COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA

43rd Annual Academic Sessions

Programme & Abstracts

“Empathy, Safety, Standards; The Strengths of General Practice”
COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA

43rd Annual Academic Sessions

“Empathy, Safety, Standards; The Strengths of General Practice”

14th October, 15th October & 22nd October 2017

Family Health Bureau
Colombo 10

Waters’ Edge
Battaramulla

Sri Lanka Medical Association
Colombo 7
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Seated (L to R) : Dr. Thivanka Munasinghe (Hony. Asst. Treasurer), Dr. Sanath Hettige (Hony. Treasurer), Dr. K Sri Ranjan, Prof. Leela de A Karunaratne, Dr. Jayantha Jayatissa (Vice President), Dr. Carmel Fernandopulle (President), Prof. Antoinette Perera (Immediate Past President), Prof. Dennis J Aloysius, Dr. Preethi Wijegoonewardene, Dr. K Chandrasekher, Dr. C M Asela Anthony (Hony. Secretary), Dr. Shobhavi Kohombange (Hony. Asst. Secretary)

Standing (L to R) : Dr. Priyantha Halambarachighe, D K D Mathew, Dr. Ruvaiz Haniffa, Dr. W Titus Fernando, Dr. H D Wijesinghe, Dr. B Karunaratne, Dr. Maithri Rupasinghe (Immediate Past Hony. Secretary), Dr. Dushyanthi Weerasekera, Dr. Chandana Atapattu, Dr. A H A Hazari, Prof. Janaka Ramanayake (Editor and chair publications), Dr. Shreen Willatgamuwa (Public Relations Officer)

Absent : Prof. Kumara Mendis
Steering Committee Members – 2017

Dr. Carmel Fernandopulle
Dr. Jayantha Jayatissa
Prof. Antoinette Perera
Dr. Maithri Rupasinghe
Dr. C M Asela Anthony
Dr. Sanath Hettige
Dr. Thivanka Munasinghe
Dr. Shreen Willatgamuwa
Prof. Dennis J Aloysius
Dr. C L K Atapattu
Dr. K Chandrasekher
Prof. Leela De A Karunaratne
Dr. W T Fernando
Dr. Priyantha Halambarachchige
Dr. M R Haniffa
Dr. A H A Hazari
Dr. B Karunaratne
Dr. D K D Mathew
Prof. R P J C Ramanayake (Editor and Chair, Publications)
Dr. K Sri Ranjan
Dr. D D Weerasekera
Dr. Preethi Wijegoonewardene
Dr. H D Wijesinghe
Dr. Dumindu Wijewardene
Dr. Kalpanie Wijewardene
Dr. Sankha Randenikumara
Dr. Shobhavi Kohombange, (Chairperson, Steering Committee)
Dr. Dilini Baranage
(Secretary, Steering Committee)
Prof. Kumara Mendis
(Chairperson, Scientific committee)
Dr. Dinusha Perera
(Secretary, Scientific Committee)
Message from the President

It is indeed a pleasure to welcome you to the 43rd Annual Academic Sessions of The College of General Practitioners of Sri Lanka.

I extend a very warm welcome to our Chief Guest Professor Susirith Mendis; Former Vice Chancellor and Dean of the Faculty of Medicine, University of Ruhuna, to Guest of Honour, Prof. Frank Jones, Immediate Past President of the Royal Australian College of General Practitioners and wife Wendy; and to Director General of Health Services, Dr. Jayasundera Bandara, to this event.

A warm welcome to Dr. Garth Manning, CEO of WONCA and the team from RCGP and WONCASAR who have found time to be with us today.

This year’s theme is “EMPATHY, SAFETY, STANDARDS; THE STRENGTHS OF GENERAL PRACTICE”

This year we hope to build bridges internationally, across UK through RCGP and Australia through RACGP which would help in the formation of our young Family Medicine Physicians in their overseas training. The links would further strengthen Family Medicine/General Practice in the country. We look forward to contributions of the policy makers in the Ministry of Health and the PGIM towards this venture.

The RCGP has just concluded the MRCGP[INT] exam for the 10th consecutive year and I congratulate and thank each one of you on behalf of CGPSL for your commitment, dedication and hard work in the South Asian Region.

I acknowledge all efforts of the Steering Committee headed by Chairperson Dr. Shobavi Kohombange ably assisted by Secretary Dr. Dilini Baranage, Chairman Scientific Committee, Prof Kumara Mendis and Secretary Dr. Dinusha Perera who worked tirelessly towards this event besides executing the Conference proceedings and Abstract Book.

I would like to extend a warm welcome to all the resource persons and am grateful to them for their commitment and support towards this event. The committee has sorted out the pre-congress sessions with a master trainers course in management of vertigo by Prof. Michael Strupp coordinated by Dr. Chandra Jayasuriya the ENT Surgeon; and the post congress on cosmetology and GP skills to be held on 22nd October at SLMA; together with the main congress on the 15th with ethical dilemmas and safety in practice on allergies and legal
issues. Prof. Frank Jones would be updating on the Standards of GP training; sharing the Australian perspective of GP training and Postdoctoral fellowship training.

"Is Empathy essential in a doctor?: A critique"- will be handled by Prof Piyanjali de Zoysa a Clinical Psychologist.

I am positive all participants will truly gain from these proceedings. This is our Annual Academic Sessions let us participate and share all lessons and use this forum to network and build new relationships while strengthening old ones.

I thank Editor and Chairman of Publications Prof. Janaka Ramanayake in the launch of the Journal today. A special thank you also to those who reviewed the orations and free papers.

I congratulate Dr. Maithri Rupasinghe the Dr. MPM Cooray orator 2017 and Dr. Sankha Randenikumara the Dr. BDJ de Silva orator 2017 and wish them all success in their future endeavours.

We endeavour to work closely in multidisciplinary teams and acknowledge shared care while being conscious of safety of our patients in issues of domestic violence, early signs of mental ill health in the young, and the onset of frailty which is the prime responsibility of all General Practitioners for which Screening is mandatory. Our work in the community aims in prevention of illness and promotion of health together with equity of services.

I thank all Past Presidents, Secretary Dr. Asela, members of the Council, members of the sub-committees and the office staff, for rallying round me in making todays’ proceedings a reality.

Let us together build a healthier, socially conscious country and a healthier College for generations to come.

Dr. Carmel Fernandopulle  
President 2016-2017, 2017-2018  
CGPSL
Message from the Honorary Secretary

It is with great pleasure that I welcome you to the 43rd Annual Academic Sessions of the College of General Practitioners of Sri Lanka.

This year’s congress is based on the theme “EMPATHY, SAFETY, STANDARDS; THE STRENGTHS OF GENERAL PRACTICE”. This topic is pertinent at this epoch, as the Government and the WHO is focusing on improving primary health care of the country on a five year plan. We as the premier academic body in primary care must ensure the primary care physician is a safe doctor who practises a high standard of medicine while being empathetic towards the patient – the merits displayed by an outstanding general practitioner.

We are indeed privileged and thankful to our Chief Guest Prof. Susirith Mendis and our Guests of Honour Prof. Frank Jones and Dr. J M W Jayasundara Bandara for gracing this occasion. I appreciate and thank Prof. Michael Strupp, Professor of Neurology who flew in just to conduct the Pre-Congress session on vertigo and Dr. (Mrs) Chandra Jayasuriya for arranging his presence. I wish to thank all the special invitees, resource persons and participants, who have come here to share their knowledge and experiences.

