



SLMA NEWS

THE OFFICIAL NEWSPAPER OF THE SRI LANKA MEDICAL ASSOCIATION



Cover Story...



SLMA Presidential Induction 2014

Page 02-03

Page 07



Medical Dance 2013

Page 11



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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President's Column

First of all I wish to sincerely thank the Council and the Members of the SLMA for their generous gesture in electing me as the President of the SLMA for this year. Initially I was reluctant in accepting the kind offer from the senior members, not being convinced if I could do justice, but now having done so, I will pledge to do my best to maintain the magnificent traditions of the SLMA.

The induction ceremonies went off very well and I want to thank everyone who helped to make this a highly successful event.

The Annual Sessions will take the form of an International Congress and will be held from 15 – 18 July this year. The overall theme we have selected for this year is, "Globalizing the paradox of Sri Lanka's health achievements and challenges". We plan to organize sessions to showcase the remarkable achievements in health in Sri Lanka, such as in offering universal coverage to the entire population, incredible gains in Maternal and Child Health, and in imparting high quality medical education which compare very favourably with those of economically advanced countries. In fact, embedded within these, are numerous lessons for other countries of our Region and elsewhere. We also hope to bring to Sri Lanka the useful lessons from the developed countries in addressing NCDs, including the newer medical interventions, introduction of newer biomedical technologies in equitable ways, assurance of affordable health care and in preparation for unanticipated threats in communicable diseases and disaster management. We are expecting a significant number of foreign delegates to attend the annual sessions this year.

The SLMA run, walk and ride will be held on the Sunday prior to the Congress and I would urge all doctors and their families to join us at this event, which has been gaining in popularity each consecutive year.

We will continue with the regular activities of the SLMA which have now gained wide acceptance and are in great demand such as the monthly clinical meetings, regional meetings with medical associations and societies in the outstations and different forms of continuing professional development.

I hope all doctors in Sri Lanka and those overseas who are eligible to join the SLMA will do so. The mission and purpose of the SLMA have been to serve as the mother organization for all doctors of Sri Lankan origin.

While the Council will strive to plan a comprehensive programme of activities for the year, I would like to invite all the doctors in Sri Lanka to become active members of the SLMA and to participate fully in all of the SLMA events.

Dr. Palitha Abeykoon MD, MMed
President,
Sri Lanka Medical Association,
No.06, Wijerama Mawatha,
Colombo 07,
Sri Lanka



Page No.

♦ SLMA Presidential Induction 2014	2-3
♦ SLMA Council 2014	4-5
♦ A Synopsis Of Sleep Disorders	6
♦ SLMA Calls On Health Minister	7
♦ Sri Lanka Medical Association 127 th Anniversary International Medical Congress 2014	8
♦ First Council Meeting Of 2014	9
♦ SLMA Research Grants 2014	9
♦ Vacant Positions In SLMA Committees	10
♦ Medical Dance 2013	11
♦ Joint Regional Meeting Sri Lanka Medical Association And The Clinical Society Of Matale 11 th And 12 th February 2014	12
♦ Sri Lanka Medical Association February Clinical Meeting	13

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SLMA PRESIDENTIAL INDUCTION 2014

Dr. Palitha Abeykoon, MD, MMed was inducted as the Honorary President of the Sri Lanka Medical Association by the Immediate Past President, Dr. B.J.C. Perera, at a ceremony held on 11th January 2014 at HNB Towers, Colombo. The occasion was attended by many well wishers, including previous Ministers of Health and members of parliament.

Citation of Dr. Palitha Abeykoon, President SLMA for 2014, as presented by Dr. B.J.C. Perera, the out-going President of SLMA on the 11th of January 2014.

Chairperson and Members of the Board of Trustees of The Sri Lanka Medical Association, Past Presidents of the SLMA, Council Members of SLMA, Honorary Life Members of SLMA, Members of SLMA, distinguished invitees, I now have the pleasure to present to you, Dr. Palitha Abeykoon, the President of the Sri Lanka Medical Association for 2014.

