The need: Traditionally, university students are considered to be a group of healthy, young men and women. Health is no more considered as the mere absence of disease or injury. Students cannot be expected to seek healthcare from the state health care system of the country due to a number of reasons. Seeking care from the state health care system is time consuming. Students may delay seeking healthcare until they find a suitable slot in their time tables and then demand immediate access. Moreover, this could be a complicated process for students who are away from home for the first time in their lives, especially females. It is encouraging to note that in most of the national universities student health centres have been set up.

From tertiary prevention to screening: At present, student health centres in the national universities deal mainly with tertiary prevention which is defined as the treatment of existing diseases, to delay their progress and prevent complications. However it is essential to address the emerging issues of present day university students. Among them are reproductive health problems, alcohol and substance abuse, stress related problems and problems related to nutrition. Risk factors of non communicable diseases such as lack of physical exercise, hyperlipidaemia and hypertension, exist among these young men and women. Therefore identifying them and initiating corrective measures is important. As such, screening for these asymptomatic conditions becomes an integral aspect of the university health system. This constitutes secondary prevention.
Stress related disorders: Stress related disorders are common among present day university students as a number of unique stressors are present in the university environment. Among them are transition from structured home environments to independent living conditions, interpersonal relationships, public speaking and examinations. Stress contributes to many emotional and physical symptoms common among undergraduates such as fatigue, hypertension, headaches, depression, anxiety and inability to cope. Excessive stress reduces work effectiveness, contributes to bad habits, and results in negative long term consequences including drug addictions, absenteeism, violence, poor academic performance, dropout from university education, burnouts, and ultimately, career failure. As these stressors could have serious lifelong consequences, it would be necessary to look at / facilitate coping skills among undergraduates.

Health promotion: The importance of health promotion among these young people cannot be overemphasized. Health promotion is defined as an organized set of activities designed to assist individuals in making voluntary behavior changes that reduce their health risks, modify consumer health risk behavior and enhance their personal well-being and productivity.

Focusing on wellness should be the conceptual framework of the university health service.

In this regard Jayantha has recommended using the term Uni Health to describe what appears to be a developing speciality in our country. We have many University Medical Officers in our membership and it is for us to give them a niche of their own in the College – Ed

CONTRACEPTIVE UPDATES
by Shreen Willatgamuwa

- **Standard Day Method**

  ![Diagram showing Safe, Abstinence/Condom use, Not Safe phases for menstrual cycles ranging from 26 to 32 days]

  - D 1 to D 8: Safe
  - D 9 to D 18: Not Safe
  - D 19 to D 26: Safe

  For menstrual cycles ranging from 26 to 32 days
  Not a reliable method

- **Condoms**
  
  New varieties – Cool condoms –
  Different flavours & smells (fruit flavours)
  Different textures (Ultra thin, Thick, Studded, Ribbed, etc.)
  
  ⭐️ Lubricants available –
  New varieties
  Premarin cream
  KY jelly – tends to dry up as water based

- **Oral Contraceptive Pills**
  Combined Oral Contraceptive Pills
  Traditional Pills – 21/7
Seasonale Pills – 84/7 (150mcg levonorgestrel + 30mcg ethinylestradiol)
Lyberel Pills – 365/0 (90mcg levonorgestrel + 20mcg ethinylestradiol)

**Intra Uterine Device (IUD) / Levonogestrel releasing Intra Uterine System (IUS)**

- **Progesterone Only Pills**
  - Acts almost only by thickening the cervical mucus
  - Effective for 24 hours
  - Older preparations –
    - Ovulation suppressed by 50% only.
    - Protection lasts only for 3 hrs after missed pill.
  - Newer preparations -
    - Ovulation suppressed by 90%.
    - Protection lasts for 12 hrs after missed pill.

- **Depot Medroxy Progesterone Acetate (DMPA)**
  - Usually taken in 90 day intervals
  - Can be taken 14 days before (76\(^{th}\) day) or upto 28 days after the due date (118\(^{th}\) day)
  - If delayed use condoms for next 7 days
  - If engaged in unprotected sexual intercourse during last 5 days - take “Postinor 2” as well

Continuous bleeding
- Due to saturation of progesterone receptors.
- After excluding other pathology
  - Spotting or light bleeding - Short course of NSAIDs (5 – 7 days) – Mefenamic acid or Valdecoxib
  - Heavy or prolonged bleeding – Ethinylestradiol or COC for 10 days to unblock and increase progesterone receptors

- **Emergency Contraceptive Pills**
  - Both pills can be taken together
  - Action depends on when the pill is taken.
  - If before ovulation
    - delays ovulation by 2-3 days, leading to a delay in periods as well
  - If after ovulation
    - Endometrial thinning – No implantation
    - Affects the sperms and uterine environment
    - Tubal motility altered