The daunting task of organising a major event of this magnitude was only possible due to the dedication and effort of our team, which worked as one to make this event a success. I would like to thank the College President Dr. Carmel Fernandopulle, who inspired and guided with her years of experience, the Council and members of the College who directed and helped us in numerous ways. A very special thank you, to the steering committee and the scientific committee for doing an excellent job in making this even a success. I cannot forget to thank the office staff Ms. Dimuthu, Mr. Kumaran, Ms. Nimmi and Mr. Nimal who worked tirelessly to organise this event. Last but not least, I would like to thank all the sponsors who helped us to make this dream come true.

I wish all of you a very pleasant and an educative scientific session and to make new avenues for a brighter future.

Dr. C. M. Asela Anthony
Hony. Secretary
Message from the Minister of Health, Nutrition and Indigenous Medicine of The Democratic Socialist Republic of Sri Lanka

I congratulate the College of General Practitioners of Sri Lanka (CGPSL) on the occasion of its 43rd Annual Academic Sessions.

Yours is the only Academic College to be established by an Act of Parliament in 1974, with a degree awarding status which says much about the status of the College.

Since the establishment of the College, it has provided leadership in training doctors in family medicine. I am happy that the Membership of the College of General Practitioners (MCGP) exam conducted by the College is a well sought after qualification by both full time and part time general practitioners, and which helps provide specialised training for doctors in Primary Care.

I have also been made to understand that the College helps to conduct the Membership of the Royal College of General Practitioners (International), (MRCGP [INT]) exam, which is a UK based exam that helps the general practitioner in South Asia to enroll as Royal College of General Practitioners (RCGP) international members.

The attendance of the Immediate Past President, of RACGP, Australia, Prof. Frank Jones at this conference would undoubtedly strengthen this international initiative further.

While congratulating the CGPSL for its valuable contribution to cater for the ever increasing demand for primary care training and skills development of doctors, I wish to extend my Ministries fullest support to develop the Primary Health Care Systems in Sri Lanka. In this regard the Ministry is in discussion with the World Bank and you too are stakeholders.

I wish the 43rd Annual Sessions of the College of General Practitioners of Sri Lanka President Dr. Carmel Fernandopulle, Chairman Steering Committee Dr. Shobhavi Kohombange, Chairman Scientific Committee Prof. Kumara Mendis, the Council and its members all success in their deliberations.

Hon. Dr. Rajitha Senaratne  
Hon. Minister of Health, Nutrition and Indigenous Medicine
Message from the Chief Guest

It is indeed a great pleasure and privilege to be invited as the Chief Guest for the 43rd Annual Academic Sessions of the College of General Practitioners of Sri Lanka (CGPSL) to be held on 14-15th October 2017.

The CGPSL has come a long way since its establishment by being incorporated by an Act of Parliament in 1974 as the apex academic and professional body of general medical practitioners of Sri Lanka. The General Practitioners have been the backbone of primary care in the western medical tradition in Sri Lanka from almost the earliest years of its establishment by the British colonialists. I hope and wish that the CGPSL will continue in the same vein in the years to come.

The fact that this years’ theme of empathy safety and standards as the strengths of general practice is serendipitous coincidence. It was just a few months ago that I delivered the Dr. G.R. Handy Memorial Oration on “Empathy in the Practice of Medicine” at the Annual Sessions of the Sri Lanka Heart Association. Empathy, in the technological world of modern medicine has been recognised as a necessary but receding quality among doctors today caught up in a fast-moving world. A genuine effort at reversal of this trend is an urgent need. I am glad that the CGPSL has taken the initiative in this respect in Sri Lanka and is facing up to this challenge and bringing the subject back to the surface of current professional medical dialogue. I will dwell a little bit more on this during my speech at the opening ceremony.

There are a few other things that need to be discussed in the realm of general practice and family medicine. Among them, I find the new CGPSL initiative and persistence to establish a GP register as a necessary one; a real need. Hence, I chose "The Strengths of General Practice: Back to Basics?" as the title of my presentation.

I am sure that the CGPSL will exceed its expectations at the Annual Sessions this year. My best wishes go out to the President and her executive committee and I wish them an exciting and very successful event this year.

Prof. Susirith Mendis
Senior Professor of Physiology
Faculty of Medicine
University of Ruhuna
Message from the Guest of Honour

On behalf of the Royal Australian College of General Practice, I am extremely grateful to the College of General Practitioners Sri Lanka, for your kind invitation to be part of your 2017 Academic meeting in Colombo. I look forward to making many new friends and creating mutually beneficial exchange of ideas and policies.

Even though there are geographical and context differences, both our Colleges advocate for excellence in General Practice care.

The RACGP is Australias’ largest general practice organisation, representing over 90% of Australias’ general practitioners (GPs).

The RACGP vision is for a 'Healthy Profession, Healthy Australia'.

The organisational mission is to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principle activities of education, training and research, and by assessing doctors' skills and knowledge, offering ongoing professional development activities, developing resources and guidelines, advocating for GPs on issues that affect their practice, and developing standards that general practices use to ensure high quality healthcare.

GPs contribute to a functional healthcare system by managing and triaging undifferentiated symptoms, matching patient needs with healthcare resources and providing care at a lower cost outside of hospitals.

The international and Australian evidence is undeniable. Healthcare systems focusing on primary health care have lower use of hospitals and better health outcomes when compared to systems that focus on specialist care.

General practice is the cornerstone of the Australian primary healthcare sector.

Frank R Jones
MB BCh DCH DRCOG FRACGP
Immediate Past President RACGP
Message from the Guest of Honour

I am happy to send this message of congratulations to the College of General Practitioners of Sri Lanka (CGPSL) on the occasion of the Inauguration of the 43rd Annual Academic Sessions. I thank you for having invited me as a Guest of Honour and I am honoured to attend same.

The College of General Practitioners has been in the forefront of building capacity for development of primary care in Sri Lanka since the establishment of the CGPSL way back in 1974, through the DFM, MCGP Course, Mentoring and other CPD activities, besides the Annual Academic Sessions, WONCA and WONCA SAR in the Region.

Currently, the Ministry of Health, Nutrition and Indigenous Medicine together with the World Bank is designing the country programme for the next World Bank project for the Health Sector of Sri Lanka. The Ministry is focusing on primary care health sector development to control and manage the non-communicable diseases and the delivery of better health care to the masses.

I take this opportunity to wish the College of General Practitioners of Sri Lanka, all success for the 43rd Annual Academic Sessions of the College.

Dr. J.M.W. Jayasundara Bandara
Director General of Health Services
Ministry of Health, Nutrition and Indigenous Medicine
Dr. M P M Cooray Oration
“Management of asthma in general practice.
What more can the GP do?”

Orator:
Dr. Maithri Rupasinghe
MBBS, DFM, MRCGP[INT], MD (Family Medicine), MCGP
Senior Registrar in Family Medicine

Dr. Prinsly Jayampathy Kalyanapriya Maithri Shantha Rupasinghe is an old boy of St. John Bosco’s College Hanwella and Royal College Colombo 7. He graduated from Faculty of Medicine, University of Colombo in 2000 with second class honours. He did his internship in Lady Ridgeway Hospital for Children and National Hospital of Sri Lanka. Subsequently he worked in Base Hospital Puttalam, Lady Ridgeway Hospital for Children and Central Chest Clinic Colombo.

