THE SRI LANKA MEDICAL ASSOCIATION

136th Anniversary International Medical Congress

‘ Humane Healthcare: Excellence, Equity, Community ’

25th July – 28th July 2023

Bandaranaike Memorial International Conference Hall, Colombo

Contents

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Social Secretaries	Dr Pramilla Senanayake	
	Dr Nilanka Wickramasinghe	
Co-Editors (CMJ)	Professor Senaka Rajapakse	
	Professor Athula Sumathipala	

COUNCIL OF THE SRI LANKA MEDICAL ASSOCIATION 2023

Seated Left – Right

Dr Sumithra Tissera (Honorary Treasurer), Dr Anula Wijesundere, Professor Indika Karunathilake, Profesor Jennifer Perera, Dr Lucian Jayasuriya, Professor Samath D Dharmaratne (Immediate Past President), Dr Vinya Ariyaratne (President, SLMA), Dr Ananda Wijewickrama (President Elect), Dr Achala Balasuriya (Vice President), Professor Rajendra Surenthirakumaran (Vice President), Dr B J C Perera, Dr Padma Gunaratne, Dr Sajith T Edirisinghe (Honorary Secretary)

Standing Left – Right – (first row)

Dr Chathurie Suraweera (Assistant Secretary), Dr Kaushi Attanayakage, Dr S B Anuruddhika S M Rathnayake, Dr Nilanka Wickramasinghe (Social Secretary), Dr Surantha Perera, Dr M Sarath Gamini De Silva, Dr V Murali, Professor Ishan De Zoysa, Professor Athula Sumathipala (Co-Editor, Ceylon Medical Journal), Dr U C P Perera, Dr Kalyani Guruge, Professor Anuja Abaydeera, Dr Nimani de Lanerolle (Assistant Secretary)

Standing Left – Right – (Second row)

Dr Lahiru Kodithuwakku (Assistant Secretary), Dr Pramilla Senanayake (Social Secretary), Dr Manilka Sumanatilleke

Absent

Dr Harini Fernando, Dr Lakshman Ranasinghe (Past President Representative), Professor Senaka Rajapakse (Co-Editor, Ceylon Medical Journal), Dr Ruvaiz Haniffa, Professor Saroj Jayasinghe, Dr Asitha Kosala Thannippuli Arachchi, Professor Kumara Mendis (Assistant Secretary), Dr Preethi Wijegoonewardene (Public Relations Officer), Dr N G G D Pramitha Mahanama, Professor B M H A Banneheke, Professor Sampatha Gunawardene, Dr Christo Fernando, Dr Shihan Azeez (Assistant Treasurer), Dr V S M C K B Jayawardena, Dr Seeneth Peramuna, Dr K T Sundaresan, Dr B U E N W D R Thangarajah

SLMA ACADEMIC COMMITTEE 2023

Seated Left – Right:

Dr Kalyani Guruge, Professor Indika Karunathilake, Dr Sajith T Edirisinghe (Honorary Secretary), Dr Vinya Ariyaratne (President, SLMA), Dr Ananda Wijewickrama (President Elect), Dr Achala Balasuriya (Vice President), Professor Rajendra Surenthiramumaran (Vice President), Dr Chathurie Suraweera (Assistant Secretary), Dr Padma Gunaratne

Standing Left – Right:

Professor Anuja Abaydeera, Dr Sumithra Tissera (Honorary Treasurer), Dr B J C Perera, Dr Seeneth Peramuna, Dr Manilka Sumanatilleke, Dr M Sarath Gamini De Silva, Dr Harini Fernando, Dr Nilanka Wickramasinghe (Social Secretary), Dr Nimani de Lanerolle (Assistant Secretary), Dr Kaushi Attanayakage

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1891/1892	Dr James Loos
1892/1893	Dr J L Vanderstraaten
1893 -1895	Sir William Kynsey
1895/96	Sir J D Macdonald
1896 – 1898	Sir Willian Kynsey
1898 – 1900	Sir Allan Perry
1900 – 1903	Dr W G VanDort
1903/04	Dr T F Garvin
1904/05	Hon W G Rockwood
1905/06	Sir Marcus Fernando
1906/07	Dr C T Griffin
1907/08	Dr A J Chalmers
1908/09	Dr M Sinnetamby
1909/10	Dr H G Thomasz
1910/11	Sir Aldo Castellani
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1947/48	Dr E M Wijerama
1948/49	Dr Cyril F Fernando
1949/50	Prof C C de Silva
1950/51	Prof Milroy Paul
1951/52	Prof M V P Peiris
1952/53	Dr A S Rajasingham/ Prof P B Fernando
1953/54	Prof P B Fernando
1954/55	Dr L O Abeyratne
1955/56	Prof. Gerald H Cooray
1956/57	Dr M C M Kaleel
1957/58	Prof O E R Abhayaratna
1958/59	Dr Richard Caldera
1959/60	Prof. V Sivalingam
1960/61	Dr W A Karunaratna
1961/62	Dr P R Thiagarajah
1962/63	Dr A D P A Wijegonawardena
1963/64	Dr G R Handy
1964/65	Dr Stanley de Silva
1965/66	Dr F de S Goonawardena
1966/67	Dr P R Anthonis
1967/68	Dr W D L Fernando
1968/69	Dr M P M Cooray
1969/70	Dr E H Mirando
1970/71	Dr W D Ratnavale
1971/72	Dr L D C Austin
1972/73	Dr O R Medonza
1973/74	Dr S Rajanayagam
1974/75	Dr S A Cabraal
1975/76	Dr P Sivasubramaniam
1976/77	Prof Daphne Attygale
1977/78	Dr H B Perera
1978/79	Dr S E Wijetilake

1979/80	Dr B A V Perera
1980/81	Dr N J Walloopillai
1981/82	Dr Stella de Silva
1982/83	Dr Dennis J Aloysius
1983/84	Dr C G Uragoda
1984/85	Dr Lakshman Ranasinghe
1986	Dr S J Stephen
1987	Dr G W Karunaratne
1988	Dr Nihal Perera
1989	Prof Priyani Soysa
1990	Prof W A S de Silva
1991	Dr A T W P Jayawardene
1992	Dr Malik Fernando
1993	Prof W S E Perera
1994	Dr J B Peiris
1995	Dr Lucian Jayasuriya
1996	Prof Colvin Goonaratna
1997	Dr S Ramachandran
1998	Dr D N Atukorala
1999	Prof Nimal Senanayake
2000	Dr Kumar Weerasekera
2001	Prof Anoja Fernando
2002	Dr Preethi Wijegoonewardene
2003	Dr Sunil Seneviratne Epa
2004	Prof Ravindra Fernando
2005	Prof A H Sheriffdeen
2006	Dr Suriyakanthie Amarasekera
2007	Prof Gita Fernando
2008	Prof Lalitha Mendis
2009	Prof Rezvi Sheriff
2010	Prof Narada Warnasuriya
2011	Prof Sanath P Lamabadusuriya
2012	Prof Vajira H W Dissanayake
2013	Dr B J C Perera
2014	Dr Palitha Abeykoon
2015	Prof Jennifer Perera
2016	Dr Iyanthi Abeywickreme
2017	Prof Chandrika N Wijeyaratne
2018	Dr Ruvaiz Haniffa
2019	Dr Anula Wijesundere
2020	Prof Indika Karunathilake
2021	Dr Padma S. Gunaratne
2022	Prof Samath D. Dharmaratne

MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH SERVICES

The Sri Lanka Medical Association is a professional medical body in Sri Lanka which continuously takes a pioneering role in the development of the medical profession. It is evident to all that this year as well, the SLMA has once again identified a timely and intentional topic as the theme for their annual congress. The theme of the 136th Anniversary International Medical Congress "Towards humane healthcare: Excellence, Equity, Community" focuses on a crucial element of the medical profession "Humaneness". The concepts of excellence, equity and community involvement are direct factors which lead to and enhance this humane quality that we as medical professionals must strive to instil within us throughout our medical career and encourage all to pursue. Therefore, I must commend the SLMA for identifying a pivotal theme in this time and era where humaneness tends to be lost in the background in a field driven by evidence-based best practices. I hope this congress proves to be a platform where these essential facets of the role played by a medical professional can be nurtured and developed. I must also take this opportunity to thank the SLMA for their unerring presence and for constantly extending its support and expertise to the Ministry of Health. I congratulate the President and Council for the 136th Anniversary Congress and wish the SLMA continued success.

Dr Asela Gunawardena
Director General of Health Services
Ministry of Health

MESSAGE FROM THE CHIEF GUEST

I feel truly humbled, greatly privileged and honoured, to be invited to grace the 136th anniversary international medical congress of SLMA, the oldest professional medical association in Sri Lanka with a proud history that dates to 1887 and send this message.

Despite recent amazing technological developments for diagnosing and treating illnesses, we have come across situations where doctors sometimes lack the capacity to recognize the plights of their patients, to extend empathy toward those who suffer and to join genuinely with patients in their illness. Medicine practised without a sincere awareness of what patients go through may fulfil its technical goals, but it is an empty medicine or at its best half a medicine. The practice of medicine is both a science of knowledge and an art of humanity.

For too long we have trained doctors and nurses to see illness through a biomedical lens which reduces patients to a set of symptoms with less emphasis on the wider emotional and social depth of the illness.

Collectively we must learn to cultivate the skills that are essential for humane medical care; empathy, dignity, respect, caring, kindness, compassion, and above all willingness to see and understand the person behind the patient.

By reframing medicine through a human lens, we will reap a greater reward in terms of healing in health care.

Towards this end, I wish to congratulate the President and the Council for choosing the theme for the year *"TOWARDS HUMANE HEALTHCARE".*

Professor Mohan de Silva
Emeritus Professor of Surgery,
University of Sri Jayewardenepura

MESSAGE FROM THE GUEST OF HONOR

I must admit that I am deeply honoured by the invitation extended to me by the Sri Lanka Medical Association to be the Guest of Honour on this important occasion which marks its remarkable journey of 136 years. SLMA is looked upon by Sri Lankans as a venerable professional body not only because it is the oldest medical professional body in Asia, but more so because of the steadfast contribution it has made to safeguarding excellence in our public healthcare system. For well over a century the SLMA has provided a common forum for all medical professionals to work towards high standards of professional excellence and integrity, which efforts have served our people remarkably well, whether in good times or bad. Then, last year (2022), during one of the darkest moments of our republic's existence, we witnessed with awe how the SLMA moved away from its traditional comfort zone and played a stellar civic role in articulating a strong voice on behalf of democracy and the rights of the people. That is why I am particularly humbled by this invitation.

This international congress is held at a time when our once-celebrated public health care system is facing an unprecedented crisis. Our public healthcare system, in my considered opinion, is one of the three pivotal pillars of modern Sri Lankan life- the other two being the public education system and universal adult franchise. The current uncertainties surrounding the public health care system, therefore, is itself becoming a national crisis. People are despairing as elements of the normal Sri Lankan way of life, such as dependable public healthcare, that were once taken for granted, appear to be fast slipping out of reach.

