organization (FAO/WHO) in 1993 as "the preferred best" method to determine protein Quality.

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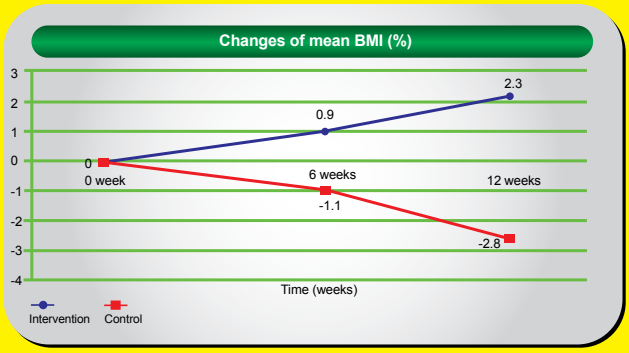
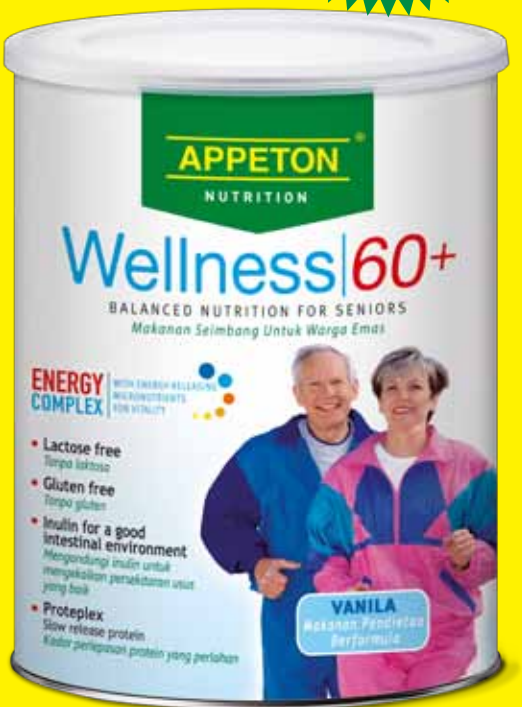
- ☑ **Improved biochemical data**
- ☑ **Improved appetite**
- ☑ **Improved total calorie intake**

Every elderly respondent who took Appeton Wellness 60+ steadily improved his / her Body Mass Index (BMI) over 12 weeks*.





* *Clinically Proven Endorsement is referenced in 'Effect of Nourishing Formula (Appeton Wellness 60+) Supplementation on the Nutritional Status, Functional Performance, Cognitive Function and Quality of Life of Malnourished Elderly in Old Folks Home'. Study conducted by Dr Zahara and team at the Department of Nutrition & Dietetics, Faculty of Allied Health Sciences, Universiti Kebangsaan Malaysia.*

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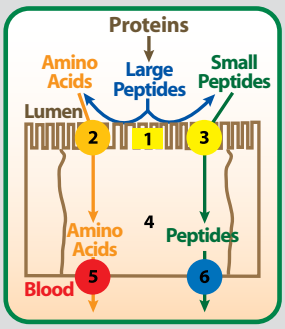

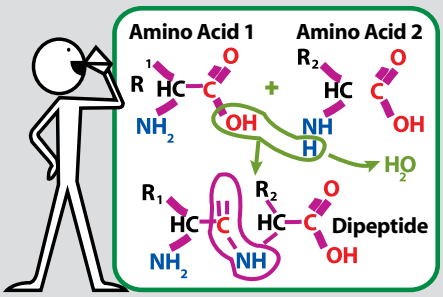

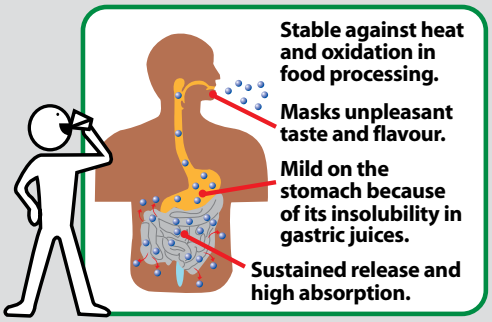

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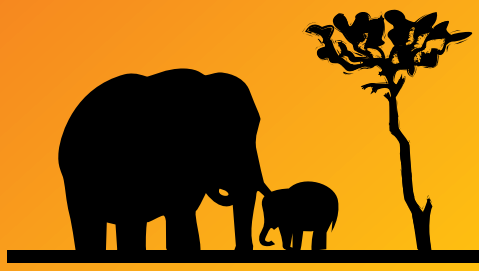

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18 Months	13.00%	13.80%	14.00%	13.55%
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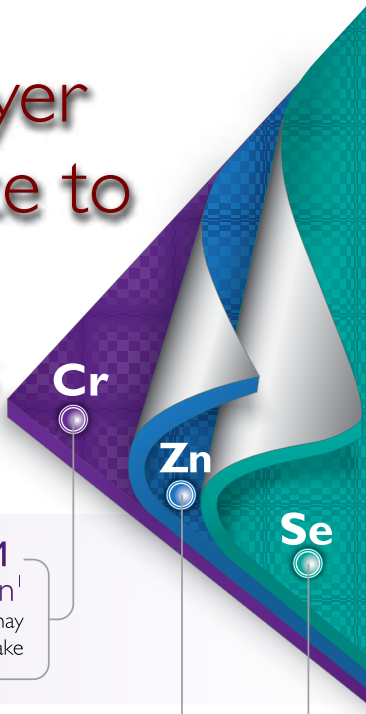

CHROMIUM

Potentiates the action of insulin[1]

Research suggests that potential action of chromium on insulin may be by activating Akt phosphoration that facilitates glucose uptake

ZINC

Insulin-like action[2]

Zinc plays a clear role in the synthesis, storage and secretion of insulin as well as confirmational integrity of insulin in the hexameric form.

SELENIUM

Insulin-like effect in lowering blood sugar level[3]

Selenium activates key proteins involved in the insulin-signal cascade

Reference:

1 - 18th International Diabetes Foundation Congress http://medscape.com/viewarticle/460767

2 - Zinc provides beta-cell protection Journal of American College of Nutrition 1998; **17, (2)**: 109-115

3 - Seyed S et al. Islet transplantation and antioxidant management: A comprehensive review. World Journal of Gastroenterology 2009; **15(10)**:1153-1161

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