Time frame –
- Recommended within 72 hours of unprotected exposure
- Can take upto 120 hours, but efficacy decreases with time
- Failure rate 0.5 to 3%

- **Contraceptive implants**
  - Jadelle-
    - Two rod implant effective for 5yrs
    - Two flexible rods containing levonogestrel 150mgs
      - Norplant 6 rods effective for 5yrs ; Implanon – 1 rod effective for 3yrs

  - How does it act?
    - Thickens cervical mucus
    - Suppress ovulation
    - Decrease tubal motility
    - Change endometrium

Who can use Jadelle
- Women of reproductive age & any parity including nulliparous women

After child birth – NVD or LSCS
- Insert within 48 hours after child birth or after 4 – 6 weeks.
- If inserted between 48 hours to 4 weeks, risk of expulsion or perforation higher.
• Discontinuation of contraceptive methods in elderly
  If <50 years – 2 years of amenorrhoea
  If >50 years – 1 year of amenorrhoea

Confirm with
FSH levels found to be >30 IU/L on 2 occasions, 2 months apart

DMPA/OCP - Can give up to 50 years
Levonogestrel releasing IUS - Can continue till 55 years

Medical Eligibility Criteria Wheel for Contraceptive Use – very helpful. Available at FHB WHO – adapted for Sri Lanka 2009.

PERCS FOR YOU

Given below (1 – 4) is useful information particularly for members and associates who are unable to come to Colombo to continue their professional development. The Professional Education Resource Committee (PERC) of the College is working on a programme to help our members who are outstation. This is our first step towards achieving this objective.

Pushpa Weerasinghe
Chairperson - PERC

Accessing Journals through College
Access valuable articles appearing in Family Practice Journals subscribed to by the College
The following journals are available in the College office
  American Family Physician
  British Journal of General Practice
  Australian Family Physician
  Wonca E-Newsletter

You could avail yourself of the opportunity of accessing relevant articles in your practice through the College office. Please inquire from Tharanga and Kumaran for details. Shani de Silva, PERC/CGPSL

Sri Lanka Medical Library
List of current journals of interest to GPs available at the Sri Lanka Medical Library
1. Archives of Disease in Childhood
2. Archives of Dermatology
3. Australian Prescriber
4. Annals of Saudi Medicine
5. British Journal of Psychiatry
6. British Medical Journal
8. Clinical Medicine
9. Diabetes Voice
10. Evidence Base Medicine
11. Indian Pediatrics
12. The Lancet
13. The Medical Clinics of North America
14. The Medical Journal of Australia
15. Medicine
16. NEJM
17. Journal of the Ceylon College of Physicians
18. The Bulletin of the Sri Lanka College of Microbiologists
19. The Sri Lanka Prescriber
20. Sri Lanka Journal of Child Health
21. The Ceylon Journal of Medical Science
22. Journal of the Ruhunu Clinical Society
23. The Ceylon Medical Journal
24. Sri Lanka Association for the advancement of Science
25. Sri Lanka Journal of Medicine (KSM)
27. Anuradhapura Medical Journal
28. The Galle Medical Journal
29. Sri Lanka Journal of Dermatology
30. Sri Lanka Medical Association Annual Scientific Sessions Abstract

New arrivals of interest to GPS
1. Davidson’s Clinical Cases by Stracham, Sharma & Hunter, 2008
2. Slide Interpretation in Clinical Medicine by Iqbal Farrukh 2006
3. 1000 questions and answers from Clinical Medicine by Kumar & Clark, 2008

Hemas e-Resource Centre
Free Access to Medical Resources to all Medical Professionals at SLMA Building

Subscribed Journals
- The Lancet
- British Medical Journal (BMJ)
- British Journal of Surgery (BJS)
- British Journal of Anaesthesia (BJA)
- Journals of American Medical Association (JAMA)
- New England Journal of Medicine (NEJM)
- British Journal of Psychiatry (BJPsych)
- American Journal of Pathology (AJP)
- Archives of Internal Medicine
- All free Medical Journals are Accessible here

Available products & services
- Broadband Internet / E-mail
- Medical Journal Access
- GMC Registrations
- Submit a Paper to a Medical Journal/Article Submission
- Submit a Manuscript to the Key Medical Journals

- Respond to a particular Journal article online
- Foreign Training- Job surfing and Online Application Process
- MRCP Exam Resources
- VCD’s on latest innovations and findings in the medical field
- Facility to burn CDs, VCDs
- Scanning and Printing of documents

The e-Resource Center Opening Hours: Tuesday to Saturday from 9.00am – 5.00pm at SLMA “Wijerama House”, No. 6, Wijerama Mawatha, Colombo 7.

For further information contact: Knowlden Krishnasamy: Tel No: 4740023.

