



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

**Highlights of the
Medical Congress of the
SLMA 2016**

**Renal Replacement Therapy
for Children in Sri Lanka**

**SL Diabetes and
Cardiovascular Disease
(CVD) Initiative**

**Doctors' Concert
2016**

CoverStory...



Keynote Address:

"Rise and fall of clinical guidelines: the current status"
at 129th Anniversary International Medical Congress of the SLMA

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**SLMA
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Sri Lanka Medical Association



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PRESIDENT'S MESSAGE

As usual, another busy month that included the monthly clinical meeting, therapeutic update lecture series and other CPD programmes carried out by the various sub-committees was completed at the SLMA. 'Diabetic Retinopathy, an update' was conducted in collaboration with the College of Ophthalmologists of Sri Lanka which included case presentations, review lectures, MCQs and a picture quiz on diabetic retinopathy. This was a very useful and educative exercise and was attended by many postgraduate trainees. Prof. Samudra Kathirarachchi delivered a lecture on 'What is New in Dementia?' as part of the Therapeutic Update Lecture Series.

An informal meeting was convened by the SLMA to discuss the current preventive and surveillance activities for ZIKA virus infection in Sri Lanka following reports of increasing numbers of this infection being detected in Singapore and Thailand. The Chief Epidemiologist of the Ministry of Health, representatives from the College of Microbiologists, College of Obstetricians and Gynaecologists and Medical Research Institute and Consultant Microbiologists and Physician from

the Infectious Diseases Hospital (IDH) were invited for the discussion. The Chief Epidemiologist said that a quarantine system has been set up at the Bandaranaike International Airport. Another special surveillance system is in place at 77 state hospitals to detect and study all microcephaly cases reported from these hospitals in order to find out whether such cases are due to ZIKA virus infection. The Medical Research Institute and the IDH are being strengthened to detect the ZIKA virus. In addition, health education activities are being undertaken to inform the public and pregnant women in particular.

I am pleased to inform you all that the Council of the Sri Lanka Medical Association approved my request to renovate and refurbish the front lobby of the Wijerama House, the SLMA office and the lobby upstairs leading to the NDW Lionel Memorial Auditorium. The contractors have already started work and I apologise for any inconvenience caused as a result of the ongoing renovations. The area opposite the Medical Library and the main staircase will also be included in the renovations and I am confident that all SLMA members will welcome the new look

once the work is completed. I would like to take this opportunity to thank the members of the Housing, Finance and Management Committee and the Board of Trustees of the SLMA for their support in this venture.

Preparations are underway for the Foundation Sessions that include two symposia, a guest lecture and a training workshop. The detailed programme will be available on the SLMA web site and also in the e-bulletin. The inauguration will be held on 20th October 2016. The prestigious EM Wijerama Endowment Lecture in honour of Dr. E.M. Wijerama, who generously donated his house to the SLMA, will be delivered by one of SLMA's Past Presidents, Dr. Suriyakanthi Amarasekara. As tradition dictates this lecture will be delivered during the inauguration of the Foundation Sessions. Our immediate Past President Prof. Jennifer Perera and Past President Deshamanya Professor A. H. Sheriffdeen will grace the occasion as the Chief Guest and Guest of Honour respectively. I hope that all members of the SLMA will accept my invitation to join us at the Foundation Sessions.

Thank you and best wishes,
Dr. Iyanthi Abeyewickreme

DR. S. RAMACHANDRAN MEMORIAL ORATION OF SLMA 2016

Alleviating the inequity in providing renal replacement therapy for children in Sri Lanka

Professor Asiri Abeyagunawardena
Professor of Paediatrics
Department of Paediatrics
University of Peradeniya

Thank you Madam President for your kind words of introduction. Madam President, Past Presidents and Members of the Council of the SLMA, Members of the family of the late Dr. S. Ramachandran, my most respected teachers, colleagues, ladies and gentlemen.

I consider it a great honour and privilege to be awarded this opportunity of delivering the prestigious Dr. S. Ramachandran memorial oration organized by the oldest national medical

association in Sri Lanka.