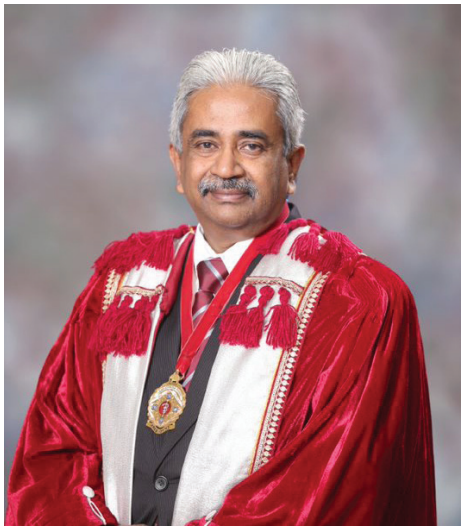
As they say, however, every dark cloud has a silver lining. The present grave crises of deprivation and loss resulting from years of misgovernance, while being extremely painful and heart-breaking, also present us with a unique opportunity for reflection and course correction. As the dramatic events of 2022 proved, the multiple crises afflicting our republic have been a wakeup call long in the making for civic action. As prominent professional bodies such as the SLMA and the Bar Association of Sri Lanka rose to public action before the eyes of an admiring and appreciative public, it became very clear that the Sri Lankan professional had come of age as a civic being. No longer would it be possible for the professionals to sit in the ivory towers looking down on public matters in a clinical and dispassionate manner.

Today, as never before, social services including healthcare are being viewed by the citizen and the professional from an inherent entitlement or human rights perspective. The sense of deprivation we are experiencing today tells us that public goods such as public healthcare, public education and public transport cannot any longer be viewed as discretionary welfare measures or as cynical business propositions that could be left to market forces. Today, as never before, there is acceptance of the idea that economic and social rights should form part of our constitutional Bill of Rights. Today as never before, we are acknowledging through common experience the importance of the principles of availability, accessibility, non-discrimination, acceptability, and quality recognized by international human rights law concerning the right to health.

This International Medical Congress presents a golden opportunity for its esteemed participants to further explore those and other positive developments to inform future policies in the public interest. There could not be a more opportune moment for SLMA to focus on the theme 'Toward Humane Healthcare: Excellence, Equity and Community' for its professional deliberations. I congratulate SLMA on its thoughtful initiative and wish the Congress every success.

Professor Deepika Udugama
Chair Professor of Law and Head,
Department of Law,
University of Peradeniya, Sri Lanka

MESSAGE FROM THE PRESIDENT OF SLMA



It is with great pleasure that I warmly welcome all of you to the 136th International Medical Congress 2023 of the Sri Lanka Medical Association (SLMA).

SLMA being the oldest organisation and the professional association that represents all grades of medical personnel in Sri Lanka, continues to provide leadership to the most honourable axiom "Serve the Profession and Serve the Nation". We are hosting this flagship academic event of the year of the SLMA at a time when Sri Lanka is facing an unprecedented challenge as a nation due to the economic crisis and its impact on the health sector.

Sri Lanka is often held as a model among low to middle-income countries for having an equitable health care system when it is considered in proportion to the gross national product (GNP). Over the last couple of years, the COVID-19 pandemic put the Sri Lankan healthcare system under great strain. However, the entire system was quite resilient and was able to respond effectively and decisively to mitigate the effects of the pandemic. During the years 2021 and 2022, the SLMA played a pivotal role as the country's premier professional medical association in giving leadership towards battling the pandemic.

In 2022, while other nations were entering into a post-COVID recovery phase, Sri Lanka plunged into its worst-ever economic crisis since independence. Serious resource constraints affected the health sector and the effects, including severe shortages of drugs, reagents and devices, were beginning to surface. SLMA responded by alerting the doctors of a worsening crisis and immediately provided guidelines on how to rationalize and optimize available resources and try to maintain quality standards. The importance of upholding ethical principles in the practice of medicine was underscored in all communications of SLMA. At the same time, SLMA made appeals to the decision-makers to pay immediate attention to prevent a major crisis in the health sector.

Most unfortunately, our calls were not heeded and by the end of 2022, severe shortages of medicines and other supplies were reported from many parts of the country. The prices of drugs also skyrocketed. In addition, food prices also soared, resulting in widespread food insecurity with a devastating impact on the nutritional levels of children, pregnant women, and lactating mothers as well as the general population of the country. It is in this context that the year 2023 dawned.

Considering the worsening situation of the country's economy and the potential impact,

we chose 'Towards Humane Healthcare: Excellence, Equity and Community' as our theme for the year 2023. When operating under severe resource constraints, often there is a tendency to overlook patients' interests and ethical considerations. Hence "Humane Healthcare" must be at the centre of our philosophy in the practice of medicine.

Then comes the importance of maintaining the highest standards of care – whether in preventive or curative care. Taken as national averages, our health indices are impressive but beset with the daunting problems of significant disparities between districts, socio-economic classes and certain ethnic communities. Hence, equity is an important issue to address. Finally, it is now accepted that the citizen or the patient should be at the centre of care. Community engagement is therefore an important component that needs to be promoted.

The conference sessions are structured around the main theme, and we have prepared a comprehensive programme for the 136th Anniversary International Medical Congress 2023 of the SLMA, scheduled to be held from the 25th to the 28th of July 2023 at the BMICH, Colombo, Sri Lanka. Starting with the Inauguration Ceremony on the 25th of July 2023, the congress continues on the 26th, 27th and 28th, to end with the much-awaited Doctors' Concert. That latter musical extravaganza, starting at 7.00 pm on the 28th of July 2023, was ably organized by our next-generation Social Secretary Dr Nilanka Wickramasinghe, guided by our musical maestro Dr Christo Fernando. The congress consists of 04 Scientific Orations, 02 Plenary Lectures, 16 Symposia, and 03 Panel Discussions, as well as a Keynote Address detailing the theme of the congress, 'Excellence in medicine: doing the right thing right'. The Chief Guest Professor Mohan de Silva, Emeritus Professor and Former Dean of the Faculty of Medical Sciences of the University of Sri Jayewardenepura and former Chairman of the University Grants Commission (UGC) of Sri Lanka, and the Guest of Honour Professor Deepika Udugama, Dean, Faculty of Law, University of Peradeniya, will provide their scholarly reflection on topics related to the congress theme this year. Over 200, free papers will be showcased as oral and poster presentations, discussing new and innovative research findings.

I take this opportunity to thank all participants, resource persons, chairpersons, judges, orators, well-wishers, sponsors and especially the members of The Academic Committee, as well as the Office Staff of the SLMA, for their continuing support, encouragement, and motivation. Special thanks are also hereby presented to the Members of the Council. The advice and guidance from the Past Presidents were invaluable and are appreciated with much gratitude.

I wish to pay my gratitude to the Congress Co-Chairs, Dr Achala Balasuriya, Professor Rajendra Surenthirakumaran, and Dr Chathurie Suraweera, Assistant Secretary, who provided leadership to the Academic Committee, which worked tirelessly to organize the Congress. I wish to also thank Dr. Sumithra Tissera, Honorary Treasurer for multipronged support to make this Congress a success. A very special word of appreciation goes to Dr

Sajith Edirisinghe, Honorary Secretary, and Dr Harini Fernando for all their efforts, as well as to Dr B J C Perera for his continuous editorial support.

I wish the very best to all participants joining the Congress. I do hope that it would be a most successful and memorable congress and contribute significantly towards not only addressing the challenges faced by the health sector and the medical profession in Sri Lanka but also in showcasing a new pathway towards equitable and ethical health care in Sri Lanka and beyond.

Dr Vinya Ariyaratne
President, SLMA

MESSAGE FROM THE HONORARY SECRETARY OF THE SLMA

I am delighted to take this opportunity to welcome the faculty and delegates most warmly to the 136th Anniversary International Medical Congress of the Sri Lanka Medical Association (SLMA) scheduled to be held from 25th to 28th July 2023 at the BMICH.

The Congress has designed an organized platform for researchers and academics to showcase their research and engage in fruitful discussions. The main theme of this year's congress is "'Towards Humane Healthcare: Excellence, Equity, Community". It is a theme which is made most appropriate in an era where a holistic approach is made even more necessary with the numerous factors that must be dealt with by medical professionals. In addition, it also highlights how medical professionals and academics have faced challenges and overcome problems in the healthcare system in Sri Lanka amidst the economic crisis.

To achieve these objectives, this year's programme has lined up one Keynote Address, four Scientific Orations, sixteen Symposia, four Guest Lectures and six Pre-Congress Sessions. My gratitude is extended to this year's Scientific Committee ably headed by Professor Rajendra Surenthirakumaran and Dr Achala Balasuriya for organizing an excellent and thought-provoking programme. This conference would not have been possible without the dedicated hard work of the conference Co-Secretaries Dr Chathurie Suraweera and Dr Harini Fernando whom I wholeheartedly thank for shouldering the burden of organizing the event. I take this opportunity to thank Dr B J C Perera and Dr Sarath Gamini De Silva for their continuous guidance, critical evaluation and proofreading of all the communications.

It is also my prerogative to thank all of you for your presence at this year's conference, our panel of local and foreign resource persons for sharing their expert knowledge, authors of the scientific papers for their participation, chairpersons and judges for your support. Assistant Secretaries, Treasurer, Assistant Treasurer, Council Members, SLMA staff, Editors of The Ceylon Medical Journal, and the Academic Coordinator for their untiring hard work to make this year's congress a reality.

In addition to the main congress, the scientific programme was preceded by a Kids Art Creations Competition, which was organized by a committee headed by Dr Kalyani Guruge, our indefatigable Council Member.

An event of this magnitude and calibre cannot be organized without the collective effort of many individuals and organizations. The SLMA deeply appreciates the contributions made by the Ministry of Health, our Partners and our Sponsors who kept faith with the SLMA and were generous enough to support our conference even during these hard times.

As stated by Margaret Fuller, an American journalist "If you have knowledge, let others light their candles from it", I sincerely hope that this year's Congress would be such an investment for all involved.

I wish all of you a memorable and enjoyable time at the 136th SLMA Congress.

Dr Sajith Edirisinghe
Honorary Secretary, SLMA

MESSAGE FROM THE CO-CHAIRS OF THE ACADEMIC SESSIONS ORGANIZING COMMITTEE

It is our pleasure and pride to welcome you to the 136th anniversary International Medical Congress of Sri Lanka Medical Association 2023 and to introduce the book of abstracts, which is a compilation of the research papers and presentations that will be showcased during the Congress.

Over the years, SLMA has been at the forefront of promoting excellence in patient care, advancing medical knowledge, and advocating for the highest standards of professionalism in Sri Lanka. Our membership which includes doctors of all categories and specialities has made significant contributions to medical research, education, and clinical practice, and they have played a pivotal role in shaping the healthcare landscape in our country and beyond.

This year's theme "Towards Humane Healthcare: Excellence, Equity, Community" highlights the SLMA's commitment and dedication to promoting a patient-centered, evidence-based, equitable, and community-based approach to healthcare delivery in Sri Lanka. Furthermore, it embodies the need for collaboration, innovation, and continuous quality improvement to achieve the best possible outcomes for patients, families, and healthcare providers. In keeping with this concept, we have lined up a vibrant academic program with the active participation of several eminent international and local experts in various fields, we are also encouraging young researchers to showcase their scientific work by providing them a platform at our annual academic sessions.

The book of abstracts provides a glimpse into the depth and breadth of the research that will be presented during the congress. It is a testament to the hard work and dedication of the many researchers and academics who have contributed to this event. I would like to take this opportunity to thank each one of them for their excellent contributions and for the insights that they will be sharing with us.