He started his general practice career as a part time general practitioner in Puttalam in 2000 and after getting transferred to Colombo in 2003 he started his own clinic, St. Anthonys’ Family Care Centre at Gonawala, Kelaniya.

He obtained his Diploma in Family Medicine in 2010 and MCGP Diploma in 2012. He was successful in MRCGP[INT] examination in 2011. He obtained MD in Family Medicine in 2016.

Dr. Rupasinghe joined the College of General Practitioners as an associate in 2011, became a member in 2012 and he has been a life member since 2014. He has been a Council member since 2012 and held the positions of assistant secretary, secretary and presently he is the immediate past secretary and the editor of the College newsletter. He held the position of steering committee chairperson of the Annual Academic Sessions of the College several times.
He is a member of the guideline committees of breast cancer and thyroid cancer of the National Cancer Control Programme Sri Lanka. He has been conducting the session on general practice in the career guidance seminar for undergraduates conducted by SLMA since 2016.

He is a life member of the Palliative Care Association Sri Lanka and Geriatric Association of Sri Lanka. He is a direct life member of the WONCA since 2016.

He is a general practice trainer in MCGP, Diploma in Family Medicine and Diploma in Child Health. He has been a mentor of the College since 2014. He is an examiner in undergraduate and postgraduate examinations and he is a provisional examiner of the MRCGP International examination.

His research interest is bronchial asthma. He completed and presented a research on “Factors Affecting Adherence to Inhaled Corticosteroid Use in General Practice.” Presently he is engaged in a research on asthma control in asthma clinics in National Hospital of Sri Lanka.

E mail : maithri2011@live.com
Sankha Randenikumara had his primary education at Sri Sumangala College Panadura and secondary education at Royal College Colombo where he excelled in his studies and extracurricular activities. Among many other awards he was also awarded the prestigious ‘Her Excellency the President's Prize’ for the year 2002 at Royal. He graduated with an MBBS in 2012, from the Faculty of Medical Sciences (FMS), University of Sri Jayewardenepura (USJP). Presently, he is in charge of the Primary Medical Care Unit (PMCU) Amugoda, a rural area in the Southern province of Sri Lanka. He has been working there from April 2014 to date. He was conferred “Dakshina Suwa viru” a provincial health award for the year 2016 for the upliftment of services to the public by the PMCU Amugoda during two years of being appointed there. This is no mean achievement for one so young.

Sankha had a special interest in Family Medicine from his medical student days. He is an enthusiastic Associate of the College of General Practitioners of Sri Lanka serving in many committees and holding the honorary post of the Secretary of the Non-communicable disease (NCD) subcommittee. He is currently following the Diploma course conducted by the College of General Practitioners of Sri Lanka for the award of its membership. He conducts his own private General Practice clinic during his off hours.

He is an active member of the Young doctor movement of World Organisation of Family Doctors (WONCA) South Asia Region “The Spice Route’ Sri Lanka. He is internationally recognised and is a Council member of WONCA Working Party on Rural Practice and was
appointed the Regional Chair of the WONCA Working Party on Environment at the 21st WONCA World Conference held in Rio de Janeiro, in Brazil last year.

Sankha is also an active Council member of Sri Lanka Medical Association (SLMA) and is the Honorary Secretary of the “Palliative and End of Life Care Task Force’ of SLMA from its inception in 2016.

He has been honoured to be selected the Orator of the prestigious ‘GC Uragoda Lecture’ on the ‘History of Medicine of Sri Lanka’ for the year 2018 by the SLMA. He has presented scientific papers in local and international forums and is the author of a few publications.

Sankha was awarded the Postgraduate Diploma in Toxicology in the year 2015 from the Faculty of Medicine, Colombo. The studies in toxicology followed his love of nature and its flora and fauna. He was an active member of the Nature and Photography Club of the FMS/USJP and held the post of its President from the year 2008 to 2009. Sankha also has a great interest in archaeology and was awarded the Postgraduate Diploma in Archaeology in 2012 and is reading for a Masters in Archaeology by research on the ‘Dietary patterns of the Holocene hunter-gatherers in Sri Lanka’.

His leisure activities are reading, bird watching and travelling to places of archaeological interest. Sankha was also selected a member of the exclusive ‘Ceylon Bird Club’ five years ago.
Honorary Fellows

Dr Marie Andrades
MBBS, FCPS, MHPE, FRCGP[INT]
Dr Marie Andrades is Associate Professor Department of Family Medicine, Aga Khan University Hospital, Karachi. She is the programme director of the family medicine training programme. She has received the Aga Khan University “PGME Award” for her significant contribution to Postgraduate medical education and the University “Outstanding Teachers’ Award”. She is the current Vice Chair of the MRCGP [INT] South Asia Board.

Professor Kay Mohanna
Prof Kay Mohanna MBChB, MA (Medical Ethics), DCH, MRCGP, PGDipMedEd (Dundee), FRCGP, EdD
Professor Mohanna is a senior partner in General Practice in the UK and a Health Education England Trainer with expertise in trainees in difficulties. She is RCGP International Development Advisor for South Asia.
Her doctoral research used conversation analysis to look at the nature of the doctor-patient relationship in family medicine clinics in India. She was awarded UK National Teaching Fellowship in 2015.

She is Professor of Values Based Health Professions Education at Worcester University, Institute of Health and Society where she set up the Sri Lanka International Fellowship scheme.

Kay also runs, and is in training for the London Marathon in April 2018.
International speakers

**Professor Michael Strupp**, MD, FRCP, FANA, FEAN
Department of Neurology and German Centre for Vertigo and Balance Disorders, University Hospital Munich, Germany

Michael Strupp studied medicine at the Technical University of Aachen and in Rochester, N.Y. Then he worked for three years in basic neurophysiological research at Baylor College, Houston, in Montpellier and in Munich, before he moved to the Department of Neurology at the University and the German Centre for Vertigo and Balance Disorders at the University of Munich, Germany.

His particular area of interest is the therapy of vestibular, ocular motor and cerebellar disorders. He has authored 342 pubmed listed papers and five books on vertigo, dizziness and ocular motor disorders. He is currently Editor-in-Chief of Frontiers in Neuro-otology, Joint Chief Editor of the Journal of Neurology and a Member of the Editorial Board of Neurology. He has received many clinical and scientific awards, including the Hallpike-Nylen Award 2106, is a very passionate teacher and was awarded ‘Best Teacher’ by the German Neurological Society.

**Professor Frank Reedman Jones**, MB,B.Ch., DCH, DRCOG, MRCGP, FRACGP, MAICD.
Prof. Frank Jones is the Immediate past President of the Royal Australian College of General Practitioners.

He has been a full time General Practitioner in Mandurah, West Australia for over 30 years. He was previously Senior Medical Officer with the Royal Flying Doctor Service, Australia.

He is senior partner at the Murray Medical group a practice that has grown from a small four man practice to now a large progressive, multi-disciplinary, non-corporate private practice with 21 GPs on site.