Palitha is a Trinitian who entered the Peradeniya Medical Faculty in 1962, the year in which that institution was inaugurated. By virtue of the alphabetical order of his surname, he has the distinction of being the very first medical student on its roll. He qualified with the MBBS degree in 1967 and later became the first Sri Lankan to specialize in Medical Education.

He has obtained a Master's degree in Education and Medical Education from the University of Southern California and was a Taro Takemi Fellow of the Harvard School of Public Health in Boston. He has also trained in population and labour issues from the International School of Labour Studies of the International Labour Organisation in Geneva. He is a fellow of the College of Community Physicians of Sri Lanka and a fellow of the College of Medical Administrators of Sri Lanka.

After a few years of work in the

University of Peradeniya, he joined the World Health Organization. This included a stint as the WHO Regional Advisor for developing Human Resources for Health in South East Asia and the Director of Health Systems Development and Regional Programmes in several diverse modalities of Primary Health Care and Health Systems. Later on he was the Director of Health Technology and Pharmaceuticals in the WHO Regional Office and the Team Leader in the evaluation of the Polio Control Programmes in Thailand, Myanmar and India.

Since 2004 he has been a Consultant in Health Systems and Human Resources to the Ministry of Health in Sri Lanka, WHO, DFID, InClen and Governments of a number of countries in the South East Asian Region. Over the past four years, he took part in developing the Public Health Education Strategy for Myanmar and in initiating the first Public Health University in Myanmar.

In the last couple of years he has reviewed the Health Human Resources System in Bhutan and helped to establish the first Public Health Bachelor's Degree Programme in Bhutan. He developed the blueprint for the proposed Bhutan Institute of Medicine and advised the Medical and Health Council of Bhutan on accreditation and licensure. He also formulated the Health personnel Educational Strategy for Timor-Leste, which is now used as the basis for the development of the Health and HR Systems protocols in that country.

In recent times, Dr. Palitha Abeykoon has assisted the UNFPA to complete a detailed financial and technical quality assessment of the Reproductive Health Programmes in the Asia-Pacific Region. This was followed by an evaluation of the financing and service quality gaps in the incentivized reproductive health programmes in India, Bangladesh,

Indonesia, Nepal and Laos. He also developed a resource mobilization strategy for the WHO Regional Office in New Delhi.

In Sri Lanka, as an Advisor to the Ministry of Health, Dr. Abeykoon has provided advice and support in the formulation of the National Mental Health policy and the National Medicinal Drugs Policy.

Currently, he is the Chairman of AIDS Foundation of Sri Lanka, an organisation with which I have a personal biological connection and I am well aware of the work undertaken by them. He is also the Vice Chairman, Sri Lankan Country Coordinating Mechanism for the Global Fund for AIDS, Tuberculosis and Malaria, Director and Trustee, International Clinical Epidemiology Network, Commander - St John Ambulance Brigade, Member - International Health Regulations Expert Panel of WHO Special Advisor to South East Asia Public Health Institutions Network and Advisor and Committee Member, South East Asia Medical Education Association. This year, he will assume the mantle of the 117th President of the Sri Lanka Medical Association.

Dr. Abeykoon has several publications in peer reviewed international journals and is the author of 5 books on public health issues. He is a member of the Editorial Boards of the Journal of the Network of Community Oriented Educational Institutions, the Journal of Population and Public Health of the University of North Carolina and Journal of the Indian Medical Education Network.

Most recently, in November last year, he was conferred the General Lion Award for outstanding national and international contributions and service. I am sure that this August audience would join me in congratulating our new President on being bestowed such a rare honour.

Contd. on page 03

Contd. from page 02

SLMA PRESIDENTIAL...

Dr. Palitha Abeykoon is a man with loads of experience, a steady focus on the more important issues and a commendable ability to look ahead. His forte is a sustained capacity to think laterally and to formulate a more composite picture on many a thorny issue.