I hope that you will take the time to read through the book of abstracts and attend as many of the presentations as possible. I am confident that you will find them both informative and inspiring.

I would like to take this opportunity to express my gratitude to the Congress Organizing Committee of the SLMA, our sponsors, our office staff at SLMA and all those who have worked tirelessly behind the scenes to make this event a success. And of course, my

heartfelt thanks go to all of you registrants who chose to attend our congress to make this event a great success.

I wish you all a productive and enjoyable congress, and I also believe that you will enjoy the doctor's concert that will be held on the last day of the congress where doctors will be performing for doctors with a variety of dance, music, and entertainment.

Dr Achala Balasuriya & Professor Surenthirakumaran
Vice Presidents, SLMA

136th Anniversary International Medical Congress - Programme at a Glance

Precongress Workshops: 7th June – 14th July 2023			
Wednesday 7th June 2023			
Workshop 1	8.00 am 1.00 pm	**All about Research: from Design to Presentation**	Lionel Memorial Auditorium, SLMA
Wednesday 14th June 2023			
Workshop 2	8.30 am 1.00 pm	**Postgraduate Training in Sri Lanka**	Lionel Memorial Auditorium, SLMA
Wednesday 21st June 2023			
Workshop 3	8.30 am 1.00 pm	**Sleep and Health**	Lionel Memorial Auditorium, SLMA
Wednesday 28th June 2023			
Workshop 4	8.00 am 12.30 pm	**Interventional Research in Sri Lanka**	Lionel Memorial Auditorium, SLMA
Saturday 8th July 2023			
Workshop 5	8.30 am 4.00 pm	**Integrating Genetics and Genomics into clinical practice**	Faculty of Medicine, Colombo
Friday 14th July 2023			
Workshop 6	8.30 am 1.00 pm	**Discard Myths & Enjoy Sex**	Lionel Memorial Auditorium, SLMA

	Tuesday, 25th July 2023
6.00 – 9.00 pm	Inauguration of the 136th Anniversary International Medical Congress
6.00 pm	Inauguration Ceremony
7.35 pm	SLMA Oration

	Day 2: Wednesday, 26th July 2023	
08.00 am	Registration	
08.30 am	**Keynote Address** *Clinical Excellence*	
09.00 am	**Professor NDW Lionel Memorial Oration**	
09.45 am	Morning Tea	
10.00 am	**Panel Discussion 1** *Pathways to Excellence in Healthcare*	
11.00 am	**Symposium 1** *Health Financing*	**Symposium 2** *Quality use of Medicines*
12.15 pm	**Guest Lecture 1** *In the Doctor's Bag*	**Guest Lecture 2** *Achieving Excellence in Critical Care*

12.45 pm	Lunch Break & Poster Viewing		
01.45 pm	Free Paper Session 1	Free Paper Session 2	Free Paper Session 3
02.45 pm	**Guest Lecture 3** *Disasters and Public Health Nexus: protecting at risk communities*	**Guest Lecture 4** *Management of Common Thyroid Problems in Primary Care*	
03.15 pm	**Symposium 3** *Towards Achieving Excellence in Medical Education*	**Symposium 4** *Winning the Metabolic Battle*	
04.30 pm	**Symposium 5** *Adhering to Clinical Guidelines in Resource Poor Settings*	**Symposium 6** *Tackling the Complexities and Cascading Impacts of Multi-hazard Scenarios Amidst a Public Health Crisis*	
05.45 pm	Evening Tea & End of Day 2		

			Day 3: Thursday, 27th July 2023
08.30 am	**Plenary 2** *Social Justice & Health Equity*		
09.00 am	**Dr S Ramachandran Memorial Oration**		
09.45 am	Morning Tea		
10.00 am	**Panel Discussion 2** *Equity & Health*		
11.00 am	**Symposium 7** *Improving Renal Care in Sri Lanka*	**Symposium 8** *Advancement of Medicine and Science in Sport and Exercise: Applications for the local setting*	
12.15 pm	Lunch Break & Poster Viewing		
01.15 pm	Free Paper Session 4	Free Paper Session 5	Free Paper Session 6
02.15 pm	**Symposium 9** *Arts & Humanities in Promoting Humane Health Care*	**Symposium 10** Air Pollution: the Invisible Enemy	
03.30 pm	**Symposium 11** *Centering Sexual and Reproductive Health (SRH) and Justice in Health Care*	**Symposium 12** *Everyday Dermatology for Primary Care*	
04.45 pm	**Dr S C Paul Memorial Oration**		
05.30 pm	Evening Tea & End of Day 3		

	Day 4: Friday, 28th July 2023
08.30 am	**Plenary 3** *Community Engagement*
09.00 am	**Panel Discussion 3** *Community Engagement*
10.00 am	Morning Tea

10.15 am	**Symposium 13** *Smart Hospital - A Paradigm Shift*	**Symposium 14** *Diagnosis & Management of Back Pain in Everyday Practice*
11.30 am	**Symposium 15** *Community Geriatrics*	**Symposium 16** *Role of Community-based Organizations in Health Promotion during Public Health Emergencies*
12.45 pm	Debate	
01.30 pm	Closing Ceremony	
01.45 pm	Lunch	
07.00 pm	Doctors' Concert	

136th Anniversary International Medical Congress - Programme in Detail

Pre-Congress Workshop 1 – All about Research: from Design to Presentation

Date – Wednesday 7th June 2023

Venue – Lionel Memorial Auditorium, SLMA

08.00 – 08.20 am	**Registration**
08.20 – 08.30 am	***Welcome Address*** Dr Vinya Ariyaratne, President, SLMA
08.30 – 09.15 am	***Designing your research: from the concept to protocol*** Professor Carukshi Arambepola, Professor in Community Medicine, Faculty of Medicine, Colombo
09.15 – 10.00 am	***Applying the statistical methods*** Dr Pubudu Chulasiri, Consultant Community Physician, Anti-malaria Campaign, Sri Lanka
10.00 – 10.45 am	***Collaborative research*** Professor Prasad Katulanda, Professor in Medicine, Faculty of Medicine, Colombo
10.45 – 11.30 am	***Getting your research published: some helpful tips*** Professor Shamini Prathapan, Professor in Community Medicine, Faculty of Medicine, University of Sri Jayewardenepura
11.30 – 12.15 pm	***Obtaining ethical clearance*** Dr Chathurie Suraweera, Secretary, Ethics Review Committee, SLMA
12.15 – 01.00 pm	***Applying research findings: evidence-based practice*** Professor Kumara Mendis, Professor in Family Medicine, Faculty of Medicine, Ragama
01.00 pm	**Lunch**

Pre-Congress Workshop 2 – Postgraduate Training in Sri Lanka

Date – Wednesday 14th June 2023

Venue – Lionel Memorial Auditorium, SLMA

08.00 – 08.20 am	**Registration**
08.20 – 08.30 am	***Welcome Address*** Dr Vinya Ariyaratne, President, SLMA
08.30 – 09.00 am	***Introduction to postgraduate training and the role of PGIM in Sri Lanka*** Professor Senaka Rajapakse, Director, PGIM, Colombo
09.00 – 10.00 am	***What is postgraduate training? Is it different?*** Dr Himani Molligoda, Senior Lecturer in Medical Education, PGIM, Colombo
10.00 – 10.15 am	**Tea**
10.15 – 10.45 am	***Overseas training and Board certification*** Professor Chandanie Wanigatunge, Deputy Director, PGIM, Colombo

10.45 – 11.30 am	***Examinations at postgraduate level*** Professor Gominda Ponnamperuma, Professor in Medical Education, Faculty of Medicine, Colombo
11.30 – 12.00 noon	***Panel discussion – Introducing Boards of studies of clinical specialties & sub-specialties*** Surgery, Medicine, Paediatrics, Psychiatry, Gynaecology & Obstetrics
12.00 – 12.30 pm	***Panel discussion – other specialties & sub-specialties*** Medical Administration, Family Medicine, Microbiology, Radiology, Pathology
12.30 pm	**Lunch**

Pre - Congress Workshop 3 – Interventional Research in Sri Lanka

Date – Wednesday 21st June 2023

Venue – Lionel Memorial Auditorium, SLMA

08.30 – 09.10 am	**Registration**
09.00 – 09.10 am	***Welcome Address*** Dr Vinya Ariyaratne, President, SLMA
09.10 – 09.20 am	***Introduction by the SLCTR Chairperson*** Professor Udaya Ranawaka, Chairperson SLCTR
09.20 – 09.40 am	***The keynote: Need for interventional research in Sri Lanka*** Professor Saroj Jayasinghe, Emeritus Professor of Medicine, University of Colombo
09.40 – 10.00 am	***What is interventional research?*** Professor Shalini Sri Ranganathan, Senior Professor in Pharmacology, Faculty of Medicine, University of Colombo
10.00 – 10.20 am	***Ethics & regulatory framework for interventional research in Sri Lanka*** Professor Chandanie Wanigatunge, Chair Professor of Pharmacology, Faculty of Medical Sciences, University of Sri Jayewardenepura
10.20 – 10.40 am	**Tea**
10.40 – 11.00 am	***Clinical trial registration*** Dr Ashwini de Abrew, Administrator, SLCTR
11.00 – 11.20 am	***Ayurvedic interventional research*** Dr Senaka Pilapitiya, Senior Lecturer, Department of Medicine, Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka
11.20 – 11.40 am	***How to publish interventional research?*** Professor Senaka Rajapakse, Senior Professor & Chair of Medicine, Department of Clinical Medicine, Faculty of Medicine, University of Colombo & Joint Editor, CMJ
11.40 – 12.00 noon	***Overcoming challenges & facilitating interventional research*** Professor Asitha de Silva, Senior Professor & Chair of Pharmacology, Department of Pharmacology, Faculty of Medicine, University of Kelaniya
12.15 pm	**Lunch**

Pre- Congress Workshop 4 - Sleep and Health

Date – Wednesday 28th June 2023
Venue – Lionel Memorial Auditorium, SLMA

08.00 – 08.20 am	**Registration**
08.20 – 08.30 am	***Welcome Address*** Dr Vinya Ariyaratne, President, SLMA
08.30 – 09.00 am	***Sleep physiology: normal & abnormal*** Dr Kumarangie Vithanage, Senior Lecturer, Department of Physiology, Faculty of Medicine, University of Colombo
09.00 – 09.30 am	***Respiratory issues affecting sleep*** Dr Ruwanthi Jayasekara, Consultant Respiratory Physician
09.30 – 10.00 am	***Overview of sleep disorders*** Dr Kishara Gooneratne, Senior Lecturer in Medicine, Faculty of Medicine, University of Moratuwa
10.00 – 10.30 am	***Adverse immune effects of chronic sleep deprivation*** Professor Suranjith L Seneviratne, Professor and Consultant in Clinical Immunology and Allergy, Royal Free Hospital and University College London
10.30 – 10.45 am	**Tea**
10.45 – 11.30 am	***Sleep & mental health*** Dr Sayuri Perera, , Senior Lecturer in Medicine, Faculty of Medicine, University of Peradeniya
11.30 – 12.00 noon	***Sleep studies*** Dr Lakmini Pathberiya, Consultant Neurophysiologist , National Hospital of Sri lanka
12.00 – 12.45 pm	***Panel Discussion on 'sleep in children'*** Professor Miyuru Chandradasa, Professor in PsychiatristPsychiatry, Faculty of Medicine, University of Kelaniya Dr Prasad Chathurangana, Senior Lecturer in Paediatrics, Faculty of Medicine, University of Colombo Dr Ayesha Lokubalasuriya, National programme manager, School Health Programme, Family Health Bureau Mr Nilantha Gunasekara, Deputy Director, Education, Health & Nutrition, Ministry of Education
12.15 pm	**Lunch**