Dr. Ramachandran was an erudite product of Royal College Colombo and entered the Faculty of Medicine, Colombo in 1952. He had an outstanding undergraduate career achieving first class honours in all examinations with many distinctions and gold medals namely Dadabhoj Gold medal for Medicine, Sir Andrew Caldecott gold medal and the Perry exhibition prize for the best performance in the final MBBS.

He obtained his MD Ceylon in 1961 becoming the only successful candidate among 18 who sat for the examination. He was awarded the

British Council Scholarship to train at the prestigious University College Hospital, London. He obtained the memberships of the Royal College of Physicians, London, Glasgow and Edinburgh in quick succession while in the UK, and was awarded the Smith and Nephew Fellowship for training in Nephrology at the Royal Free Hospital, London.

On his return to Sri Lanka, he served in Batticaloa, Negombo and Ragama hospitals and thereafter assumed duties as a Consultant Physician at the General Hospital, Colombo in 1977. He served untiringly for 17 years at the national hospital and retired in 1994.

Contd. on page 03

Dr. S. Ramachandran Memorial...

In spite of his busy clinical commitments, Dr. Ramachandran engaged himself in research throughout his career. His areas of interest covered nephrology, malaria, typhoid, diabetes, alcohol-induced liver disease, amoebiasis, and leptospirosis. His papers were widely quoted in both local and international indexed medical journals.

Dr. Ramachandran has delivered a record 14 orations which is a testimony for his commitment to research. He held a number of responsible positions in national academic bodies. He was elected as the President of the Ceylon College of Physicians in 1990. He served as a Council Member, Treasurer and later as the President of the Sri Lanka Medical Association from 1997 to 1998. He was a member of several international societies and was an invited speaker at the World Congress of Nephrology held in Sydney in 1997. He was awarded the fellowships of the Royal Colleges of London, Edinburgh and Glasgow, the American College of Physicians, the Ceylon College of Physicians, and the College of General Practitioners of Sri Lanka.

In recognition of these outstanding achievements the University of Jaffna awarded Dr. Ramachandran an Honorary Doctor of Science Degree. He was later honoured with the prestigious title of Deshabandu in 1990 and crowned it with the title of Deshamanya in 1994 for his services rendered to the Country. He taught and trained many batches of interns, with almost all of them becoming specialists in the medical field. The secret behind this success I shall reveal later to the audience. He has trained many registrars in nephrology and many of them are fully qualified nephrologists in Sri Lanka and abroad. He can easily be named as the 'first renal physician in Sri Lanka' who took enormous efforts to alleviate the inequity and injustice in providing renal replacement therapy for adults in Sri Lanka. In recognition to his commitment Dr. Ramachandran was appointed as the physician-in-

charge of the dialysis unit of the National Hospital Colombo which was the first such unit in the country. He, truly is the "Father of Nephrology" in Sri Lanka.

Today I am standing in front of you to honour Dr. Ramachandran who was an academic, teacher and researcher par excellence. I was fortunate to be a trainee of Dr. Ramachandran during my internship. It was Dr. Ramachandran who stimulated me to develop an interest in nephrology during the formative years of my medical career and since then, I have pursued my interest in Nephrology and whatever I have been able to accomplish in this field is due to the initial spark of inspiration given by him.

Therefore I consider it is most appropriate to pay tribute to this great personality by the efforts I have made to alleviate the inequity in providing renal replacement therapy for children in Sri Lanka.

During this oration I shall focus my attention on,

- My career development in Paediatric nephrology
- Establishment of paediatric renal services
- Providing optimum care for children with CKD
- Prevention of CKD through research, education and training

I started my medical career at the medical unit of National Hospital Colombo which was also referred to as the renal unit, under the supervision of Dr. S. Ramachandran. Due to the constraints of manpower at that time I had the blessing of getting the much needed hands on experience in renal procedures while yet being an intern. He was fully aware that I had a strong intention and commitment towards choosing paediatrics as my career. Nevertheless his encouragement was phenomenal and I became more and more interested in nephrology and began to think about doing nephrology.