He is hardly ever ruffled by even the most complex of issues. As an administrator, he has had many an opportunity to deal with intricate problems that transcended different cultures of sociological divergence in the international scenario. I could vouch from experience that such attributes would be most useful as it is likely that there will be quite a few complicated problems that may need to be dealt with by him as the President of SLMA. I first came to know Dr. Abeykoon in 1972, during the time that I worked in the University of Peradeniya. We used to meet often during various academic events and his singularly friendly nature made it ever so easy for me to be his friend. I do admire him as a ruggerite and a sportsman. In fact, as you will probably hear from him, in a semi-annually important event in those halcyon days, he nearly gave his life for rugby.

He and I also share a common passion for tennis. He was well known to swing a tennis racquet in the scorching heat of New Delhi while he was working for the WHO. However, try as I might, it has not been possible to coax him to play with or against me in recent years. Perhaps in lighter vein, I must say that he may have been a little concerned about the possible result of such a contest. He is also quite famous for his infectious booming laugh which has endeared him to many and it is quite true to say that it is almost impossible to get angry with him at any time. The man does seem to believe in those enduring words of Mark Twain, "Against the assault of laughter, nothing can stand".

Ladies and Gentlemen, I am delighted to present these Presidential regalia of Office to Dr. Palitha Abeykoon, induct him as the President of the Sri Lanka Medical Association for the year 2014, hand over the affairs of this august institution of which I had the seminal singular honour and privilege to be the President for 2013 and very cordially invite him to address this distinguished



audience.

Colleagues and friends, I give you Dr. Palitha Abeykoon, the President of the Sri Lanka Medical Association for the year 2014.

SLMA Council 2014

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Dr. Palitha Abeykoon
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Advisor, World Health Organisation,
South East Asia Regional Officer (SEARO),
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A synopsis of sleep disorders

Dr. D.S. Jayamanne
MBBS(Cey),MD(USA), Dip in
Pulmonology(USA)

Sleep Disorders are common. So common that you, the reader, have had or will have one during your lifetime. Some are transient, without significant debility or morbidity and may or may not require significant interventions: e.g. Adjustment Sleep Disorder. Others can be very disabling: e.g. Severe Obstructive Sleep Apnoea Syndrome, and there is even a rare disorder called Fatal Familial Insomnia.

Although there is an International Classification of Sleep Disorders which is quite comprehensive and updated often, the intent of this article is to provide the reader with a symptom based synopsis that would be useful for the clinical practitioner. Hence, I will depart from the more scientifically accepted classification and enumerate common sleep disorders under four headings.

1. Hypersomnias: i.e. diseases causing excessive daytime sleepiness.
2. Insomnias; self explanatory
3. Parasomnias: undesirable intrusions during sleep rather than abnormalities of the process of sleep itself. Sleep walking, Rhythmic movement disorders, nightmares, nocturnal leg cramps to mention a few are considered Parasomnias.
4. Sleep disorders associated with Mental, Neurological or Other Medical Conditions: Mental conditions include psychoses, mood disorders, anxiety disorder and alcoholism all of which can cause sleep disturbance. Neurological conditions include dementias, degenerative diseases and Parkinsonism, etc. Sleeping Sickness, Fibromyalgia, COPD and Heart Diseases also cause sleep disorders and can be classified under Medical conditions.

Hypersomnia's can be easily diagnosed by simply taking a good history

from the patient or a family member. An Epworth Sleepiness Scale (ESS), is quite useful, and will also give an approximate degree of severity of the condition as well. The ESS can be easily accessed via the Internet. Once hypersomnolence is established as a diagnosis, its aetiology needs to be ascertained.

This may be easily evident as in insufficient sleep and poor sleep hygiene. Snoring should raise suspicion of Obstructive Sleep Apnoea Syndrome. Narcolepsy, Post Traumatic (head trauma) and Idiopathic causes also enter into the differential diagnosis. Iatrogenic causes always are a consideration as many drugs can cause sleepiness or disturb nocturnal sleep causing daytime somnolence. Similarly, the history will establish Alcohol and Substance Abuse causing sleepiness.

Narcolepsy is a hypersomnolent disorder that is characterized by the presence of Cataplexy and other REM sleep associated phenomena such as Hypnogogic Hallucinations and Sleep Paralysis. It can be a very disabling condition and helping these patients by an accurate diagnosis and appropriate treatment can be a "God Send" to these individuals.