Pre-Congress Workshop 5 – Integrating Genetics and Genomics into Clinical Practice

Date – Saturday 8th July 2023
Venue – Auditorium, Faculty of Medicine, University of Colombo

09.00 – 09.05 am	**Registration**
09.05 – 09.15 am	***Welcome Address*** Dr Vinya Ariyaratne, President, SLMA
09.15 – 09.45 am	***Overview of Genomic Medicine*** Professor Vajira HW Dissanayake, Senior Professor and Chair, Department of Anatomy, Genetics & Biomedical Informatics & Dean, Faculty of Medicine, Colombo

09.45– 10.30 am	***Genomic Diagnosis/ Interpreting a Genomic report*** Professor Vajira HW Dissanayake, Senior Professor and Chair, Dept. of Anatomy, Genetics & Biomedical Informatics & Dean, Faculty of Medicine, Colombo
10.30 – 10.45 am	**Tea**
10.45 – 11.30 am	***Dysmorphic syndromes*** Dr Dineshani Hettiarachchi, Senior Lecturer, Department of Anatomy, Genetics & Biomedical Informatics , Faculty of Medicine, Colombo
11.30 – 11.45 am	***Decoding skeletal dysplasia: Genotype-phenotype correlations*** Dr Yasas Kolombage, Lecturer, University of Sabaragamuwa
11.45 – 12.15 pm	***Cardiovascular Genetics*** Dr Kayalvily Perinpanayagam, Consultant Paedeatric Clinical Geneticist , Lady Ridgeway Hospital & RH & Teaching Hospital Karapitiya
12.15 – 12.30 pm	***Genetics of cleft lip/ palate*** Dr Lahiru Prabodha, Clinical Geneticist & Senior Lecturer, Department of Anatomy, Faculty of Medicine, Karapitiya
12.30 – 01.00 pm	**Lunch**
01.00 – 01.45 pm	***Neurogenetic disorders*** Dr Kawmadi Gunawardena, Senior Registrar in Clinical Genetics, PGIM, Colombo
01.45 – 02.15 pm	***Reproductive Genetics & prenatal diagnosis*** Dr Thushara Priyawansha, Consultant Paediatric Clinical Geneticist (Acting), Sirimavo Bandaranayake Children's Hospital, Peradeniya
02.15 – 02.30 pm	***Approach to patients with a disorder of sex development*** Dr Hasani Hewavitharana, Senior Registrar in Clinical Genetics, Professorial Paediatric Unit, Lady Ridgeway Hospital - Colombo
02.30 – 03.00 pm	***Cancer Genetics & Genomics*** Professor Nirmala Sirisena, Professor in Medical Genetics, Department. of Anatomy, Genetics & Biomedical Informatics, Faculty of Medicine, Colombo
03.00 – 03.15 pm	***Genetics of Oral Cancer*** Dr Sajith Edirisinghe, Senior Lecturer and Clinical Geneticist, Dept. Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura
03.15 – 04.00 pm	***Current role of Genetics in Haematology practice*** Professor Hemali Goonasekara, Associate Professor & Consultant Haematologist, Department of Anatomy, Genetics & Biomedical Informatics, Faculty of Medicine, Colombo

Pre-Congress Workshop 6 – Discard Myths & Enjoy Sex

Date – Friday 14th July 2023
Venue – Lionel Auditorium, SLMA

08.00 – 08.20 am	**Registration**
08.20 – 08.30 am	***Welcome Address*** Dr Vinya Ariyaratne President, SLMA
08.30 – 09.15 am	***Diagnosis and management of male sexual dysfunction*** Dr Prageeth Premadasa, Consultant Venereologist, Provincial General Hospital, Polonnaruwa
09.15 – 10.00 am	***They are kinky NOT crazy – New thinking behind sexual deviations*** Dr Kapila Ranasinghe, Consultant Psychiatrist, National Inatitute of Mental Health
10.00 – 10.15 am	**Tea**
10.15 – 11.00 am	***Female sexuality from puberty to menopause and beyond*** Dr Manjula Rajapaksa, Consultant Venereologist, National STD/AIDS control programme, Sri Lanka
11.00 – 11.45 am	***Managing sexually transmitted disease in primary healthcare settings*** Dr Thlani Rathnayake, Consultant Venereologist
11.45 – 12.30 pm	***Adolescents, hormones and sex education*** Dr Darshani Hettiarachchi, Consultant in Child & Adolescent Psychiatry, Lady Ridgeway Hospital, Colombo
12.30 – 01.00 pm	***Sexual preferences/ diversity & current views*** Dr Ajith Karawita, Consultant Venereologist
01.00 – 01.45 pm	***Panel discussion on gender transformation, sexual diversity & humane care*** Dr Ajith Karawita, Consultant Venereologist & Ms Bhoomi Harendran, Executive Director, National Transgender Network
01.45 pm	**Lunch**

	Tuesday, 25th July 2023
6.00 – 9.00 pm	136th International Anniversary Medical Congress Inauguration
5.45 pm	Guests take their seats
6.00 pm	Arrival of the Chief Guest
6.05 pm	Introduction of Council Members to the Chief Guest
6.15 pm	Ceremonial Procession
6.20 pm	National Anthem
6.25 pm	Ceremonial Lighting of the lamp of learning

6.30 pm	**Welcome Address** Dr Vinya Ariyaratne *President, SLMA*
6.40 pm	Address by the Guest of Honour Professor Deepika Udugama *Chair Professor of Law and Head, Department of Law, University of Peradeniya*
6.50 pm	**Address by the Chief Guest** Emeritus Professor Mohan de Silva *Emeritus Professor of Surgery, Former Dean, Faculty of Medical Sciences, University of Sri Jayewardenepura and Former Chairman University Grant Commission*
7.00 pm	**Awarding of Fellowships** Professor Ravindra Fernanado Professor A H Sheriffdeen
7.15 pm	**Launch of SLMA Guidelines and Information on Vaccines** Review and Handing over the Books by Dr Lucien Jayasuriya, Past President, SLMA & Senior Joint Editor
7.25 pm	**Vote of Thanks** Dr Sajith Edirisinghe *Honorary Secretary, SLMA*
7.35 pm	**SLMA Oration 2023** **'Contribution made to advances in knowledge on the Snakebites'** Dr R M M K Namal Rathnayaka *MBBS, MPhil (Toxinology), MA, MSc (Medical Toxicology), MSc (Clinical Pharmacology & Therapeutics), PGDip.Toxicology, PGDip.Buddhist studies, PGCert.MedEd* *Senior Lecturer, Faculty of Medicine, Sabaragamuwa University of Sri Lanka*
8.20 pm	Musical Interlude Performers – Mr Saveen Rajapaksha & Ms Sasvi Jayaratne *First Year Medical Students, Faculty of Medicine, University of Colombo*
8.30 pm	Procession leaves the hall
8.35 pm	Fellowship & Entertainment

			Day 2: 26th July 2023
08.00 am – 08.30 am	Registration		
08.30 am – 09.00 am	**Keynote Address** **Clinical Excellence** ***'Excellence in medicine: doing the right thing right'*** *Professor Senaka Rajapakse*		
09.00 am – 09.45 am	**Professor N D W Lionel Memorial Oration** **'Starting from scratch, the first and the largest twin research programme** **in Low-and Middle-Income Countries (LMIC); the Sri Lankan Twin Registry, its research output and impact'** *Professor Athula Sumathipala*		
09.45 am – 10.00 am	Morning Tea		
10.00 am – 11.00 am	*Panel discussion 1* **'Pathways to Excellence in Healthcare'** Preventive Health – *Dr Deepika Attygalle* Laboratory Services – *Dr Gaya Katulanda* Curative Care- *Professor Thilak Weerarathna* Moderated by Dr Alan Ludowyke		
11.00 am – 12.15 pm	*Symposium 1* **'Health Financing'** Financing options to achieve Universal Health Coverage *Dr Sundararajan Gopalan* Health financing in Sri Lanka: Challenges and Responses *Dr S Sridharan* Health Financing options during an economic crisis *Professor Amala de Silva*	*Symposium 2* **'Quality Use of Medicines'** Basic principles and guidance *Professor Priyadarshani Galappatthy* Rational therapeutics during an economic crisis *Dr Ananda Wijewickrama* Excellence in Paediatric therapeutics *Dr Wathsala Hathagoda*	
12.15 pm – 12.45 pm	*Guest Lecture 1* **'In the Doctor's Bag'** *Professor Andrew Elder*	*Guest Lecture 2* **'Achieving Excellence in Critical Care'** *Dr Dilshan Priyankara*	
12.45 pm – 01.45 pm	Lunch break & Poster viewing		
01.45 pm – 02.45 pm	*Free paper session 1*	*Free paper session 2*	*Free paper session 3*
02.45 pm – 03.15 pm	*Guest Lecture 3* **'Disasters and Public Health nexus: Protecting at risk communities'** *Professor Dilanthi Amaratunga*	Guest Lecture 4 **'Management of Common Thyroid Problems in Primary Care'** *Dr Manilka Sumanathilake*	

03.15pm – 04.30 pm	*Symposium 3* **'Towards Achieving Excellence in Medical Education'** Accreditation and quality assurance *Professor Indika* Karunathilake The Future of CME *Professor Graham McMahon* How to produce a humane doctor *Professor Lawrence Sherman*	*Symposium 4* **'Winning the Metabolic Battle'** How to win the obesity epidemic? *Dr Umesha Wijenayake* Is remission in diabetes possible? *Dr Chandrika Subasinghe* Lipids and statins *Dr Uditha Bulugahapitiya*
04.30 pm – 05.45 pm	*Symposium 5* **'Adhering to Clinical Guidelines in Resource Poor Settings'** Cost effective superior treatment can be provided with guidelines *Professor Satyan Rajbhandari* Clinical guidelines: a sociological view *Professor Panduka Karunanayake* Evidence-Based Care in Clinical Medicine Strengths and Pitfalls *Dr Ruwan Ekanayak*e	*Symposium 6* **'Tackling the Complexities and Cascading Impacts of Multi-hazard Scenarios Amidst a Public Health Crisis'** *Professor Dilanthi Amaratunga* *Professor Richard Haigh* *Mr Thushara Kamalaratne* *Professor Nishara Fernando* *Dr Lahiru Kodituwakku* *Moderated by Prof Richard Haigh*
05.45 pm	Evening Tea & End of Day 2	