I started my paediatric career as a registrar in Paediatrics at the Teaching

Hospital Peradeniya, where I was given a free hand to perform procedures and carry out research on renal disorders by my supervising consultants. Even though I was very much interested in becoming a paediatric nephrologist, my ambition was not realized as the Postgraduate Institute of Medicine (PGIM) did not recognize paediatric nephrology as a sub-speciality at this point in time, and my hopes were temporarily suspended. However, while in training in the UK I continued my quest to be trained as a paediatric nephrologist. The research work I had performed in Sri Lanka and the good references I had obtained helped me to secure a clinical research registrar post in paediatric nephrology at the Great Ormond Street Children's Hospital, University College London, UK. The main responsibilities of this post were to carry out research by investigating into many aspects of nephrotic syndrome (NS) under the expert guidance of Dr. Richard Trompeter and Prof. Michael J. Dillon. I attended courses in statistics, research protocol development and human resource management to improve my profile as a researcher. The research I conducted in investigating many aspects of nephrotic syndrome have been presented in international scientific forums and published in many international journals such as Pediatric Nephrology, Expert Opinion on Pharmacotherapy, Archives Disease in Childhood and in the prestigious journal the Lancet. The best presentation award at the British Renal Association came for much appreciation from the department and the institute.

When I returned to Sri Lanka in 2002, after 4 years of overseas training in the UK, paediatric nephrology services in Sri Lanka were in its infancy. The services were in the hands of four general paediatricians who had an interest in paediatric nephrology with many limitations. There was no end stage renal failure programme namely dialysis and renal transplantations.

Contd. on page 04

Dr. S. Ramachandran Memorial...

As such the children with end stage renal disease (ESRD) were offered very little care and a painful end was inevitable.

In this scenario I began to launch a multi-pronged effort to develop paediatric nephrology services in Sri Lanka.

- The first step was to initiate a regular outpatient clinic for children with renal disorders at the Teaching Hospital Peradeniya.
- Secondly I started accepting renal patients from any part of the country for further in - patient care
- An 'End Stage Renal Clinic' was started to optimise the care for patients with CKD with a view to commence a dialysis and transplant programme
- To obtain recognition for paediatric nephrology as an important sub-speciality in Sri Lanka with a view to expand the services
- Carry out credible research with international collaboration to gain national and international recognition

Today, I will present to you a 3600 review of my efforts in developing paediatric nephrology services to alleviate the inequity in providing renal replacement therapy for children in Sri Lanka.

Estimating the burden of renal disorders and end stage renal disease (ESRD) in Sri Lanka is difficult because of the dearth of national registries and representative surveys. This was one of the major obstacles in justifying the need for the development of paediatric nephrology to the Ministry of Health and the PGIM. Therefore with the experience I gained in the UK, I developed a database to record renal patients seeking inpatient and outpatient care. All patients attending the renal clinic were personally seen by me and in addition these children were provided free access to the paediatric ward for review. They were able to contact me over the phone or via e-mail for advice. As time went by, the number kept on increasing. Even though there were other doctors who helped me in the clinic, we sat around one big table to ensure that I continue to make the management decisions and communicate at least a few words to all the

patients. It is encouraging to see the diverse geographical areas of referral scattered all around the country from Hambantota to Jaffna peninsula from where children presented to us. It is this that motivated and spurred me to help these children who otherwise would be bereft of hope with a morbid future looming ahead of them. Upon review after 10 years, the data base revealed information of different renal disorders in substantial numbers.

In patient care began in an 8 bed cubicle in the Professorial Paediatric Unit. However it was a challenging task at the beginning as this was additional work for the nurses and junior doctors. I am very grateful to the ward sister, nursing staff and all the doctors who worked with utmost commitment. More importantly it was a financial burden to the hospital director as most renal patients needed expensive drugs and consumables. I was fortunate to obtain generous donations from UK hospitals where I had worked before to sustain the initial period. Patients were accepted at any time of the day irrespective of the admission rota. For the initial 10 years I have been on call daily for these patients. With donations from well-wishers, overseas hospitals and with the help of the Ministry of Health, the renal section is now fully equipped and has specified cubicles for patients on dialysis and post renal transplantation. The total bed strength is now 30 out of which 10 are high dependency beds. Today the unit is recognised as a training centre for the local component of training in paediatric nephrology and for the paediatric component of adult nephrology training by the PGIM. More importantly, we continue to receive referrals from all provinces in Sri Lanka, thus becoming the hub of paediatric nephrology services in the country. At the moment we are working out arrangements for a UK paediatric trainee to have one-year nephrology training in our unit.