Circadian Rhythm Disorders are an important group that may cause daytime somnolence or insomnia. As individuals, we not only need a certain number of hours of sleep but sleep also has to be "at the right biological clock time". Sleep that significantly deviates from our biological clock time can cause clinical symptoms.

Symptoms related to Shift work and Jet Lag are considered under Circadian Rhythm Disorders. Sleep Phase can be advanced or delayed as a pathologic phenomenon and hence the Advanced Sleep Phase Syndrome (ASPS) and the Delayed Sleep Phase Syndrome (DSPS).

Insomnia as a symptom has a multitude of causes. Apart from obvious medical causes such as pain, dyspnoea and the effect of drugs that causes difficulty in initiating and maintaining sleep, there are distinct sleep disorders that fall into this group. Psychophysiological insomnia accounts for 15 to 20% of patients with persistent insomnia. It has two major features. 1. A complaint of insomnia associated with its daytime consequences such as decreased functional ability and 2. A component of learned sleep preventing behaviours.

These patients are overly focused on their insomnia and are known to "try very hard" to fall asleep! This in itself has the opposite effect of delaying sleep onset. Interestingly, they are known to easily fall asleep when involved in rather monotonous activities. Psychophysiological insomnia should not be diagnosed in patients who are already known to have psychiatric disorders such as Anxiety Disorder or Depression. As in other disciplines of Medicine, some patients are diagnosed as having an Idiopathic aetiology to account for insomnia. Sleep State Misperception is an interesting condition where the patients complain of insomnia which cannot be confirmed by polysomnographic studies. In other words, these patients display normal or relatively normal sleep by polysomnography but do not "feel their sleep is adequate" and complain of inability to sleep.

That is, these patients have a misperception of insomnia. Many Psychiatric disorders cause insomnia and their delineation from a "pure" sleep disorder may require an expert evaluation. If this is not done, patients may end up with an inaccurate diagnosis and receive inappropriate treatment. Unfortunately,

Contd. on page 07

SLMA Calls On Health Minister

A delegation headed by the president SLMA called on the Hon. Minister of Health, Hon. Maithreepala Sirisena MP at the Health Ministry on 12th February 2014. A wide range of issues of mutual interest to the Ministry and SLMA which would result in direct and indirect enhancement of the Sri Lankan Health Sector were discussed.

The Minister was enlightened on the proposed activities of the SLMA for the year 2014. The Minister shared and expressed a particular interest in SLMA's regional programme and undertook supporting this effort.

The SLMA presented the minister with a copy of "SLMA guidelines for the Management of Snakebite in Hospital[®]" and the accompanying CD published by the Expert committee on Snakebite, SLMA.

Dr HRU Indrasiri, Advisor to the Minister also participated in the meeting.



Contd. from page 06

some drugs: e.g. SSRIs may ameliorate the sleep disturbance and the patient and the physician may consider this as proof of the presence of a Psychiatric disorder. This leads to continuing the plan of therapy and the treatments may continue, at times, indefinitely.

Parasomnias are further divided into 3 sub-groups. Arousal disorders such as Sleep walking and Sleep Terrors, Sleep-Wake Transition Disorders such as Rhythmic Movement Disorders and nocturnal Leg Cramps and REM sleep related disorders such as Sleep Paralysis and REM Sleep Behaviour Disorder.

A variety of diagnostic tests are available to elucidate the nature of the underlying sleep disorder.

Overnight Polysomnography (PSG), Multiple Sleep Latency Test (MSLT), Maintenance of Wakefulness Test (MWT) are among the most commonly performed investigations. Neurological testing, Imaging studies, and Psychiatric testing are also utilized in the appropriate setting. A PSG is indicated in the diagnosis of Hypersomnolent Disorders when the aetiology is not easily apparent or when the severity of the disorder needs to be estimated. However, please remember that in insomnias, this test should only be ordered after very careful consideration (as not sleeping during the test rarely gives diagnostic clues) and is best ordered by a Specialist in this field.