	Day 3: 27th July 2023
08.00 am – 08.30 am	Registration
08.30 am – 09.00 am	*Plenary 1* **Equity** ***'Social Justice and Health Equity'*** *Professor Michael Marmot*
09.00 am – 09.45 am	**Dr S Ramachandran Memorial Oration** **'Changing tends in obesity among Sri Lankan population and the role of bariatric surgery in reversing metabolic complications of obesity: A Sri Lankan experience over a decade'** *Dr Uditha Bulugahapitiya*
09.45 am – 10.00 am	Morning Tea
10.00 am – 11.00 am	*Panel Discussion 2* ***'Equity & Health'*** Human Resources & Maldistribution – *Professor Dilip de Silva* Financing and out-of-pocket expenses – *Professor Amala de Silva* Narrowing Inequalities – *Dr Vinya Ariyaratne*

<table>
<tr><td>11.00 am – 12.15 pm</td><td colspan="2">Symposium 7
‘Improving Renal Care in Sri Lanka’
The Burden of kidney disease in Sri Lanka the way forward
Dr Rajitha Abeysekera
The model of delivering best renal care for patient convenience
Dr Nalaka Herath
The progress of deceased donor kidney transplantation programme
Dr Anura Hewageegana</td><td>Symposium 8
‘Advancement of Medicine and Science in Sport and Exercise: Applications to the local setting’
Future of medical and fitness testing in sports: Where technology has brought us
Professor Chathuranga Ranasinghe
From bowled out to bouncing back”: Strategies of successful rehabilitation in elite athletes
Mr Thihan Chandramohan
‘Wellbeing of an Olympian’: What they need?
Mr Niluka Karunarathne
Panel discussion
Professor Chathuranga Ranasinghe
Mr Thihan Chandramohan
Mr Niluka Karunarathne
Mr Kyle Abeysinghe
Mr Dushmantha Chameera
Mr Kalinga Kumarage</td></tr>
<tr><td>12.15 pm – 01.15 pm</td><td colspan="3">Lunch</td></tr>
<tr><td>01.15 pm – 02.15 pm</td><td>Free paper session 4</td><td>Free paper session 5</td><td>Free paper session 6</td></tr>
<tr><td>02.15 pm – 03.30 pm</td><td colspan="2">Symposium 9
‘Arts and Humanities in Promoting Humane Health Care’
Portraits and emotions
Professor Saroj Jayasinghe
From poems to feelings
Professor Dinithi Fernando
All of life in dance
Dr Santhushya Fernando</td><td>Symposium 10
‘Air Pollution: The Invisible Enemy’
Air we Breathe – Is it Safe? : How Human Tissue Anatomy is Affected
Dr Sajith Edirisinghe
The Air we breathe from the Industry 1.0 to Industry 4.0 -
Shaping our life and life span
Professor Ajith de Alwis
Air Pollution, the Invisible Enemy
Dr Anil Jasinghe</td></tr>
</table>

03.30 pm – 04.45 pm	*Symposium 11* **'Centering Sexual and Reproductive Health (SRH) and Justice in Health Care'** Legal & policy barriers for women and adolescents? *Professor Anuruddhi Edirisinghe* What are the challenges and interference you see in providing SRH services in clinical care settings for the most vulnerable? *Dr Prabodhana Ranaweera* Modern medicine, patriarchy and women's sexual and reproductive health rights *Dr Suchithra Dalvi*e	*Symposium 12* **'Everyday Dermatology for Primary Care'** Common Dermatoses in primary care setting *Dr Chalukya Gunasekara* Common Skin Diseases in Paediatric Practice *Dr Sriyani Samaraweera* Dermatological manifestations in systemic Diseases *Dr Janaka Akarawita*
04.45 pm – 05.30 pm	**Dr S C Paul Memorial Oration** **'Breaking the vicious cycle of childhood obesity: A timely need'** *Dr MH Aruna D de Silva*	
05.30 pm	Evening Tea & End of Day 3	

	Day 4: 28th July 2023	
08.00 am – 08.30 am	Registration	
08.30 am – 09.00 am	*Plenary 2* **Community Engagement** **'Right to Health - Role of Communities and Social Movements'** Professor T Sundararaman	
09.00 am – 10.00 am	*Panel discussion 3* **'Community Engagement'** Towards a responsive health system -*Dr Chithramalee de Silva* Community based organizations and health- *Dr Vinya Ariyaratne* Role of universities in promoting community engagement- *Professor R Surenthirakumaran* *Moderated by Dr Palitha Abeykoon*	
10.00 am – 10.15 am	Morning Tea	
10.15 am – 11.30 am	*Symposium 13* **'Smart Hospital - A Paradigm Shift'** The future health systems - where less is more *Professor Tan Hiang Khoon* A Journey Towards Smart Healthcare in Sri Lanka *Dr Nishan Siriwardena* Digital crossroads in healthcare: privacy data protection challenges in smart IC*U* *Ms Aparajitha Ariyada*sa	*Symposium 14* '**Diagnosis and Management of Back Pain in** **Everyday Practice'** Management of non-resolving back pain applying clinical biomechanics: Finding the missing piece *Professor Chathuranga Ranasinghe* Back pain: a fresh look at an old problem *Dr Inoshi Atukorala* Visualizing the Invisible: The Role of Imaging in Back Pai*n* *Dr Chinthaka Appuhamy*

11.30 am – 12.45 pm	*Symposium 15* **'Community Geriatrics'** Elder abuse Prevention: Are we doing enough? *Dr Duncan Forsyth* Chronic Kidney Disease in the Elderly *Professor Alpana Raizada* Mental Health in Older People *Dr Malsha Gunathill*ake	*Symposium 16* **'Role of Community-based** Organizations in Health Promotion during Public Health Emergencies' Transforming Primary Health Care System - PSSP Experience Dr Jayasundara Bandara Community engagement mechanism for the health sector in Sri Lanka: Experience of Grievance Redressal Mechanism (GRM) Dr M N Janapriya Promoting community engagement in health: The 'Sarvodaya Suwodaya Committee Experience' Ms Sasanka Dharmasena Use of artificial intelligence in primary care Dr Padmini Ranasinghe
12.45 pm – 01.30 pm	**Debate** ***'Private Medical Education is a viable option for Sri Lanka'*** **Proposing Team:** Professor Shamila de Silva Dr Brammah R Thangarajah Dr Raveen Lekamwasam **Opposing Team:** Professor Ishan de Zoysa Dr Indira Kahawita Dr Yasas Abeywickrama	
01.30 pm – 02.00 pm	Closing Ceremony	
02.00 pm	Lunch	
07.00 pm onwards	**Doctors' Concert**	

List of Orations

SLMA Oration
"Contribution made to advances in knowledge on Snakebites"

Dr R M M K Namal Rathnayaka

MBBS, MPhil (Toxinology), MA, MSc (Medical Toxicology), MSc (Clinical Pharmacology & Therapeutics), PGDip.Toxicology, PGDip.Buddhist Studies, PGCert.MedEd
Senior Lecturer in Pharmacology, Faculty of Medicine, Sabaragamuwa University of Sri Lanka

Dr S C Paul Memorial Oration
"Breaking the vicious cycle of childhood obesity: A timely need"

Dr Aruna de Silva

MBBS(Ruh) DCH (Col) MD (Paed-Col)
Senior Lecturer in Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka

Professor N D W Lionel Memorial Oration

"Starting from scratch, the first and the largest twin research programme in Low-and Middle-Income Countries (LMIC); the Sri Lankan Twin Registry, it's research output and impact"

Professor Athula Sumathipala

MBBS, DFM, MD (Family Medicine), FSLCGP Sri Lanka, FRCPsych, CCST(UK), PhD (London)

Director, Institute for Research and Development in Health and Social Care, Colombo, Chairman, National Institute of Fundamental Studies, Kandy, Secretary General of the International Society for twin Studies, Emeritus Professor of Psychiatry, Keele University UK & Emeritus Professor of Global Mental Health, Kings College London

Dr S Ramachandran Memorial Oration

"Changing trends in obesity among Sri Lankan population & the role of bariatric surgery in reversing metabolic complications of obesity: A Sri Lankan experience over a decade"

Dr Uditha Bulugahapitiya

MBBS (SL), MD (Col), MRCP (UK, FRCP (UK), FCCP (SL)), FACE (USA), FSLCE (SL)

Consultant Endocrinologist, National Hospital of Sri Lanka

Abstracts of the Orations

SLMA Oration

"Contribution made to advances in knowledge on Snakebites"

Dr R M M K Namal Rathnayaka

MBBS, MPhil (Toxinology), MA, MSc (Medical Toxicology), MSc (Clinical Pharmacology & Therapeutics), PGDip.Toxicology, PGDip.Buddhist studies, PGCert.MedEd Senior Lecturer in Pharmacology, Faculty of Medicine, Sabaragamuwa University of Sri Lanka

Sri Lanka is considered a country with a high incidence of snakebites. The inland snake fauna comprises 108 species from which only 7 land snakes have been reported to be capable of causing severe envenoming and therefore, called highly medically important snakes. They include true vipers (Russell's viper and saw-scaled viper), pit vipers (Green pit viper and hump-nosed pit viper HNPV), and Elapids (cobra, Ceylon krait and common krait). Non-front-fanged snakes (colubrids) such as cat-eyed snakes, flying snakes and vine snakes are categorized as lesser medically important because they cause only mild local effects.

For proper management of patients with snakebite envenoming, the clinico-epidemiology should be better known. There is a geographical variation in snake venom composition and therefore, the clinical profile may vary according to the climatic zones of the country. The current studies contributed to understanding the clinical and epidemiological features of snakebites. They also contributed to the formation of management guidelines. The following are the key areas of my contribution made to advances in knowledge of snakebites, mainly HNPV which belongs to the class I snakes in WHO classification that requires antivenom.

-Green pit viper bites: the first study in the country

-Hump-nosed pit viper bites in both adults and children: Species specific clinical manifestations and long-term health manifestations

-Therapeutic plasma exchange (TPE), as an alternative therapy for thrombotic microangiopathy (TMA) caused by HNPVs: Effectiveness of TPE for TMA in the absence of antivenom

-Russell's viper bites: Cardiotoxic effects and TMA

-Ceylon Krait bites: An endemic species

-Cat snake (Genus: *Boiga*) bites: Lesser medically important snakes

Dr S C Paul Memorial Oration

"Breaking the vicious cycle of childhood obesity: A timely need"

Dr Aruna de Silva

MBBS(Ruh) DCH (Col) MD (Paed-Col)

Senior Lecturer in Paediatrics, Faculty of Medicine, University of Ruhuna

Childhood obesity has increased to pan-epidemic proportions in the recent past along with a collateral increase in obesity-associated morbidity. The development of obesity and its co-morbidities may be influenced by not only genetic, metabolic, nutritional, socioeconomic, and psychological factors but also intrauterine factors. Although metabolic syndrome is highly prevalent among obese children, there is a wide disagreement on the diagnosis, hence cardio-metabolic risk evaluation is based on established risk factors such as hypertension, dyslipidaemia, insulin resistance, and familial predisposition.

We had a multifaceted approach in exploring the screening methods, aetiology, and complications associated with childhood obesity at different stages of childhood in Southern Sri Lanka. The study was mainly divided into four key areas; Pre and perinatal predictors of childhood obesity focusing on the maternal factors, adipocytokines and metabolic determinants of insulin resistance in cord blood on the birth weight; Assessment of accuracy of currently used anthropometric and body composition indices in the diagnosis of childhood obesity; Determination of body composition indices in the diagnosis of cardiometabolic risk in obese children; To identify the prevalence of other complications of childhood obesity such as NAFLD, sleep apnoea etc.