This patient base helped us carry out some land mark research especially on nephrotic syndrome. Two

randomised controlled trials done to test the hypothesis that increasing the dose of steroids during upper respiratory tract infections (URTI) will reduce the relapse rate was presented at European society of paediatric nephrology meeting Istanbul Turkey and as a plenary paper in Royal college paediatrics and child health, York, UK and the full paper was published in Archives of Disease in Childhood. Moreover I was invited as a guest speaker from many international meetings namely, Indian Nephrology Group in 2004 and 2005, International Pediatric nephrology Association 2004 Adelaide Australia, Indian academy of Paediatrics 2006, Asia Pacific Paediatric conference in Kuching Malaysia 2012, Asian society of paediatrics nephrology 2014 and most recently to the International Pediatric Nephrology Association 2016 in Iguacu Brazil. In the last venue I will be speaking on acute allograft rejection.

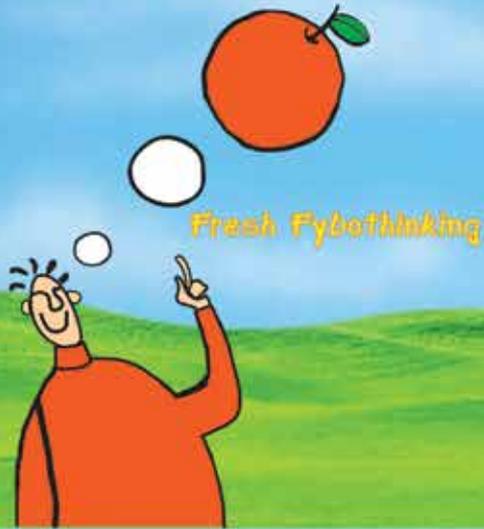
The national burden of ESRD is concealed behind statistics which reflect only the number of people treated and not those who unfortunately die of kidney failure or other related complications. Dialysis and transplant services need to be affordable, cost-effective and ideally suited to local conditions. The economic and quality-of-life advantages of transplantation make it an attractive modality over dialysis, and coordinated efforts to facilitate safe and ethical transplantation in Sri Lanka were planned.

As the first step, an outpatient clinic for children with chronic renal failure was started in 2002. It is possible to either halt or delay the progression to ESRD with careful monitoring and appropriate interventions which are extremely important in the context of difficulties in providing renal replacement therapy (RRT) in Sri Lanka. We started our dialysis programme with peritoneal dialysis with manual exchanges as we could not afford expensive machines.

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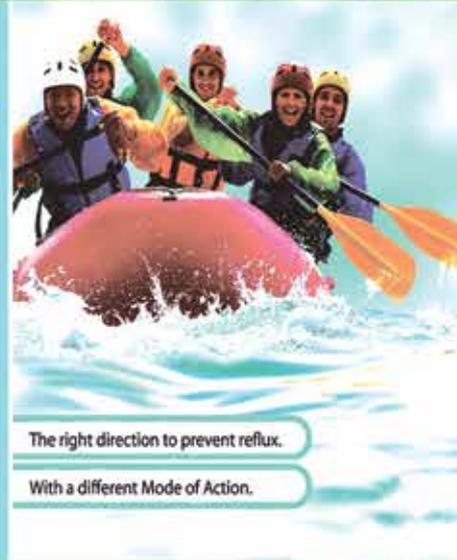
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Dr. S. Ramachandran Memorial...

Haemodialysis was performed with the help of the adult nephrology unit at Teaching Hospital, Kandy using temporary catheters. However the lack of a renal transplant programme was a major obstacle for the dialysis programme as the ones who needed long term dialysis or transplantation succumbed to complications such as infections during temporary dialysis procedures which was very distressing to the team.