Frank is Senior Lecturer in General Practice, the University of West Australia, and is Adjunct Associate Professor in General Practice, the University of Notre Dam, Fremantle, West Australia. He is a passionate advocate for quality patient care at the community level, with General Practice being its most critical determinant.
# Programme

## DAY 1

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<td>Venue</td>
<td>Family Health Bureau</td>
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## PRE-CONGRESS

**“MASTER TRAINERS COURSE IN VERTIGO”**  
[Internationally accredited training workshop on vertigo]

- **08.15am – 08.35am** Registration
- **08.35am – 08.45am** Welcome address by the President, CGPSL Dr. Carmel Fernandopulle
- **08.45am – 09.00am** *Guide to Vertigo*  
  Book launch by Dr. Chandra Jayasuriya  
  Consultant ENT Surgeon
- **09.00am - 02.00pm** *Master Class in Vertigo*  
  Prof. Michael Strupp  
  Professor of Neurology and Clinical Neurophysiology
### Programme

**DAY 1**

Date : Saturday, 14th October 2017  
Time : 6.00pm onwards  
Venue : Waters’ Edge, Battaramulla

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<td>6.00 p.m.</td>
<td>Arrival of the Chief Guest &amp; Guests of Honour</td>
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<td>6.10 p.m.</td>
<td>Ceremonial Procession</td>
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<td>6.15 p.m.</td>
<td>The National Anthem of Sri Lanka</td>
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<td>Traditional lighting of the lamp</td>
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<td>6.20 p.m.</td>
<td>Welcome Address by the President, CGPSL</td>
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<td>Dr. Carmel Fernandopulle</td>
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<td>6.30 p.m.</td>
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<td>Dr. Jayasundara Bandara</td>
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<td>Director General of Health Services</td>
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<td>6.40 p.m.</td>
<td>Address by the Guest of Honour</td>
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<td>Prof. Frank Jones</td>
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<td>Immediate Past President, RACGP</td>
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<td>7.00 p.m.</td>
<td>Address by the Chief Guest</td>
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<td>Prof. Susirith Mendis</td>
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<td>Senior Professor of Physiology</td>
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<td>7.20 p.m.</td>
<td>Award of Honorary Fellowships &amp; Fellowships</td>
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<td>7.50 p.m.</td>
<td>Vote of Thanks</td>
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<td>Dr. C M Asela Anthony – Hony. Secretary, CGPSL</td>
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<td>8.00 p.m.</td>
<td>College Oration and Awarding of Dr. M P M Cooray Memorial Medal</td>
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<td>Orator – Dr. Maithri Rupasinghe, MBBS, DFM, MCGP, MRCGP (INT), MD (Family Medicine)</td>
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<td>Senior Registrar in Family Medicine</td>
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<td>8.50 p.m.</td>
<td>Procession leaves the hall</td>
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<td>9.00 p.m.</td>
<td>Fellowship &amp; Cocktail</td>
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## Programme

**DAY 2**

**Date:** Sunday 15th October 2017  
**Time:** 8.00am to 4.30pm  
**Venue:** Waters’ Edge, Battaramulla

### MAIN ACADEMIC SESSIONS

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<td>08.20am - 08.30am</td>
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<td>08.30am - 09.00am</td>
<td>B D J de Silva Oration</td>
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<td>09.00am - 09.45am</td>
<td><em>Is empathy essential in a doctor? ; A critique</em></td>
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<td>Prof. Piyanjali de Zoysa, Professor in Clinical Psychology</td>
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<td>09.45am - 10.30am</td>
<td><em>Sexual Issues and Deviations - Detection and Direction</em></td>
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<td>Dr. Shreen Willatgamuwa, Family Physician</td>
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<tr>
<td>10.30am - 10.45am</td>
<td>Tea</td>
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<tr>
<td>10.45am - 11.05am</td>
<td><strong>GP Training – An Australian perspective, Postdoctoral fellowship training.</strong></td>
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<td>Prof. Frank Jones, Immediate Past President RACGP</td>
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<tr>
<td>11.05am – 11.50am</td>
<td><strong>Ethical Dilemmas in General Practice (Interactive session)</strong></td>
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<td>Moderator - Dr. Preethi Wijegoonewardene, Family Physician</td>
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<td>Dr. Chandrika Jayakody, Consultant Venereologist</td>
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<td>Dr. Shyamalee Samaranayake &amp; Dr Asela Anthony, Family Physicians</td>
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<td>1. Unplanned pregnancy</td>
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<td>3. Disclosing patient information</td>
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<td>11.50am – 12.35pm</td>
<td><strong>Emergencies in General Practice</strong></td>
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<td>Dr. Nirmala Wijekoon, Consultant Physician</td>
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<td><strong>Anaphylaxis, Acute Asthma and the fitting Patient</strong></td>
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<td>12.35pm – 01.20pm</td>
<td>Lunch</td>
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<td>01.20pm - 02.00pm</td>
<td>Free paper presentations (Halls A, B &amp; C)</td>
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## Parallel Sessions

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<tr>
<th>Time</th>
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<tr>
<td>02.00pm –</td>
<td><strong>Vision for primary care in Sri Lanka</strong></td>
<td><strong>Genetic Testing</strong></td>
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<td>02.30pm</td>
<td>Chairperson - Dr. Athula Kahandaliyanage, Chairman, Sri</td>
<td>Dr. Dharshan De Silva, Senior Scientist</td>
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<td>Jayewardenepura General Hospital</td>
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<td>Moderator - Prof. Kumara Mendis, Family Physician</td>
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<td>Dr. Deepthi Attygalle, Senior Health</td>
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<td>Specialist, World Bank</td>
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<td>02.30pm –</td>
<td><strong>Legal Issues in General practice</strong></td>
<td><strong>Infantile Colic and Probiotics</strong></td>
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<td>03.00pm</td>
<td>Deshabandu Dr. Lakshman Weerasena, Family Physician</td>
<td>Dr. R. Ajanthan, Consultant Paediatrician</td>
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<td>03.00pm –</td>
<td><strong>Bariatric Surgery for obesity</strong></td>
<td><strong>Art Therapy</strong></td>
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<td>03.30pm</td>
<td>Dr Thejana Wijeratne, Consultant Surgeon</td>
<td>Ms. Shimali Goonetilleke, Art Psychotherapist</td>
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<td>03.30pm –</td>
<td><strong>Essentials of Sports Medicine</strong></td>
<td><strong>Treating Substance Abuse and Misuse</strong></td>
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<td>04.00pm</td>
<td>Dr. Shehan Williams, Consultant Psychiatrist</td>
<td>Dr. Daminda Attanayake, Sports and Exercise Physician</td>
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<td>04.00pm –</td>
<td><strong>Handling of Disabled Patients</strong></td>
<td><strong>Men’s Health Updates</strong></td>
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<td>04.30pm</td>
<td>Dr. Ajith Malalasekera, Consultant Urological Surgeon</td>
<td>Mr. P K A Kithsiri, National Trainer, Sri Lanka Spinal Cord Network</td>
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Programme
DAY 3

Date : Sunday, 22nd October 2017
Time : 02.00pm – 05.00pm
Venue : SLMA Auditorium

POST-Congress

“COSMETOLOGY IN GENERAL PRACTICE”

01.30pm - 01.50pm Registration
01.50pm - 02.00pm Welcome address
02.00pm - 03.30pm Cosmetology in General Practice
Dr. Niranjan Ariyasinghe, Consultant Dermatologist
Dr. Nayani Madarasinghe, Consultant Dermatologist
- Common dermatological problems that affect appearance
- Acne
- Skin pigmentation and scars
- Skin ageing
- Skin bleaching
- Common dermatological procedures that enhance appearance

03.30pm - 03.45pm Tea
03.45pm - 05.30pm Practical Cosmetic Procedures
Dr. Sathis Wijemanna, Consultant Plastic Surgeon
Dr. Yasas Abeywickrama, Consultant Plastic Surgeon
- Managing skin lacerations
- Cryotherapy
- Electrocautery of skin lesions
- Biopsy of skin lesions
- Update on wound dressings/ burn dressings
- Drainage of subungual haematoma
- Removal of a toenail/ Wedge excision of ingrown toenail
- Removal of subcutaneous foreign body
- Removal of ring (from swollen finger)
- Update on aesthetic body contouring

Question Time
College Oration-Abstract
“Management of Asthma in General Practice. What More Can the GP do?”