We expect that the findings of this study will be an eye-opener for all stakeholders to implement a program to establish country-specific diagnostic markers to screen childhood obesity and its metabolic complications from birth to adolescence and to identify high-risk population according to the aetiological factors identified which ultimately would break the vicious cycle of childhood obesity in Sri Lanka.

Dr S Ramachandran Memorial Oration

"Changing trends in obesity among Sri Lankan population & the role of bariatric surgery in reversing metabolic complications of obesity: A Sri Lankan experience over a decade"

Dr Uditha Bulugahapitiya
MBBS (SL), MD (Col), MRCP (UK, FRCP (UK), FCCP (SL)), FACE (USA), FSLCE (SL)
Consultant Endocrinologist, National Hospital of Sri Lanka

'Obesity' is a growing global health challenge. The consequent metabolic complications of obesity remain a leading cause of premature mortality worldwide. Interestingly, there is a paradigm shift in epidemiological trends of obesity. From being a health problem of affluent nations, now it spans over all income levels and Sri Lanka is no exception to that.

The scarcity of island-wide high-quality representative data is a major obstacle in obesity care in Sri Lanka. In this background, being the first and largest obesity services care unit in the country serving a diverse cohort of patients we were able to explore a great deal of data on changing trends and management of obesity through decades of high-quality research.

The prevalence of obesity is rising in Sri Lanka, where a younger urban population is predominantly affected. Alarmingly, obesity rates among the rural population are on the rise as well. Our data demonstrate that metabolic and bariatric surgery (MBS) results in clinically meaningful and sustained weight loss, with improvements in visceral adiposity markers. Interestingly, statistically significant improvement in obesity-related complications was noted in non-alcoholic fatty liver disease, hypertension, and dyslipidaemia. We successfully demonstrated short-term and long-term remission of type 2 diabetes mellitus with weight loss interventions.

Most importantly improvement in obesity after MBS resulted in a significant positive impact on cardiometabolic risk reduction among Sri Lankan with obesity.

Professor N D W Lionel Memorial Oration

Starting from scratch, the first and the largest twin research programme in Low-and Middle-Income Countries (LMIC); the Sri Lankan Twin Registry, its research output and impact"

Professor Athula Sumathipala

MBBS, DFM.MD (Family Medicine), FSLCGP Sri Lanka, FRCPsych, CCST(UK), PhD (Lon)

Director, Institute for Research and Development in Health and Social Care, Colombo, Chairman, National Institute of Fundamental Studies, Kandy, Secretary General of the International Society for twin Studies, Emeritus Professor of Psychiatry, Keele University UK & Emeritus Professor of Global Mental Health, Kings College London

This oration is based on 25 years of research and 40 peer-reviewed publications.

There are three data bases; island-wide volunteer twin register, Colombo-based population register and an adolescent register. Three waves of research were carried out: Common Mental Disorders, overlap between mental and physical health and, nutrition. Ethics approval was obtained from Sri Lankan and UK Ethics Review Committees. The establishment of a biobank and molecular genetics laboratory was a major achievement.

There are crucial three pillars in the initiative: research, ethics and community engagement and involvement (CEI) contributing to successful outcomes.

A significant amount of new knowledge concerning the relative contribution of the genetic and environmental influence of Common Mental Disorders; depression, anxiety, PTSD, fatigue and comorbidities was a unique contribution towards understanding the landscape of mental disorders in a LMIC.

There are significant new findings on metabolic syndrome and comorbidity of mental health.

Standardized instruments used internationally are essential for comparing phenomena across linguistically and culturally different populations. Valid use of instruments across cultures requires a careful adaptation that goes beyond mere language translation. We introduced a completely novel process for adaptation. A battery of research instruments has been validated.

Using a non-twin sample along with a twin sample was a novel introduction to compare and generalise findings across populations.

Researching into ethics is a novel contribution. We carried out qualitative research to explore the understanding, knowledge and attitudes of the public towards genomic medicine and research. We have undertaken a significant amount of CEI work.

SLMA Awards for Free Papers and Posters

The following prizes will be awarded for free papers and posters accepted for presentation at the 136th Anniversary International Medical Congress 2023.

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

Resource Persons

Local Faculty

Professor Senaka Rajapakse
Chair Professor of Medicine, Faculty of Medicine, and Director, Postgraduate Institute of Medicine, University of Colombo

Dr Deepika Attygalle
Senior Health Specialist, World Bank, Colombo

Dr Gaya Katulanda
Consultant Chemical Pathologist, NHSL

Professor Thilak Weeraratne
Dean, Faculty of Medicine, Ruhuna

Dr S Sridharan
Director / Organization & Development at Ministry of Health

Professor Amala de Silva
Senior Professor, Department of Economics, University of Colombo

Professor Priyadarshani Galappatthy
Professor and Chair Professor of Pharmacology, Faculty of Medicine, University of Colombo

Dr Ananda Wijewickrama
Consultant Physician, National Institute of Infectious Diseases (IDH)

Dr Wathsala Hathagoda
Consultant Paediatrician

Dr Dilshan Priyankara
Consultant in Critical Care Medicine, NHSL, Colombo

Dr Manilka Sumanathilake
Consultant Endocrinologist, National Hospital Sri Lanka (NHSL)

Professor Indika Karunathilake
Professor *in Medical Education, Faculty of Medicine, University of Colombo*

Dr Chandrika Subasinghe
Consultant Endocrinologist, District General Hospital, Chilaw

Dr Uditha Bulugahapitiya
Consultant Endocrinologist, NHSL, Colombo

Dr Umesha Wijenayake
Acting Consultant Endocrinologist at the District General Hospital, Negombo

Professor Nishara Fernando
Senior Lecturer attached to the Department of Sociology of the Faculty of Arts, University of Colombo

Professor Panduka Karunanayake
Professor in the Department of Clinical Medicine, Faculty of Medicine, University of Colombo

Dr Ruwan Ekanayake
Senior Consultant Cardiologist

Professor Dilip de Silva
Chair Professor of Community Oral Health at the Faculty of Dental Sciences University of Peradeniya and Director Career Guidance Unit of the University of Peradeniya

Dr Rajitha Abeysekera
Senior Lecture in Medicine, Faculty of Medicine, University of Peradeniya

Dr Nalaka Herath
Consultant Nephrologist, Teaching Hospital, Kurunegala

Dr Anura Hewageegana
Consultant Nephrologist, NHSL, Colombo

Professor Chathuranga Ranasinghe
Director of the Centre for Sport and Exercise Medicine (CSEM), Faculty of Medicine University of Colombo Sri Lanka

Dr Chinthaka Appuhamy
Senior Lecturer, Department of Surgery, Faculty of Medicine, University of Kelaniya

Mr Niluka Karunarathne
Triple Olympian & National badminton champion for 17 years

Professor Saroj Jayasinghe
Emeritus Professor of Medicine, University of Colombo

Dr Lahiru Kodituwakku
Humanitarian Response Manager at United Nations Population Fund (UNFPA), Country Office

Professor Dinithi Fernando
Professor in the Department of Physiology, Faculty of Medicine, University of Colombo

Dr Santhushya Fernando
Senior Lecturer at the Department of Medical Humanities, Faculty of Medicine, University of Colombo

Dr Sajith Edirisinghe
Senior Lecturer and Clinical Geneticist, Department of Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura

Professor Ajith de Alwis
Professor in Chemical and Process Engineering, University of Moratuwa

Dr Anil Jasinghe
Secretary, Ministry of Environment, Sri Lanka

Professor Anuruddhi Edirisinghe
Chair & Senior Professor of Forensic Medicine, University of Kelaniya

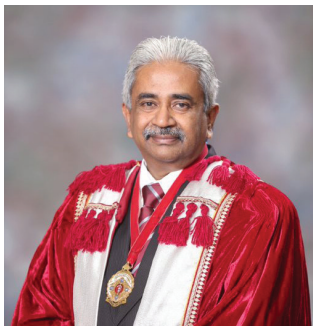
Dr Prabodhana Ranaweera
Senior Lecturer, Department of Obstetrics & Gynaecology, University of Colombo

Dr Chalukya Gunasekara
Consultant Dermatologist, NHSL, Colombo

Dr Sriyani Samaraweera
Consultant Dermatologist, LRH, Colombo

Dr Janaka Akarawita
Consultant Dermatologist, NHSL, Colombo

Dr Chithramalee de Silva
Director Maternal & Child Health, Family Health Bureau (FHB)



Dr Vinya Ariyaratne
Consultant Community Physician, President, SLMA (2023)

Professor R Surenthirakumaran
Professor in Community Medicine, Dean, Faculty of Medicine, University of Jaffna

Dr Inoshi Atukorala
Senior Lecturer in Clinical Medicine, Faculty of Medicine, Colombo

Dr Aparajitha Ariyadasa
Attorney-at-Law

Dr Jayasundara Bandara
Project Director, Primary Health Care Systems Strengthening Project (PSSP)

Ms Sasanka Dharmasena
Manager, Community Health Unit, Sarvodaya Shramadana Movement

Dr Malsha Gunathillake
Consultant Psychiatrist, Psychiatry Unit, Colombo South Teaching Hospital, Kalubowila

Dr Nishan Siriwardena
Consultant in Health Informatics, Ministry of Health, Sri Lanka

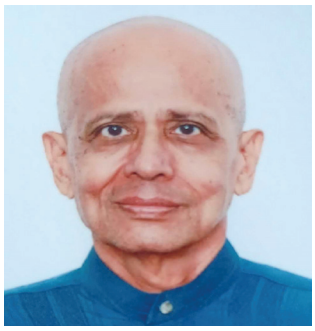
Mr Thihan Chandramohan
Rehabilitation Manager, Sri Lanka Cricket

Mr Kyle Abeysinghe
National swimmer & Commonwealth medalist

Dr M N Janapriya

Medical Officer in Charge of the Grievance Coordinating Unit, Ministry of Health

International Faculty



Professor Sundararajan Gopalan
Lead Independent Consultant for Health Financing strategy Development in Sri Lanka

Professor Andrew Elder
President of the Royal College of Physicians of Edinburgh

Professor Dilanthi Amaratunga
Professor of Disaster Risk Management at the University of Huddersfield, UK

Professor Richard Haigh
Professor of Disaster Resilience and Co-Director of the University of Huddersfield's Global Disaster Resilience Centre, UK

Professor Graham McMahon
President and Chief Executive Officer, Accreditation Council for Continuing Medical Education (ACCME)

Professor Lawrence Sherman
President, Meducate Global, LLC, United States of America

Professor Satyan Rajbhandari
Consultant in Diabetes & Endocrinology, Lancashire Teaching Hospital

Professor Michael Marmot
Director of the Institute of Health Equity (UCL Department of Epidemiology & Public Health

Dr Suchithra Dalvie
Consultant Gynaecologist, Co-founder Safe Abortion Partnership

Dr Padmini Ranasinghe
Assistant Professor of Medicine at the Johns Hopkins University School of Medicine

Professor T Sundararaman
Global Coordinator, Peoples Health Movement (PHM)

Professor Tan Hiang Khoon
Director, SingHealth Duke-NUS Global Health Institute (SDGHI)

Dr Duncan Forsyth
Adjunct Professor in the School of Healthcare and Medical Sciences, Sunway University, Malaysia

Professor Alpana Raizada
Professor of Medicine, University College of Medical Sciences, Delhi, India

Mr Thushara Kamalaratne
Doctoral researcher at the Global Disaster Resilience Centre, University of Huddersfield, UK

Abstracts of Plenary Lectures and Symposia

Keynote Address: **Clinical Excellence**

Excellence in medicine: doing the right thing right

Professor Senaka Rajapakse

Excellence in medicine represents the relentless pursuit of the highest standards in patient care, medical practice, and healthcare delivery. It embodies the commitment of healthcare professionals to continuously improve their knowledge, skills, and approaches to achieve optimal patient outcomes and patient satisfaction. It is said that excellence is achieved by training and habituation, a result of repeatedly striving to do the right thing. Excellence goes beyond just technical expertise and encompasses compassionate patient care and effective communication. The foundation of excellence in health care includes the provision of appropriate patient-centred care while ensuring quality and safety. This requires a backbone of competent healthcare professionals, who collaborate and work well in teams. Equity and appropriate access to healthcare is an integral part of excellence while ensuring ethical and transparent practices. Excellence is a continuous process, which evolves through self-reflection, audit, research, and innovation. This talk outlines the fundamental principles in the pathway to achieving excellence in medicine and the key challenges to doing so and proposes governance frameworks and self-regulatory measures to ensure that we do the right thing right.