College has requested Hemas e-Resource Centre to help provide access to outstation members and associates to e-Centre facilities. We are working on it. – Pushpa Weerasinghe
FPA Sri Lanka Information Centre

The information Centre is the heart of accumulation and propagation of knowledge of the FLASL. The Centre is a multipurpose archive consisting of a diverse collection of books, journals, magazines, in print and electronic formats. In addition, its comfortable environment provides fast access to information. In keeping with one of the Association’s core aims the information centre assists knowledge creation and dissemination in the field of sexual reproductive health.

Resources include books for reference in the following fields:
- Sexual Reproductive Health with an emphasis on Adolescents, HIV/AIDS, Abortion, Access, Advocacy, Gender, Counseling and Family Planning
- Management, Accounting, Human Resources and Training etc
- In addition a collection of video tapes and DVDs including documentaries; more than 15 periodicals in printed format from a wide range of fields and research studies conducted by the FPASL

Services
- Computer terminals are available for members to access internet and to view documentary films
- Film screenings are organized to small groups
- Photocopy services
- Access our online database at www.ippfsaro.org/fpasl/form.htm

For more information
Contact Ms. Punya Hewavithanage
Tel: 2584157 Ext 229
E-mail: punya@fpasrilanka.org
Visit the FPA Sri Lanka Information Centre at No.37/27, Bulleres Lane, Colombo 7.

Membership
- Membership of the information centre is open to the general public including students over 14 years of age.
- Application forms and further details could be obtained free of charge from the information centre during regular business hours.
- Information Centre opening hours: Monday to Friday 8.30am to 4.30pm except on mercantile holidays

WORKSHOP ON OCCUPATIONAL HEALTH

By Asela Anthony

A fruitful workshop on occupational health was held on 1st December 2009 at the Hotel Renuka, Colpetty. It was sponsored by the Ministry of Labour. The National Institute of Occupational Safety and Health assisted by the Committee on Occupational Health of the College organized and conducted the workshop.

Two informative lecture s on “work related stress and management” and “practical aspects related to basics of ergonomics” were delivered by Hemantha Wickramatillake, Director General, NIOSH. Champika Amarasinghe (NIOSH) spoke on the importance of “Health Surveillance”. Narme Wickremasinghe (Chairman, COOH) spoke on the “Legal aspects related to work”.

These lectures were followed by an interactive case discussion and role play related to different situations faced by doctors who do company work.
Analysis of the seminar by the participants

A – Understand who a company doctor is
B – Understand how to work as a company doctor
C – Principles involved in safety at work and ergonomics
D – Laws related to health of the workers
E – Understand the general principles of dealing with an occupational problem

Acknowledgement: Special thanks to Director General of NIOSH, Hemantha Wickramatilleke for obtaining sponsorship for this event.

Secretary - Occupational Health Committee

CPD January 2010

CPD PROGRAMME – JANUARY 2010

As you are aware the Respiratory Interest Group of the College will be organizing a CPD session on Upgrading Family Practice Services in Respiratory Care. Places for this session are limited. Please register with College office. The CPD programme is sponsored by Ranbaxy.

Date : Sunday, 17th January 2010
Time : 2.00pm – 5.00pm
Venue : Lionel Memorial Auditorium, No.6, Wijerama Mawatha, Colombo 7

Registration fee: Rs.500/= 

Preethi Wijegoonewardene
Chairman – Respiratory Interest Group

WRITE TO US. KEEP IN TOUCH. SHARE YOUR VIEWS. GIVE US YOUR ADVICE. BUT FOR GOD’S SAKE DON’T KEEP QUIET!
ONLINE CME COURSES

If you are a medical practitioner with no access / time for face to face CME, here is your chance to update your knowledge through ONLINE learning. Online CME courses will be offered by the Open University of Sri Lanka (OUSL) in 2010. The courses will be delivered online in an easy to learn and interactive manner. An online tutor mentor will be available to facilitate learning. If you do your assignments successfully, you will receive a certificate of successful completion at the end of the course. You will also be entitled to CPD credits awarded for online courses by the National CCPD Committee with which these courses are accredited.

The first course on cardiovascular health delivered in 2009 was completed successfully by 18 doctors and the Men’s Sexual and Reproductive Health course is currently being followed by 10 doctors.

CME courses to be offered in 2010:-
Cardiovascular Health
Men’s sexual and reproductive health
Old age psychiatry

a Joint Certificate from Monash University, Australia and Open University of Sri Lanka
b Certificate from the Open University of Sri Lanka.

Those who are interested should send an e mail to Course Director, CME online courses ndsil@ou.ac.lk mentioning the course you wish to follow, your name, address and telephone number. Further information will be available at www.ou.ac.lk.

Nandani de Silva

If undelivered please return to:
COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA
No.6, Wijerama Mawatha, Colombo 7.