Worldwide, the number of patients with asthma has increased during the past decades. There are at least 300 million reported patients with asthma globally and Sri Lanka contributes well to this population. According to the nationwide one day general practice morbidity survey which was done for the first time in 1996 asthma was the fourth commonest problem managed in general practice in Sri Lanka.

General practitioners in Sri Lanka may contribute to optimise the management of asthma in 4 aspects

1) Initial assessment and diagnosis

Being in the community in the first contact of care general practitioners may be able to do the initial assessment, diagnosis of asthma with the help of symptom diaries, and serial peak expiratory diaries. Health education leaflets may assist the patient to improve the perception on asthma and treatment.

2) Assessment and optimising control

Assessment of control of asthma with a validated tool like “Asthma Control Test” in each encounter with the patient helps the general practitioner to take measures to optimise control and empower the patient to implement the necessary changes to the management. For this purpose world literature has the evidence to prove the benefits of self-audit.

3) Improving the adherence to asthma therapy

Inhaled corticosteroids (ICS) are the cornerstone of management of asthma. Adherence to inhaled corticosteroids is poor all over the world.

In the study I did on “Adherence to Inhaled Corticosteroids among adult asthmatics in general practice setting in Gampaha district” the adherence was 40%, which was poor.

Non adherence was associated with Sociodemographic factors significantly associated were sex, age, marital status & income. Duration of use of ICS (between 1-3 years) was significantly associated with non-adherence.
Perception on treatment with ICS was poor which was significantly associated with non-adherence. Good adherence was related to well controlled asthma with improvement of quality of life. Non-adherence was related to factors linked to treatment, patient and the doctor.

The results of this study raise the importance of focused patient education on role of ICS, close follow up of categories of patients with significant associations with non-adherence and good coordination of care.

4) Improving and optimising the quality of care

For this purpose we general practitioners should use evidence based guidelines and should organise our practice to cater the asthma emergencies. Long term relationship continuity with the patient should be used as a tool to improve and optimise the care.

In conclusion we, General Practitioners have a big role in initial assessment and diagnosis, achieving good control, improving the adherence to therapy and optimising the quality of care of asthma in the community level in Sri Lanka.
Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation. In Sri Lanka primary health care is delivered by both state and private sectors. The curative services provided by the state sector are delivered by the Primary Medical Care Units (PMCU) and Divisional Hospitals (DH) representing the bulk of the state sector. Less number of people tend to attend the primary level institutions as those institutions are unable to cater to the current demand and expectations of the clients due to their poor resources, leading to an over-crowding at secondary and tertiary care hospitals. Therefore it is essential to strengthen the primary curative care services as a priority for the country in order to successfully meet the future challenges.

After being appointed as the Medical Officer-in-charge of the PMCU, Amugoda in year 2014, I faced the challenge of delivering the health requirement of people where resources were inadequate. Even though I was inexperienced, I felt that the principles of Family Medicine I learnt as a medical student could be practised in this setup. Thus the concepts of Family Medicine, such as first-contact care, personalised care, comprehensive care, continuity of care and coordination of care were gradually implemented in the successful functioning of this primary care institution.

The above concepts were innovatively used in delivering the curative care and some of the preventive services that we could offer through our hospital. The basic changes were commenced with a face lift of the institution and an attitudinal change of the staff. The services were extended to new frontiers by addressing every aspect of Family Medicine including health promotion, through the Healthy Life Style Centre and other preventive services. Environmental and spiritual aspects were also deliberated realising the importance of them in the process of healing and individual health.

The enthusiasm, teamwork and dedication led PMCU Amugoda to become a model in the primary care health setup in Sri Lanka. This experience proves that the concepts of Family Medicine could be efficiently integrated into the primary care health model for Sri Lanka which could be the best cost-effective, client-friendly, sustainable model to build on.
Abstracts

Hall A

OP 1
DID WE KNOW THESE? A DESCRIPTIVE STUDY OF CHILDREN PRESENTING WITH FEBRILE CONVULSIONS
Gamage MAMN,1 Pathirana RPHK,2 Wickramasinghe WAAK,2 Madubashini LADT,2 Chathurika AA,2 Uthayashankar P2

Introduction: Febrile convulsions (FC) are common among paediatric casualty admissions. Once a child develops a febrile fit, there is risk of another till about five years of age. So it is important for parents to know what to do and what not to do during a febrile illness.

Objectives: The objectives of this study were to assess practices and knowledge related to FC.

Method: Data was collected using an interviewer-administered questionnaire at the time of discharge

Results: Out of 47 children with FC, majority (60%) were less than 3 years old and 68% of them were males. Among them 23 (48%) had the first episode before the age of one year. Forty percent (n=19) of them had a past history of more than one fit before this admission. Among them 55% had a family history of fits and out of them most had a positive paternal history (10).

Although 44% of mothers were educated up to O/L, 85% of them were house wives. Eighty nine percent of them knew the importance of controlling fever to prevent fits and had used paracetamol and tepid sponging. Majority (89%) of them have used thermometers and have given the paracetamol incorrectly. When assessing maternal knowledge, 74% did not know regarding the plan for next scheduled immunisation and 92% did not have clear knowledge regarding whether an EEG or antiepileptic is indicated. If the child developed a fit, 89% knew what to do.

Conclusion: Maternal knowledge regarding FC is satisfactory but need to fill few more gaps.

1. Senior Lecturer - Department of Paediatrics, Faculty of Medical sciences, University of Sri Jayewardenapura.
2. Demonstrator – Department of Paediatrics, Faculty of Medical sciences, University of Sri Jayewardenapura.
OP 2
ASSESSMENT OF THE KNOWLEDGE OF YOUNG MOTHERS REGARDING FEBRILE FITS
Peries JFRK, Silva SMM

This abstract was removed from the Abstract Book as presenters were absent at the Annual Academic Sessions 2017
**OP 3**

**NEW BORN CHOKING: ARE OUR MOTHERS CONFIDENT TO HANDLE IT?**
Perera TMR, Silva KCDP, Chathurika AA, Madubashini LADT, Wickramasinghe WAAK

**Introduction:** Choking during early newborn period is a common emergency. Unless mother has knowledge and competency to handle it, devastating results can occur, even the demise of the new born.