Plenary 1: **Equity**

Social justice and health equity
Professor Sir Michael G Marmot

Taking action to reduce health inequalities is a matter of social justice. In developing strategies for tackling health inequalities, we need to confront the social gradient in health not just the difference between the worst off and everybody else. There is clear evidence when we look across countries that national policies make a difference and that much can be done in cities, towns, and local areas. But policies and interventions must not be confined to the health care system; they need to address the conditions in which people are born, grow, live, work and age. The evidence shows that economic circumstances are important but are not the only drivers of health inequalities. Tackling the health gap will take action, based on sound evidence, across the whole of society.

Plenary 2: **Community**

Bringing the Public into Public Health - Lessons from experiences of community engagement in South Asian countries

Professor T Sundararaman

There can be no public health without an active participatory role for the public. The citizen and the community have to be perceived not as consumers or beneficiaries, but as active participants and co-producers of health. Community participation has multiple objectives: it supports service delivery, promotes behaviour change, contributes to planning, management and resource mobilization, and is an important pathway for influencing the social determinants of health. One of the most powerful forms of public involvement which can meet all the above objectives is when institutions of local self-government take a lead role. Kerala has always been an outstanding example in this regard and has results to show for this. Thailand and Nepal are also countries that have deployed this strategy in different ways and benefitted from it. In most countries of the region and many states of India, local self-government bodies are less involved, and it is village committees and community-based organizations that perform this function. Since Community Health Workers (CHWs) are local residents, working within and accountable to communities, and building the capacity of community-based organizations, they too constitute an important form of public involvement. In most countries, civil society organizations modestly supplement public service delivery, usually for reaching vulnerable groups like migrants or HIV affected. However, in Bangladesh, a substantial part of pro-poor public services is organized through organizations like BRAC and GK. Across South Asia, the main contribution of civil society organizations is through advocacy and affirmative action towards universal health care and the right to health. Though often associated with global NGOs, it is indigenous peoples' health movements in their various forms that have been playing the lead role in this for the last two decades, and we need to work with them and enhance the role they play.

Panel Discussion 1: **Pathways to Excellence in Health care**

Preventive care services

Dr Deepika Attygalle

The healthcare infrastructure of a country plays a crucial role in promoting health and preventing diseases. In Sri Lanka, the healthcare system has a solid foundation in preventive care, with preventive health units offering a range of services to address communicable diseases, maternal and child health, and infectious diseases. However, the healthcare system has been primarily focused on curative services resulting in an imbalance in resource allocation. Reorienting the healthcare services towards prevention has been challenging due to a lack of coordination with other government departments and reluctance to embrace preventive medicine.

To address these challenges, Sri Lanka implemented primary healthcare reforms from 1979 to 2000, aimed at reducing healthcare inequalities and improving access by establishing a three-tiered healthcare structure and emphasizing community participation. Despite resource constraints, population growth, and conflicts, Sri Lanka has a strong track record of advancing toward preventive healthcare.

Currently, Sri Lanka is in an epidemiological and demographic transition, with an increase in non-Communicable diseases (NCDs) and an ageing population. To address these emerging health issues, Sri Lanka needs to focus on promoting healthy lifestyles, early detection, and management of NCDs, and strengthening the healthcare infrastructure to ensure accessibility and affordability for all citizens.

In conclusion, promoting health rather than just treating disease requires an effective healthcare infrastructure that is resourced sufficiently and accessible to all citizens. Sri Lanka has a solid foundation in preventive care but reorienting the healthcare services towards prevention has been challenging. To strengthen health services and provide effective and accessible care for its population, its pathway to excellence must consider not only curative healthcare but also preventative and promotive healthcare.

Laboratory Services

Dr Gaya Katulanda

Clinical laboratories play a vital role in the practice of modern medicine. Clinical laboratories examine materials from the human body and provide information for the diagnosis, management, prevention, and treatment of disease. Furthermore, they provide consultant advisory services on the choice of test, sample type, test frequency and interpretation of results of examinations. Laboratories should provide the right result for the right test on the right patient at the right time and with the right support. The results of these examinations should have the quality that "fits for its intended use" to maintain the excellence of clinical care. This concept of quality is not absolute, but rather matched to specific needs set according to customers' needs.

The laboratories are accountable for the excellence of care through a framework, the quality management system, which is a systematic, integrated set of activities to establish and control the work processes from preanalytical through post-analytical processes, manage resources, conduct evaluations, and make continual improvements to ensure consistent quality results. Benchmarking and risk management are the foundations of this framework. The key aspects of laboratory quality management involve leadership, engagement of people, system approach to management, process approach, reducing cost, customer focus, factual approach to decision-making, continual improvement, risk management and mutually beneficial relationships with suppliers.

The International Standard ISO 15189 Medical Laboratories - Requirements for quality and competence, addresses both quality management systems and technical requirements to reach excellence of care. Both government regulations and the accreditation of medical laboratories against this standard set excellence of care.

Curative Healthcare in Sri Lanka, Challenges and beyond

Professor T P Weerarathna

Curative care plays a crucial role in Sri Lanka's healthcare system, with physicians witnessing its transformative impact on patient outcomes. This panel discussion aims to highlight key aspects of curative care in Sri Lanka, focusing on the challenges faced and the innovative approaches that need to be adopted to deliver effective and patient-centred treatments.

As Health care professionals in Sri Lanka, we face multitude of healthcare challenges, including limited resources, geographical disparities, and a rising burden of non-communicable diseases. However, Sri Lankan healthcare providers have demonstrated remarkable resilience and adaptability in delivering curative care to their patients, leading to several key health indicators showing improvements, such as life expectancy comparable to many developed countries.

One of the significant challenges in curative care delivery is the scarcity of resources, particularly in rural and underserved areas of Sri Lanka. To overcome this challenge, it is imperative to implement innovative strategies such as telemedicine and mobile healthcare units to reach remote populations and provide essential curative interventions. These initiatives will not only improve access to care but also strengthen low-cost and affordable healthcare services across the country.

Additionally, the rising burden of non-communicable diseases, including cardiovascular diseases, diabetes, and cancer, necessitates the development of specialized curative care programs in Sri Lanka. Locally relevant research is needed to develop targeted treatment approaches, with a focus on early detection, multidisciplinary care, and personalized medicine. Experience from other countries has shown that culturally appropriate approaches have significantly improved patient outcomes, enhanced survival rates, and reduced disease-related complications.

In conclusion, curative care in Sri Lanka is a dynamic and evolving field that addresses the unique challenges faced by healthcare professionals across all disciplines. By adopting innovative approaches and integrating technology, there is tremendous potential to make significant strides in improving curative care outcomes and enhancing patient experiences. Through collaboration, learning, and innovation, this esteemed annual session of the Sri Lanka Medical Association provides a platform to further enhance curative care in Sri Lanka and beyond.

Panel Discussion 2: **Equity & Health**

Health Human Resources in Health in Sri Lanka and its challenges

Professor Dileep de SIlva

It is often argued that the number of doctors a country needs depends on the population size (population to doctor ratio). If so, Sri Lanka, with a population of 22 million, should have a similar number of doctors to Niger and Australia, both of which have populations of approximately 25 million. However, when the size of the economies, and the extent of land of these three countries are taken into consideration, the health needs of each country cannot be met by a similar number of doctors.

Country	Population (2022)	Size of the Economy (GDP)-USD 2021	GDP per capita-USD 2021	Size of the Country (Sq.km)
Sri Lanka	22 million	84 billion	3,815	65,610
Niger	25 million	15 billion	594	1.26 million
Australia	25 million	1.54 trillion	59,934	7.6 million

It is generally agreed that the number of doctors to be trained depends on several factors, which include its population size and distribution, the size of its economy and the fiscal space, the health system and how it is financed, as well as the extent of land of the country. Considering these facts,

the WHO has identified an aggregate density of 4.45 physicians, nurses and midwives per 1,000 population as the workforce threshold required for 25% achievement of a composite SDG index. This WHO threshold suggests that Sri Lanka requires a total of at least 97,010 physicians, nurses, and midwives.

Data at the HR unit of the Ministry of Health indicates that as of December 2021, the Line Ministry and Provincial Councils employed 23,039 doctors, 40,408 nurses and 9,024 midwives (i.e., a total of 72,471 physicians, nurses and midwives) suggesting that Sri Lanka had an aggregate density of only 3.32 physicians, nurses and midwives per 1,000 population in 2021. Accordingly, there appears to be a shortfall of 24,539 key health personnel.

However, the actual rate is probably higher since there are other contributors to the health workforce. It is estimated that about 1,500 doctors are engaged in full-time practice in the private sector, either as full-time general medical practitioners or as full-time employees. The Defense establishment also has about 320 medical practitioners while the university system has about 760 medically qualified persons in their permanent cadre, thus bringing up the total number of doctors working in Sri Lanka to approximately 25,584. This is without counting for dual employment.

Since there are negligible numbers of fully qualified nurses and midwives in the private sector, the total number of physicians, nurses and midwives in Sri Lanka adds up to about 75,016 at present, with a composition of 34% doctors, 54% nurses and 12% midwives. However, Health HR in Sri Lanka is saddled with multiple challenges.

Financing & Out of Pocket Expenses

Professor Amala de Silva

Out of pocket expenses by households was 81% of private current health expenditure in 2018 with private expenditure at 52% of current health expenditure (IHP 2021). Such large out of pocket expenses are a concern. What are the determinants of out of pocket expenditure? Is the choice to spend on health voluntary (pull factors of the private sector) or is it forced due to scarcity and delays in public sector health services (push factors)? What expenditure items are most often covered by out of pocket expenditure? The economic crisis has affected the demand for health: lower incomes and the rise in unemployment are likely to raise the demand for public sector services reducing out of pocket expenditure, while rising prices are likely to exacerbate the burden of out of pocket expenditure. Are the out of pocket payments for health catastrophic? Impoverishing? How can health inequity be best reduced in a time of economic crisis? Measures such as targeting vulnerable groups and emphasizing PHC could be of importance in this regard.