Treatment of Sleep Disorders

depends on the diagnosis. CPAP therapy, for example, has revolutionized the treatment of Obstructive Sleep Apnoea Syndromes. As a final thought, PLEASE do not forget the iatrogenic causes of Sleep Disorders, mainly due to the use of sleep disrupting or sleep promoting medications.

As may be gleaned from the above synopsis, evaluation and treatment of Sleep Disorders require specialized knowledge and therefore Sleep Medicine is now a specialized field with its own Certification Process and the interested Physicians are expected to complete a training period and obtain Board Certification. In the USA, the Governing Body is The American Academy of Sleep Medicine.

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

First Council Meeting of 2014

The first Council Meeting of the year was held on the 3rd of January 2014 at the Council Room, SLMA. After a short time for fellowship, the oil lamp was lit and the Council meeting commenced with the singing of the National anthem. As the first item in the agenda, a photograph of the Immediate Past President, Dr. B.J.C. Perera was ceremonially unveiled by the President, Dr. Palitha Abeykoon. In his speech the president thanked Dr. B.J.C. Perera for the mammoth work done for the SLMA.



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.

VACANT POSITIONS IN SLMA COMMITTEES

Vacant positions in the following SLMA committees are hereby advertised.

- Medicinal Drugs
- Non Communicable Diseases
- Snakebite
- Health Management
- Women's Health
- Media
- Communicable Diseases
- Research Promotion
- Prevention of Motor Traffic Crashes
- Tobacco, Alcohol and Illicit Drugs
- Ethics
- Ethics Review
- Ergonomics
- Sri Lanka Clinical Trials Registry Management
- Working Group on Disability
- Herbal Medicine

No formal qualifications are required from the applicants. Preferably the applicants should be life members of the SLMA. However few positions will be available for non members who have demonstrated a keen interest and dedication towards the subjects of relevant committees. The deadline for submitting the applications is 15th March 2014. Please send the duly filled application form to the following address.

Honorary Secretary
Sri Lanka Medical Association
Wijerama Mawatha
Colombo 07

Sample application form

Alternatively the information can be e-mailed to slma@eureka.lk

The final decision regarding selection of committee members will be taken by the SLMA Council. A sample application form is shown below.

Name with initials :

Hospital/Institution (Address) :

Designation :

E-mail and Phone Number :

Special Interests :

SLMA membership number :

Preferred committee (1st three preferences)

1.

2.

3.

.....

Signature

MEDICAL DANCE 2013

The Medical Dance, the most prestigious and the oldest Dance in Sri Lanka, still continuing to this day from the 1930s, was held on 7th December, 2013 at the Grand Ballroom, Waters Edge, Battaramulla in Grand Style. Dance was opened around 9.45 pm with the President and Dr. Mrs. BJC Perera taking the floor followed by members of the Dance Committee together with their spouses.

The guests Danced to their heart's content till 3.00 am in the morning to the music of Summerset and Outbust. The guests, nearly 300 in all, consisted of a cross section of the medical profession together with their guests from many other profes-

sions. Some doctors had even travelled from the UK, USA and Australia. There were prizes and surprises with gift vouchers ranging from dinner for two in five star hotels to weekends in holiday resorts to airline tickets to many destinations on offer.

The Dance was organized by the Dance Committee comprising Dr. B.J.C. & Dr. Mrs. Sarojani Perera, Dr. Palitha Abeykoon, Dr. Dennis Aloysius, Dr. Suriyakanthi Amarasekera, Dr. Samanmalee Sumanasekera, Dr. Ruwaiz Haniffa, Dr. J.C. Fernando, Dr. Surangani Fernando, Dr. Kalyani Guruge, Prof. Rohan Jayasekera, Dr. J.B. & Dr. Mrs. Rose Pieris, Dr. Gamini Walgampaya and Dr. Preethi Wijegoonewardene.