In 2004, our unit was visited by a premier paediatric renal transplant surgeon in the UK, Dr. Oswald Fernando who offered his services to begin a paediatric renal transplant programme at Peradeniya. We were fortunate to have the services of Prof. Chula Goonasekera, a critical care expert who has had paediatric nephrology training at Great Ormond Street Hospital (GOSH) for 5 years. The surgical team gave their fullest cooperation with Dr. Gamini Buthpitiya and Prof. Lamawansa taking up the challenge of learning transplant surgery.

A superbly coordinated team effort by the Departments of Paediatrics, Surgery and Anaesthesiology with the help of the transplant surgeon from the UK provided the much needed impetus to commence the paediatric renal transplant program at the Teaching Hospital Peradeniya in August 2004. The Head of the Department Prof. Chandra Abeysekera played a pivotal role in coordinating the programme especially liaising with the adult nephrology unit in Kandy who provided valuable support in initiating and sustaining this paediatric renal transplant programme. I am very grateful to Dr. Tilak Abesekera, Dr. A.W.M.Wazil, Dr. Nishantha.Nanayakkara and Dr. P.K. Harischandra for their unconditional support.

Today we have our own transplant surgeon who was trained in the UK by Dr. Oswald Fernando with another vascular surgeon assisting him. The Department of Paediatrics have

recruited a lecturer who is now fully trained in paediatric nephrology, thus strengthening our force. Critical care and anaesthetic support is provided by Prof. Wasanthi Pinto and Dr. Rochana Perera. To date, over 100 living related transplants have been performed with over 85% graft and patient survival over a 5 year period which is comparable to any advanced unit in the region contesting the concerns and arguments which halted the programme. Moreover, we have reported the successful renal transplant of the smallest (8.5kg) and the youngest (1.5 years) child in South East Asia.

With the growing number of patients seeking renal replacement therapy, ESRD is a national health problem for developing as well as developed countries overwhelmed by inequities in management. Ironically, the existence of inequities in the management provides unique, unrecognized opportunities for understanding aetiological, socio-cultural factors and new therapies that can lead to improved clinical outcomes.

This is exactly what happened in 2002 when we did not have cyclosporine A for children with steroid and cyclophosphamide (CYC) resistant nephritic syndrome. Relentless progression to ESRD was inevitable. We treated 14 children with pulsed IV vincristine with 8 patients entering complete remission. This was rated as the best free oral communication at the 13th Congress of the International Paediatric Nephrology Association Adelaide, Australia in 2004.

Today with the help of Rotary club and the Ministry of health we have a fully-fledged haemodialysis unit and the Ministry of Health will be constructing a dedicated paediatric transplant unit at Teaching Hospital Peradeniya (THP) at a cost of 130 million.

The manner in which we commenced and sustained our transplant programme overcoming all the challenges in a low resource setting came

for much appreciation from the International Pediatric Transplant Association. In 2011, I was invited to speak on challenges in paediatric renal transplantation in emerging countries at their conference in Montreal, Canada. In 2013 in Warsaw Poland, I was invited to deliver a lecture on global issues and controversies in paediatric transplantation. In 2015, I was invited to San Fransisco to deliver a special lecture, one of their Key highlights, on the challenges faced in building up a paediatric renal transplant programme in Sri Lanka as they wanted to promote our model of collaboration with an adult transplant unit for low resource countries.

Since the launch of paediatric nephrology services in 2002 at the THP, a rich portfolio of research has been presented and published in reputed journals. The research work presented and published has earned our unit international recognition as a credible research centre enabling us to collaborate with high profile research units like, Royal Free Hospital London, UK, Dukes School of Medicine, USA and Great Ormond Street Children's Hospital UK. It also has given the trainees an opportunity to strengthen their links with reputed medical institutions with good quality research helping them to secure good centres for training overseas.