**Objectives:** To assess the maternal knowledge regarding new born choking and its prevention and assess the maternal competency in carrying out basic life support (BLS) in case of an aspiration.

**Method:** Data gathered using an interviewer administered questionnaire. Competency of Basic Life Support was assessed using a mannikin and score was given accordingly.

**Results:** A total of 32 mothers who were admitted to Professorial Obstetric Unit of CSTH for delivery were assessed, before the onset of labour or C section.

Majority of the sample were aged 25-30 years (43.8%), OL qualified (37.5%), with one living child (43.8%), Rs. 25,000-50,000 monthly income group (43.8%) and house wives (81.3%).

12.5% of mothers had experienced choking of a previous baby, done tapping the back followed by running to a nearest hospital (9.3%). 6.25% mothers had training on BLS at antenatal clinic.

65.6% of mothers knew that proper burping and placing the baby in lateral position can reduce choking.

During assessment of competency of carrying out BLS, none demonstrated correct mouth to mouth breathing, yet correct heart massage was demonstrated by 34.4% mothers. 56.2% knew the correct position of taking a baby to medical attention and where to go in case of choking at home.

**Conclusion and recommendation:** Maternal knowledge on BLS remains suboptimal. Complementing the mothers with basic skills of BLS antenatal period can minimise the neonatal complications due to choking.

Senior Lecturer, Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayawardenepura
OP 4
PRACTICES AND ATTITUDES TOWARDS ALCOHOL CONSUMPTION AND DRIVING AMONG URBAN YOUTH
Fernando S, Silva S N

This abstract was removed from the Abstract Book as presenters were absent at the Annual Academic Sessions 2017
OP 5
VIEWS OF RADIOLOGISTS ON REFERRAL OF PATIENTS FOR INVESTIGATIONS BY GPS; ISLAND WIDE STUDY AMONG RADIOLOGISTS IN SRI LANKA
Ramanayake R PJ C 1, Basnayake BMTK 2, Dilanka GVA 3, Premasiri LWSS 3

Introduction: Imaging is an essential aspect of patient management in primary care. Coordination and communication between primary care doctors/General practitioners (GPs) and radiologists are vital to provide optimal and cost effective radiology facilities to patients. In Sri Lanka there are no guidelines to GPs on referral of patients for imaging or a standard format to request investigations.

Objective: This study was carried out among radiologists islandwide to explore their views on referral of patients for investigations by GPs.

Method: Postal survey was conducted using a self-administered questionnaire which was prepared based on the qualitative study carried out by the investigators with similar objectives. It studied the appropriateness of investigations requested by GPs, quality of communications, items of information expected and avenues for improvement. It also sought their views on structured forms designed to refer patients for ultrasound scans and get x-rays reported.

Results: 120 radiologists were invited for the study and 32 (26.6%) responded. Majority (88%) rated investigations requested by GPs as appropriate. Only a few declared that the quality of request letters were satisfactory (content- 9.7%, format- 6.5%, legibility- 3.2% and paper quality- 12.9%).

Radiologists expected request forms to include details of the condition, relevant past history, investigation results including previous imaging reports and identification and contact details of the patient, radiologist and GP. Introduction of structured request forms (87%), continuous medical education (81%), direct communication (57%) and joint continuous professional development (51%) were suggested to enhance coordination, quality of communications and optimal use of imaging facilities. They approved the structured forms and appreciated feedback from GPs on the final diagnosis of the patient.

Conclusion: GPs should try to enhance their knowledge on imaging facilities and improve quality of request forms. Structured request forms could be a solution. Direct communication should be encouraged. Radiologists were enthusiastic to coordinate and communicate with GPs to provide optimal care to patients.

1. Professor, Dept. of Family Medicine, Faculty of Medicine, University of Kelaniya
2. MO, BH Gampola
3. MO, TH Ragama
Objective: To compare the data of patients who attended Well-Women clinics for Pap smears in a state sector rural hospital and a private sector hospital in Colombo.

Method: A medical record-based, retrospective study was carried out to analyse all the client data gathered using a checklist during 12 months. Pap smears were performed by two qualified and trained Primary Care Physicians (GP). The total number of client records analysed was 88 in the state sector and 322 in the private sector.

Results: 70% of state sector clients were 35 years and in the private sector the majority age group was 40-55 years. A significant 40% of postmenopausal women had been screened in the private sector. There was no major difference in the percentage of clients using contraception in both sectors. Implants, Intra-uterine contraceptive devices (IUCDs) and injectable contraceptives were equally popular in the state sector. In contrast, the predominant method in the private sector was LRT and oral contraceptive pills, IUCDs and Condoms were the next preference. Only 2/3 of the clients in the private sector had shown their reports to the GP. All the Pap smear reports in both sectors were negative for malignant or potentially malignant lesions.

Conclusion: There was a significant difference in the clients requesting Pap smears in the state and private sectors. Contraceptive prevalence was equal in both settings although the predominant methods used were different. All Pap smears performed were negative for malignant or premalignant lesions.

1. Medical Officer in charge, Primary Medical Care Unit, Amugoda
2. Family Physician in charge, Wellness Centre, Durdans Hospital, Colombo
INTRODUCTION: One reason venous ulcers delay in healing is the colonised bacteria and the biofilm. Mostly the colonising bacteria are acquired from the community and the day today environment. It is interesting to know the coloniser and the antibiotic sensitivity pattern of cultures from chronic venous ulcers managed as outpatients.

METHOD: A random sample of 21 patients from the OPD strapping clinic of the National Hospital of Sri Lanka (NHSL) were selected. Only recorded venous ulcers with no other co morbidity and no clinical anaemia were included. All ulcers were more than one year old.

Swab cultures were taken and the sensitivity tested for the common antibiotics as per the NHSL routine.

RESULTS: The mean age of the sample was 56 years. 12 were males. All were from the suburbs of Colombo city.

Staphylococcus aureus was cultured from 9 samples (MSSA 6: MRSA 3). Pseudomonas species was cultured from 3 samples while 9 samples did not yield any pathogen.

MSSA were resistant to ciprofloxacin yet sensitive to cloxacillin and clindamycin. 3 MSSA samples were tested for erythromycin and was sensitive.

MRSA were resistant to ciprofloxacin, cloxacillin, clindamycin, erythromycin, fusidic acid yet sensitive to both teicoplanin and vancomycin.

Pseudomonas spp. were sensitive to ciprofloxacin, amikacin, gentamycin, ceftazidime and imipenem. No resistance to tested antibiotics were noted.

CONCLUSION: Not all venous ulcers are infected/ colonised. Staphylococci and Pseudomonas spp. may be the common environmental contaminants of venous ulcers. MRSA is acquired not only from inside the hospital but from the community or OPD. Vancomycin and Teicoplanin may be the last weapons against MRSA indicating the dusk of antibiotic era. Pseudomonas spp. seems to be sensitive to many antibiotics yet. However further testing is needed.

Department Of Surgery, University of Colombo
OP 8
PATIENT SAFETY PRACTICES AMONG MEDICAL PROFESSIONALS AT THE NATIONAL HOSPITAL OF SRI LANKA
Ediriweera de Silva RE1, Wimalarathna GKBM2, Fernando Chama3, de Silva Shreenika4, de Silva WDD4, Gunathilake KDKG5, Hanffa M R1, Jayasinghe KSA6

Introduction: Patient safety plays a major role in quality of care. Unsafe healthcare practices leads to unfavourable outcomes for patients and healthcare personnel.