Dr & Dr (Mrs) BJC Perera

Dr & Mrs Dennis Aloysius

Mr Mahendra & Dr (Mrs) Suriyakanthie Amarasekera

Dr & Dr (Mrs) Naghalli Amarasekera

Dr & Dr (Mrs) J & Rose Pieris

Dr & Dr (Mrs) Preethi Wijegoonewardene



Guests on the dance floor

Joint Regional Meeting Sri Lanka Medical Association and The Clinical Society of Matale 11th and 12th February 2014

SLMAs joint clinical meeting with Matale Clinical Society was held on 11th and 12th of February 2014 at main auditorium in District General Hospital, Matale.

After reciting national anthem, lighting the oil lamp was done traditionally. The meeting was chaired by SLMA president Dr. Palitha Abeykoon and President of Matale clinical society Dr. Bandula Bandaranayake. Dr Bandula Bandaranayake delivered the welcome speech on behalf of Clinical Society of Matale. Dr Palitha Abeykoon delivered welcome speech on behalf of SLMA and thanked Clinical Society of Matale for their enthusiasm and for organizing such a good program.

Several distinguished speakers delivered lectures afterward on important and emerging clinical issues of the area. These included a “Bacterial lower respiratory tract infections in children” by Dr B.J.C. Perera (Consultant Pediatrician), “Orthopedic care for elderly in Sri Lanka” by Dr. Akalanka Jayasingha, (Consultant Orthopedic Surgeon, DGH Matale), “Care of the Elderly in General Practice” Dr. Ruvaiz Haniffa (Consultant Family Physician and Lecturer Faculty of Medicine Colombo). Next discussion was on “Old age psychiatry- advances and current challenges” by Dr. Gihan Abeywardena (Consultant Psychiatrist) and

on “Sleep disorders of the elderly” by Dr. D.S. Jayamanna (Consultant Pulmonologist, Columbus, USA).

Copies of SLMA Guidelines for the Management of Snakebites in Hospitals and copies of the latest Ceylon Medical Journal were presented to the doctor’s library of District General Hospital Matale.

There was a keen enthusiasm among medical community in Matale regarding the meeting and over 80 doctors and 46 medical students from Rajarata Medical Faculty attended the meeting. Participants were awarded a certificate at the end of the program which will contribute towards their CME.

Following day Dr. Padma Gunaratne with her stroke and rehabilitation unit conducted the training program for doctors and nurses on physical rehabilitation of Stroke patients. This program also caught the keen interest of Matale medical community and nearly 100 participants attended this. Aspects such as diagnosis, management, rehabilitation including nursing, physiotherapy, occupational therapy, speech therapy and social services for stroke patients were disbanded in this program. A certificate was awarded to the participants at the end of the program which will contribute towards their CME.



President of The Clinical Society Matale Dr. Bandula Bandaranayake lights oil lamp with President SLMA, Dr. Palitha Abeykoon



President of The Clinical Society Matale Dr. Bandula Bandaranayake welcomes guests



Dr. Palitha Abeykoon, President SLMA addresses the audience



Dr. Padma Gunaratne lighting the oil lamp to start Training Program on Stroke Rehabilitation



Presenting copies of SLMA Guideelines for the Management of Snakebites in Hospitals by Dr. Malik Fernando



Dr B.J.C. Perera addressing the audience



Dr. Akalanka Jayasingha presenting



Dr. Ruvaiz Haniffa addressing the audience



Dr. Gihan Abeywardena discussing advances and challenges of old age psychiatry



Dr D.S. Jayamanne discussing sleep disorders of the elderly

Sri Lanka Medical Association

February Clinical Meeting

SLMA's February Clinical Meeting was held on Tuesday, 18th of February at Lionel Memorial Auditorium in SLMA.

Meeting was chaired by Dr. Dennis J. Aloysius and was started off with a discussion on Foster Kennedy Syndrome the 21st Century by Dr. Thushara Mathias (Registrar in Medicine, University Medical Unit, CSTH). Review lecture was done by Professor Saman Gunatilake (Professor of Medicine, University Medical Unit, CSTH) on Visual Loss for Physicians and it was followed by an interactive session conducted by Dr. J.B. Peiris (Senior Consultant Neurologist) on visual loss. MCQ discussion was carried out by Dr. Nilanka Perera (Lecturer/Senior Registrar, University Medical Unit, CSTH).