Prof. C.C. de Silva oration I delivered at the inauguration of the College of Paediatricians' session in 2002 was based upon the research I have performed in UK and provided me an ideal platform to emphasise to the paediatric fraternity the importance of having sub-specialities in paediatrics. I wrote a justification to the College of Paediatricians on why paediatric nephrology should be recognised as a sub-speciality and proposed an amendment to the constitution to have a society for paediatric nephrology under the umbrella of the College of Paediatricians.

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Dr. S. Ramachandran Memorial...

At a special general meeting it was decided that the society should be formed independently and it was formed in 2003 with the participation of eminent paediatric nephrologists like Prof. Arvind Bagga (India) and Prof. Michael J. Dillon from the UK. It is now registered as a member of the Asian Society of Paediatric Nephrology. Although the society did not function actively due to the small numbers, it had made the desired impact. PGIM started sub-specialty training and today we have 5 trained paediatric nephrologists and 2 in training. More over from 2003 in almost all College of Paediatricians sessions, paediatric nephrology was well represented with eminent speakers attending from different parts of the world.

Madam President, ladies and gentlemen, at this moment I like to make a quote from the famous human rights activist Dr. Martin Luther King, Jr. (1929–1968).

“Of all of the forms of inequality, injustice in health is the most shocking and inhumane.”

This is very true even in the 21st

century when providing renal replacement therapy for children with ESRD in Sri Lanka. A significant proportion of patients is not offered proper renal replacement therapy due to lack of infrastructure, manpower, economic constraints social circumstances and even the distance to a transplant centre. Even today paediatric renal transplants are performed only at THP on a regular basis. However the ship has started to sail and Sri Lanka is now on the world map of paediatric nephrology. First paediatric renal transplant was performed in Colombo few months ago. I firmly believe the young paediatric nephrologists will take up the challenge in further developing paediatric nephrology services in Sri Lanka to minimise the inequities and injustice in providing renal services to the paediatric population in Sri Lanka and I firmly believe that bureaucracy and red tape procedures will not deter them from forging ahead.

My memories now go back to 1991 when I was an intern with Dr. Ramachandran. One day during a ward round he suddenly summoned the sister in charge and went through a list

of interns who had taken up different specialities. Suddenly he turned to us and said we will definitely ruin his reputation. All 3 of us pumped up with his remarks studied hard and were successful in our part 1 examinations in the first attempt. We quickly got together and went to meet him to disclose the good news and to prove to him that his assessment was wrong. To our surprise, he greeted us with his usual smile and said well done and I am very happy. Stunned by his response my colleague asked Sir, you once said that we will never get through and will be ruining your reputation. Today we came to say you got it wrong. He smiled and said, my child, I tell this to all my interns. I know all of you want to prove, at least once, that I was wrong. So all my interns come back to say this and that is why all my interns end up as specialists.

Dear Sir, you were a great source of inspiration to all trainees. I hope I have not let you down.

Madam President, ladies and gentlemen, I thank you for your kind attention.

HIGHLIGHTS OF THE INTERNATIONAL MEDICAL CONGRESS OF THE SLMA-2016

On-site Registration



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Highlights of Medical Congress.....

Plenaries and symposia



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Highlights of Medical Congress.....

Plenaries and symposia



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Highlights of Medical Congress.....

Orations



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Highlights of Medical Congress.....

Free paper sessions



Poster presentations



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Highlights of Medical Congress.....

Fellowship



Debate on "Social media do more harm than good"



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Highlights of Medical Congress.....

Conference site stalls



DOCTORS' CONCERT 2016

Dr. Christo Fernando
Social Secretary - SLMA

The Doctors Concert was held on July 27th at the Galadari Ballroom. The show commenced at 7.00 PM with a brief introduction by the compere, Dr. Gananath Das-

sanayaka, followed by a short welcome speech by President Dr. Iyanthi Abeyewickreme. The parade of performances included songs, dances, a skit and a muppet show performed by SLMA members, their families and medical students who made this event a memorable one. Southern Sym-

phonia from Galle led by Dr. Arosha Dissanayake did an excellent presentation of "A glimpse into Sri Lankan Cinema Music". The Concert ended with a song sung by the SLMA Council. The Concert was organized by SLMA's Social Secretary, Dr. Christo Fernando.