Objectives: To describe practices towards patient safety among medical professionals working at National Hospital of Sri Lanka.

Method: A descriptive cross-sectional study, among 50 medical professionals. Data collection was through self-administered questionnaire, consisting of socio-demographic data, Hospital Survey on Patient Safety Culture Questionnaire by Agency for Healthcare Research and Quality (AHRQ).

Results: The mean age 28.4 years (SD+/- 1.1years), 52% were females. Medical professionals from house officers to postgraduate trainees were included. Majority of participants knew of the concept of patient safety. Majority (n=42, 84%) had heard about patient safety during undergraduate training. Only 16 participants (32%) felt that they have enough staff to handle the workload in their units. 62% (n=31) stated that the staff in their unit work longer hours than is best for patient care. 56% (n=28) of the participants are actively doing things to improve patient safety. 24% (n=12) felt that their mistakes are held against them. 48% (n=24) have stated that mistakes led to positive changes in the unit. Majority (n=26, 52%) have graded that the patient safety in their units are acceptable. 56% (n=28) of the participants stated that the hospital management provides a work climate that promotes patient safety. Only 20% (n=10) stated that hospital units do not coordinate well with each other. Majority (n=27, 54%) stated that important patient care information is often lost during shift changes.

Conclusion: Although the majority were aware about Patient Safety, practices on patient safety can be further enhanced.

1. Lecturer, Family Medicine Unit, Faculty of Medicine, University of Colombo
2. Demonstrator, Family Medicine Unit, Faculty of Medicine, University of Colombo
3. Lecturer, Department of Community Medicine, Faculty of Medicine, University of Colombo
4. Senior Lecturer, Faculty of Medicine, Kotelawala Defence University
5. Lecturer, Behavioural Sciences Stream, Faculty of Medicine, University of Colombo
6. Professor, Department of Clinical Medicine, Faculty of Medicine, University of Colombo
Introduction: Chronic Kidney Disease (CKD) is a public health problem in the world as well as in Sri Lanka. However, only a small proportion of patients in early stages reach End-Stage Renal Disease (ESRD). Dyslipidaemia is directly associated with cardiovascular morbidity of CKD patients. Guidelines have been established on medical nutrition therapy for CKD. It shows that, proper evidence based renal diet slows the progression of CKD.

Objectives: This study attempted to evaluate the effects of dietary and lifestyle modifications on patients at Sri Lanka Police Hospital with CKD by evaluation of clinical outcome.

Method: A descriptive retrospective study was conducted with pre-dialysis CKD patients on proper diet plan (male, female).

Estimated glomerular filtration rate (eGFR), serum creatinine and lipid levels of CKD patients were analysed. The CKD patients were given dietary and lifestyle modifications and patients were reviewed and monitored at regular intervals by the registered dietitian; based on evidence based nutrition. Physically refined coconut oil was included as a source of fat around 30%- 35% of total energy.

Data for 35 patients were retrieved and analysed by Minitab-17.

Results: There was a significant decrease in serum creatinine level in 67.8% (p < 0.05) of the sample and significant increase in eGFR level in 60% of the sample. Following the intervention 96% (p < 0.05) of the sample had LDL and triglyceride (TG) within the normal range. The HDL level of 92.8% (p < 0.05) of the sample was also within the normal range.

Conclusion: It is concluded that dietary intervention causes a significant effect on slowing the progression of CKD in the management of dyslipidemia of CKD. Coconut oil (Physically refined) as a source of fat with appropriate quality has an effect on increasing the HDL and decreasing LDL and TG levels of CKD patients. This study showed the possibility of delaying the dialysis and RRT in pre-dialysis patients with appropriate dietary management.

1. Registered Nutritionist and Dietitian, Sri Lanka Police Hospital, Colombo 05
2. Chair and Senior Professor of Chemistry, University of Kelaniya
3. Consultant Physician, Sri Lanka Police Hospital Colombo 05
Introduction: Chronic wounds have become a growing burden to the health care system. Emergence of multi-drug resistant pathogens and lack of newer antibiotics have made the situation even problematic. This has arose the curiosity of wound care professionals to experiment more on traditional methods of wound healing.

Curcumin is an active ingredient isolated from turmeric. It is known to exhibit strong antioxidant, anti-inflammatory and anti-infective properties which make it a unique molecule for wound healing applications.

Objective: We tried to demonstrate the bacterial inhibition of commercially available turmeric on agar plates (standard ABST was done).

Method: Four preparations of turmeric were made for the test using raw and old dried turmeric rhizomes of the same origin.

Raw turmeric rhizomes were boiled after washing thoroughly and then sun dried for about a week until they were sufficiently dried. The covering of it was scraped separately to prepare a sample for the test. Then the rest of the rhizome was ground to take turmeric powder.

Another raw turmeric rhizome was washed thoroughly and freshly ground after peeling off the covering into a pulp.

Old dried turmeric rhizomes were ground to make another sample.

Then all four preparations were tested for *Escherichia coli*, *Staphylococcus aureus* and *Pseudomonas aeruginosa* for the bacterial inhibition activity. (Standard ABSTs were done)

Results: All tested organisms (*Escherichia coli*, *Staphylococcus aureus* and *Pseudomonas aeruginosa*) were resistant to all four preparations.

Conclusion: None of the tested turmeric preparations had an anti-bacterial effect on any of the tested organisms. But this needs to be further evaluated.

1. Department of Surgery, Faculty of Medicine, University of Colombo
2. Department of Microbiology, Faculty of Medicine, University of Colombo
Hall C

OP 11

MIGRAINE, ASSOCIATED FACTORS AND TREATMENT SEEKING BEHAVIOURS AMONG 18-60 YEAR OLD OUTPATIENT DEPARTMENT ATTENDEES OF COLOMBO NORTH TEACHING HOSPITAL

Gajadeera NA, Fonseka ONM, Fernando WFN, Fernando K MUAT, Fernando TRA, Fonseka PHQ, Jayawardana PL

Objective: To determine the proportion with migraine, associated factors and treatment seeking behaviours among, Out Patient Department (OPD) attendees of Colombo North Teaching Hospital (CNTH) aged 18-60 years.

Method: A cross sectional descriptive study was conducted at the OPD of CNTH. The computed sample size was 165. Convenience sampling method was used. All eligible awaiting consultation were selected consecutively on two consecutive days of the week. An interviewer administered questionnaire was used to collect data. Cases of migraine were selected based on the criteria defined by the International Headache Society (IHS). Factors associated were determined by applying chi square test and a probability of <0.05 was considered significant.

Results: The proportion of females in the sample was 77% (n=127). The percentage of OPD attendees of the CNTH suffering from migraine was 12.3% (n= 20) where all were females. A significant association was found between stress (OR=9.4, 95% CI = 2.5-35.1, p= 0.001), menstruation (OR=3.8, 95% CI= 1.3-11.1, p=0.014) and having a family history of migraine (OR=2.8, 95% CI = 1.01-7.92, p= 0.042).

No association was found between migraine and salty food, chocolate, cheese, skipping meals, selected beverages (alcohol and coffee), unusual smells, excess sleep, physical exertion and change in environment. During an attack of migraine 80.0% sought medical treatment where as 20.0% preferred home remedies.