Take Home Message

Times have changed, causes are varied but progressive headache or visual loss needs careful examination of the eye

Q1: A 64-yr-old woman is seen during a health examination. She has HT, dyslipidaemia and is a smoker with a 20 pack year history.

Visual acuity reveals a near vision of 20/20 and a distant vision of 20/25 in both eyes. Rest of the history and examination is unremarkable. Fundus appearance is shown.

Which of the following is the most effective management option for this patient's ocular findings?

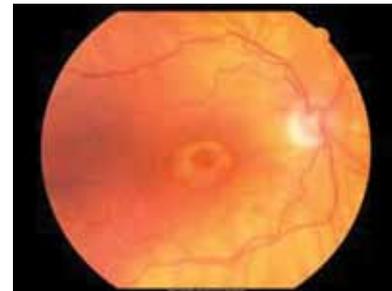
- A. Antioxidant supplements
- B. Atorvastatin
- C. Lower BP to below 130/85 mmHg
- D. Smoking cessation



Q2: Patient with Systemic Lupus Erythematosus presents with visual impairment in the right eye. Fundus appearance is given.

What is the likely cause for her symptoms?

- A. Central retinal artery occlusion
- B. Central retinal vein occlusion
- C. Chloroquine toxicity
- D. Anterior ischaemic optic neuropathy
- E. Optic neuritis



Answers

Q3: D

Q4: C



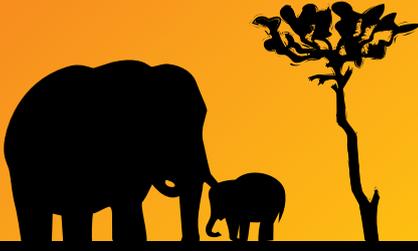
Dr J.B. Peiris clarifies to the audience



Prof. Saman Gunatilake in discussion with audience



Dr. Nilanka Perera discussing the questions



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12 Months	12.50%	13.24%	13.50%	13.50%
18 Months	13.00%	13.80%	14.00%	13.55%
24 Months	13.25%	14.09%	14.25%	13.36%
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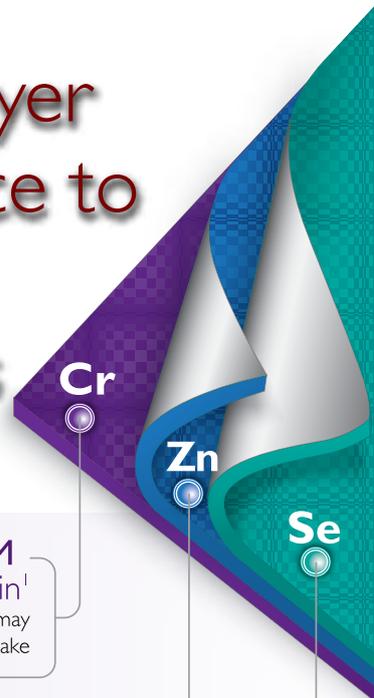
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Reference:

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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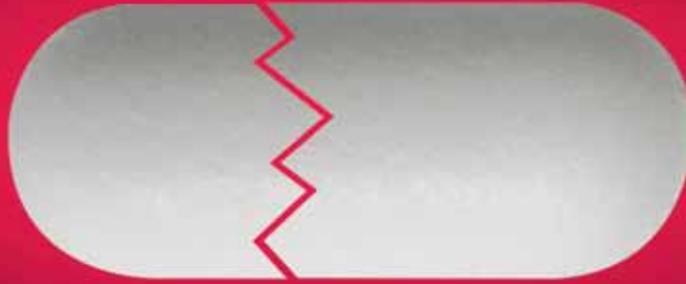


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Recommend **correct dose variant** for **children***



*Recommend to dose children below the age of 12 years by their weight as per the Panadol for children dosage chart

Reference: 1. American Society of Consultant Pharmacists, Tablet Splitting for Cost Containment, <http://www.ascp.com/print/116>



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