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Doctors' Concert...



Contd. on page 22



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Doctors' Concert...



SRI LANKA DIABETES AND CARDIOVASCULAR DISEASE (CVD) INITIATIVE

The Ministry of Health (lead agency), the Sri Lanka Medical Association (SLMA) and the College of Endocrinologists (co partners) have initiated a project titled "Sri Lanka Diabetes and Cardiovascular Disease (CVD) Initiative" which is funded by the World Diabetes Foundation (WDF). SLMA's non-communicable Diseases (NCD) sub-committee will be the focal point for 'component 2' of the above project which mainly focuses on health promotion for NCD prevention. Component 2 of this project will be carried out as an expansion (Scale up model) of the earlier NIRO-GI Lanka project of the SLMA.



Cartoon of the Month



"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."



**MALARIA
COUNT
2016**

32
Cases for 2016

All cases are imported !
**Let's keep
Sri Lanka
Malaria free**



Thanks to your support, we're creating more prosperous dairy farmer families - together.

We've opened Sri Lanka's first ever demonstration and training farm for dairy farmers - a pioneering private sector investment to support the Sri Lankan dairy industry.

In February 2016 we opened the demonstration and training farm to share our dairy expertise and best practices with our farmers. This helps them increase milk quality and productivity, enabling the local dairy industry to take a big step forward.

It's all thanks to you - our loyal consumers, business partners, and farmers. With your continued support, we can make a difference together.



DEMONSTRATION FARMS AND TRAINING CENTRES

- Built and operated by Fonterra in partnership
- Aimed at creating economically sustainable farming families



MILK COLLECTION CENTRES

- New chilling and milk 'finger printing' technology
- Milk quality incentives
- Farmer and community engagement



SUPPLIER RELATIONS OFFICERS

- Training and extension services to support farmers directly
- Linked with farms and collection centres for training and support



Dairy for life

Affording INSPIRATION to RESPIRATION

Versatile spectrum of powder inhalation preparations manufactured in Sri Lanka
under worldclass standards by EMERGEN Life Sciences (Private) Limited

Quality
+++

Efficacy
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Safety
+++

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FORMOHALE 400
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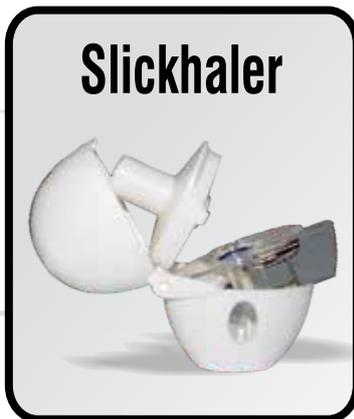
FLUTHALE 250
SALMETEROL
FLUTICASON PROPIONATE



FORMOHALE 200
FORMOTEROL FUMARATE
BUDESONIDE



FLUTHALE 500
SALMETEROL
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SALHALE 400
SALBUTAMOL



BECLOHALE 200
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the reason.
Whatever
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* Thorax 2012;67:266e267. doi:10.1136/thoraxjnl-2011-201522
* Top 100 Selling Drugs of 2013. Medscape. Jan 30, 2014.



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Children should be dosed as per weight

Panadol
Brand of paracetamol

for **children**



Recommend **correct dose variant** for children*



It's always accurate and easier with syrup



- Medications, dosages must be carefully titrated and maintained to prevent either adverse effects or therapeutic failure¹
- Patients may split the tablets unevenly and experience adverse effects from an excessively high dosage or exacerbation of the disease from a dosage that is too low¹

* Recommend to dose children below the age of 12 years by their weight as per the dosage chart * Use as directed on pack.
REFERENCE: 1 American Society of Consultant Pharmacists, *Tablet Splitting for Cost Containment*, <http://www.ascp.com/print/116>

Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver. If symptoms persist, consult your doctor.
For adverse events reporting please call on 0114790400 or e-mail on lk.pharmacovigilance@gsk.com. PANADOL is a trade mark of the GSK group of companies. © 2016, GSK group of companies

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