Conclusions and Recommendations: Proportion suffering from migraine among OPD attendees of the CNTH was 12.3%. Stress, menstruation and family history were associated factors. Recommend increasing awareness on modifiable factors to reduce frequency of attacks thus preventing repeated OPD attendances and further research in a community based sample.

Faculty of Medicine, University of Kelaniya
A STUDY ON INTEGRATED SCREENING AND AWARENESS PROGRAMME FOR ORAL POTENTIALLY MALIGNANT DISORDERS AT THE PRIMARY CARE LEVEL HEALTH SETUP

de Silva AVA\textsuperscript{1}, Randenikumara Sankha\textsuperscript{2}

Introduction: Oral cancer is the commonest cancer causing mortality in Sri Lanka which is responsible for three deaths every day. The majority of incidences could be prevented by habit intervention and early detection of oral potentially malignant disorders (OPMD).

Objectives: To identify the high risk individuals for oral malignancies (HRIOM), to educate and motivate them for lifestyle modification and to screen them for OPMD.

Method: HRIOM were identified from the clients that attended a primary care hospital by a primary care physician according to the standard criteria and a database was developed. When a considerable number of individuals were registered, they were invited via a telephone call to participate at a structured programme conducted at the nearby rural dental clinic. An interactive session using multimedia aids was conducted to educate the participants regarding the oral cancers, risk factors and its complications to motivate them for lifestyle modification. A complete oral examination of each participant was done by a qualified dental surgeon following the education programme. OPMD diagnosed were referred to the Tertiary care hospital.

Results: Three screening programmes were conducted. Out of 128 invited, 71 individuals (55\%) turned up. There were 39 males and 32 females. 14 participants (20\%) with OPMD were identified and referred. Eight clients were reviewed after one month. Two subjects had been diagnosed to have dysplastic conditions at the tertiary care unit.

Conclusion: Effective screening and interventional programmes could be conducted at the primary care level by actively identifying those at high risk for OPMD.

1. Dental Surgeon, Adolescent Dental Clinic, Pitigala
2. Medical Officer in charge, Primary Medical Care Unit, Amugoda
OP 13
PATIENT CENTRED VIEW OF PRIMARY CARE MORBIDITY AT A TEACHING HOSPITAL IN SRI LANKA

Withana SS, Perera DP, De Silva AHW, Mendis K, Premasiri BHS, Jayakody S

Introduction: The mission of the Ministry of Health, Sri Lanka focuses on responding to peoples’ needs. In spite of 55 million primary care encounters in government hospital outpatient departments in 2014 there is paucity of data regarding patient reason for encounter (RFE). Currently all morbidity indicators are about doctor centred diagnosis almost exclusively limited to in-ward morbidity. Knowledge of demographics, access patterns and RFEs will give a better understanding of patients’ demand for care. Furthermore, to support the policy decision of the ministry to strengthen the primary care skills of medical graduates, reliable data from primary care are essential.

Objective: To identify patient demand for care in a primary care setting.

Method: In a cross sectional pilot study from January to February 2017, trained doctors acting as data collectors observed a representative sample of patient encounters and recorded the demographics and RFE. RFEs were coded using International Classification of Primary Care (ICPC2). Analysis and distance calculations were done using ‘R Ver3.2.3’ statistical programming language.

Results: 2923 encounters generated 5626 RFEs. Patients mean age 39.1 (± 22) with 64.5% females
Consultations were highest on Mondays and Fridays. The morning shift from 8-12 saw the highest percentage of patients (72%). Majority of patients (54%) were from a distance of less than 5km from the hospital. However 16.2% of patients came from more than 25km away.

Top ranking RFEs were: (n=5626) cough(13.9%), cold(7.2%), fever(6%), headache(4.3%), abnormal phlegm(3.4%), throat symptoms(2.7%), back symptoms(2.7%) shortness of breath (1.8%), wheezing(1.8%) and knee complaints(1.7%).

Psychological complaints (0.5%) were among the lowest.
Non-symptom RFEs included: to show investigation reports (3.7%), requests for deworming treatment (0.8%) and administrative issues such as medical certificates and referral to specialised clinics(0.9%).

Conclusion: A patient centred view of morbidity will help formulate better policy decisions regarding provision of primary care.

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The increasing incidence of non-communicable diseases (NCD) causes a significant disease burden. The WHO postulates that strengthening primary care through Family Medicine principles is the best way to reduce it. However, Sri Lanka has inadequate resources to strengthen primary care.

“Community Oriented Primary Care” (COPC) is an option to improve primary care in low resource settings. In view of this, the Department of Community and Family Medicine, University of Jaffna (DCFM) developed a model primary care delivery system in its project area (Nallur MOH) in 2012. It is with 35000 residents in 8000 families. DCFM implements COPC by coordinating and motivating health care workers and general public which is enhanced by a focal point called Family Health Center (FHC). The Family Health Center is located in the middle of the project area. The Primary author functions as in-charge for FHC and Coordinator for COPC.

750 cases of NCDs (diabetes, hypertension, ischemic heart disease and chronic respiratory problems) were identified while conducting community based screening programs. All of them have been channeled to the appropriate care pathways. Forty life style modification programmes and more than hundred community based health education programs have been conducted. Thirty patients get benefits from community based rehabilitation and palliation services. These services are provided through regular home visits. Four hundred undergraduate medical students obtained primary care medical education till now.

There are challenges in evaluating the effectiveness of COPC. Therefore DCFM plans to modify the prevailing health information system in a way to evaluate the effectiveness COPC.

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2. Senior lecturer, Department of Medicine, University of Jaffna.
3. DFM trainee, PGIM Colombo
Currently most MD trainees in family medicine obtain their post MD foreign training in UK. This is a brief description of general practice (GP) training in UK.

To become a General Practitioner (GP) in UK. There are three stages: Medical degree recognised by General Medical Council (GMC), two-year foundation course of general training and specialist training in general practice.

Applications are made online to the National Recruitment Office for General Practice Training. Applicants with entry criteria have to attend a national shortlisting assessment with a test, are rank ordered and have to attend a selection centre of their preference. This comprises three workplace-based assessments and highest ranked applicants are offered training places in that area. Other applicants are placed on a reserve list.

GP training involves three years full time specialty training. It includes 18 months in selected hospital specialty posts and 18 months as a ‘GP registrar’ in general practice under the supervision of a GP trainer. The GP registrars have to undergo a broad-based training. The RCGP curriculum must be followed by the GP trainees. It describes the core knowledge, skills and attitudes to be a competent GP. The RCGP certification unit evaluates general practice training and makes recommendations for Certificates of Completion of Training (CCT) to the GMC. A trainee with a CCT should register with the certification unit. New GPs can receive support to the first point of revalidation at 5 years, through the RCGP ‘First 5’.

Membership of the RCGP (MRCGP) is an examination of professional competency based on modern theory and evidence based approach to test GPs in training across knowledge, skills, behavior and attitudes defined by the RCGP curriculum. Applied Knowledge Test, Clinical Skills Assessment, and Workplace-Based assessment are the three compulsory components at the membership examination to become a GP in UK.

The alternative pathway for doctors to become a GP in UK is called the Certification of Eligibility for GP Registration (CEGPR).

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