Narrowing Inequities

Dr Vinya Ariyaratne

Panel Discussion 3: **Community Engagement**

Community engagement towards a responsive health system with lessons learnt from the MCH programme

Dr Chithramalee de Silva

Responsiveness is the ability of the health system to respond to the legitimate expectations of potential users about enhancing aspects of care. It is further defined as the way, the individuals are treated by the health system, their environment, and the encompassing notion of an individual's expectation with the contact they had with the health system. Community engagement strategies provide opportunities to get the involvement of the community groups to identify, plan, design, governance, and deliver health services to tackle health-related matters and promote well-being.

With the engagement of communities, potential clients get a platform to experience the health system and contribute to the health system in a meaningful manner. Here are a few examples from the reproductive, maternal, newborn, child and adolescent health (RMNCAYH) programme in Sri Lanka.

Adolescent engagement is observed and valued at all levels from policy to program design in the National Adolescent Health programme. This has led to increased reach of the programme for the needy youth addressing the health needs. Mother support groups primarily operate at the grass root level and work on improving child nutrition, and early child care development. They volunteer in many maternal and child health initiatives and support implementation in an acceptable manner to the local communities. These volunteer groups were instrumental in their role and support during the economic crisis especially in the rural areas. The voice of the community is often heard in various consultations in programme development and reviews integrating public partnerships in all stages of programme planning cycle. However, mechanisms need to be identified to institutionalize the practices at all levels.

Community based organizations and health

Dr Vinya Ariyaratne

Community-based organizations (CBOs) have been in operation for many decades in Sri Lanka and have been an integral part of our society. There is arrange of CBOs in operation in Sri Lanka – from *Maranadhara samithi* (Funeral Aid Societies), *Mahila Samithi* (women's associations) to *grama sanwardhana samithi* (Rural Development Societies). CBOs, which are mostly voluntary bodies, have served many a purpose in rural communities in religious, welfare, educational and other social activities. CBOs have been the vehicle through which community engagement for various health and social actions have been implemented. The COVID-19 demonstrated the importance of decentralized action on containing the impact of pandemics as well as the importance of building community resilience to face future disasters. Community engagement is now recognized as a critical element in health promotion, disease prevention, optimizing clinical care, in rehabilitation, palliative care and safeguarding patients' rights. Community engagement can be effectively facilitated by strengthening the capacity of the CBOs in a systematic way.

Role of universities in promoting community engagement

Professor R Surenthirakumaran

Community engagement could be defined as "a process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations, concerning issues affecting their well-being". Community engagement approaches help improve health and well-being and reduce inequalities by helping the community identify their needs and working with them to create and implement their initiatives. The enjoyment of the highest attainable health standard depends on the availability, accessibility, acceptability and quality of healthcare, among a host of other health determinants. High-quality health care helps prevent diseases and improve quality of life. With the change in health needs due to the epidemiological, demographic and nutrition transition, the demand for healthcare is likely to increase exponentially in future. Thus, health systems need to reorient to satisfy the requirements.

The role of higher education institutions is changing rapidly. Regardless of their mission, all of our tertiary education institutions are exploring how they can educate their students to become the kind of educated citizenry we need in our nation today. The power of engagement as a way to approach the core functions of teaching, research and services as a strategy for improving life in the community. Engaged work draws upon many perspectives to frame questions, explore options, and develop and then apply solutions to challenges in the local community and beyond.

Symposium 1: **Health Financing**

Financing Options to achieve Universal Health Coverage

Dr Sundararajan Srinivasa Gopalan

The presentation discusses the central place of health financing in any country's aspiration to ensure Universal Health Coverage (UHC) for its citizens, in line with the global sustainable development goals (SDG). The author breaks down the overall goal of Universal Health Coverage (UHC) for all into three objectives: (i) Increase Access, Utilization and Coverage of Essential Health Services; (ii) Improve Quality of care at all levels; and (iii) Enhance Financial Protection of individuals and households from expenditures on health care. In order to achieve these objectives a more equitable and efficient health financing mechanism would be a critical prerequisite. In short, mobilizing "more money for health", and obtaining "more health for the money" are key priorities on which to focus. The presentation argues that the main problems of insufficient resources, and the need to improve efficiency and equity of their allocation and expenditure - faced by any country's health systems - can be addressed by a well-managed, prepaid and pooled health financing mechanism (be it a tax-based or social health insurance model or a hybrid of the two), through strategic purchasing approaches, leveraging the private sector and building public-private partnerships, order to increase efficiency, equity and accountability, by strengthening the stewardship role of the Ministry of Health and separating the financing and purchasing functions from service delivery.

Health financing in Sri Lanka Challenges and Responses

Dr S Sridharan

Health Financing options during an economic crisis
Professor Amala de Silva

The economic crisis in Sri Lanka, closely followed the Covid-19 crisis, which followed the Easter bombing crisis but its roots lie in much deeper, in earlier times where poor macroeconomic management contributed to the twin deficits: budget deficits and balance of payments deficits, which have resulted in the current stagflation situation. Two major macroeconomic trends: stagnation and inflation, seen in this crisis period, have a major bearing on the health financing challenges of the country. The health financing challenges: inadequate government spending on health and high out of pocket expenditure are however observable from the turn of the century, and the issue then is if these trends have been exacerbated by the economic crisis? More relevant however is the issue of finding means of resolving these historical challenges, made more intense by the economic crisis, necessitating systematic planning and reforms in the current period not only with regard to health financing but in terms of health expenditure as well. The budget deficit scenario will necessarily limit state health financing in the future, making cost savings through efficiency gains an important means of expanding the health financing pool. The balance of payments crisis, that has led to depreciation of the exchange rate affects drug availability and prices, and is a major determinant of out of pocket expenditure.

Symposium 2: **Quality use of medicine**

Principles and guidance for excellence
Professor Priyadarshani Galappatthy

Quality/rational use of medicines is defined by the World Health Organisation (WHO) as "patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community". Irrational use of medicines is a major problem worldwide. WHO estimates that more than half of all medicines are prescribed, dispensed or sold inappropriately and half of all patients also fail to take them correctly. The overuse, underuse or misuse of medicines results in wastage of scarce resources and widespread health hazards.

Improving the use of medicines by health workers and the general public is crucial both to reducing morbidity and mortality from communicable and non-communicable diseases, and to containing drug expenditure. A sound rational drug use programme in any country has three elements: Rational use of medicines strategy and monitoring, which involves advocating rational medicines use, identifying and promoting successful strategies, and securing responsible medicines promotion; Rational use of medicines by health professionals which includes developing national standard treatment guidelines, essential medicine lists, educational programmes and other effective mechanisms to promote rational medicine use by health professionals; and Rational use of medicines by consumers which includes establishing effective medicines information systems to provide independent and unbiased medicine information, including on traditional medicines to the general public and to improve medicine use by consumers. WHO advocates 12 key interventions to promote more rational use of medicines, which will be discussed during the presentation.

Rational therapeutics during an economic crisis
Dr Ananda Wijewickrama

Excellence in Paediatric therapeutics
Professor Shaman Rajindrajith

Symposium 3: **Towards Achieving Excellence in Medical Education**

Accreditation and quality assurance
Professor Indika Karunathilake

The core aim of the accreditation in medical education should be producing competent healthcare professionals and ultimately optimization of patient care and patient outcomes. There is lack of robust evidence on the direct role of accreditation in ensuring the quality of medical education programmes. Nonetheless, accreditation has been accepted as a necessary tool for quality assurance and quality improvement in medical education.

Accreditation should be based on regional context and the development and implementation of accreditation systems should be collaborative. The goal of quality improvement in medical education within a region should focus primarily on producing graduates to serve regional needs rather than on implementing quality improvement measures with the intention of gaining international accreditation.

The Future of CME
Professor Graham McMahon

Sophisticated professionals and medical employers increasingly need and expect educators to deliver skill development rather than informational updates. Participatory formats for learning and opportunities for assessment, feedback, reflection, and group learning facilitate this evolution. Technology can enhance the learning experience, manage curricula, and track learner engagement and performance. Accreditors around the globe are increasingly aligning on standards and approaches to elevate the impact of CME; these changes will drive the improvements in learning that will support clinicians to perform at their best, deliver the care their patients deserve and improve the public health.

How to produce a humane doctor
Professor Lawrence Sherman

Every doctor should strive to be a humane doctor. Humaneness further implies kindness, altruism and empathy. The overemphasis on biomedical sciences neglecting the humane aspect in medical school curricula makes doctors failing to understand the big picture leading to issues in communication, patient dissatisfaction, lack of empathy and loss of humanness. Humanness in medicine shares an intimate connection with the concept of the doctor-patient relationship. Societal changes and ethical issues in health care have been responsible for the evolution of the models of the doctor-patient relationship in the current context. Medical humanities play a vital role in producing a humane doctor.

Symposium 4: **Winning the Metabolic Battle**

How to win the obesity epidemic?

Dr Umesha Wijenayake

"Obesity" defined as abnormal or excessive fat accumulation that presents a health risk. It is a major risk factor for several chronic diseases. The estimated global prevalence of obesity in 2020 is 15%, and nearly, 4.7 million people die prematurely because of obesity worldwide. The prevalence of obesity is rising at an alarming rate worldwide reaching epidemic or pandemic proportions and it is projected that by 2030 over 1 billion people will be living with obesity globally. Unfortunately, Sri Lanka is no exception to this global health challenge.

The aetiology and pathogenesis of obesity are multifactorial, where rather complex interactions are noted between biological, environmental, and psychosocial phenomena. Thus, our approach to winning the obesity epidemic should be multifaceted. Even though conventional lifestyle modification still plays a role in obesity care, newer pharmacotherapeutic agents and metabolic and bariatric surgeries have revolutionized its management with resultant clinically meaningful and sustained weight loss. Obesity is a health crisis of the new world, there is an ever-expanding field of research work in the background to discover molecules and means to strengthen the armamentarium to win the battle against obesity.

Is remission in diabetes possible?

Dr Chandrika Subasinghe

T2 DM prevalence is rising globally in pandemic proportions and South Asia is in its epicenter. It comes with its metabolic companions including obesity, hypertension, dyslipidaemia, atherosclerotic cardiovascular disease and diabetic complications (kidney disease, retinopathy, diabetic foot disease) which carries significant morbidity, mortality and huge burden to the global health budget. T2DM is caused by chronic nutrient excess and prevention is possible, although it is a difficult task. If diabetes remission could be achieved, it could result in improvement in quality adjusted life years and health economics.

Metabolic surgery has shown promising results in achieving diabetes remission in obese through multiple proposed mechanisms. Low calorie-based weight management programs have been successful in achieving similar results in diabetes remission. Twin cycle theory proposed by prof Roy Taylor and team explains the pathophysiology behind diabetes remission through weight management. There is a hope that "normal weight" individuals also could achieve diabetes remission through weight management. Newer pharmacotherapy in Diabetes also has shown significant efficacy in weight management and normalizing HbA1c.

Diabetes remission and its long term benefits on micro and macrovascular complications are yet to be discovered with time. Withdrawing newer medications with cardio renal benefits after diabetes remission is still questionable.

Lipids and Statins

Dr Uditha Bulugahapitiya

Hypercholesterolemia is a well-known risk factors for cardiovascular disease and stroke. Thus, inhibition of cholesterol biosynthesis plays an important role in the management and prevention of aforementioned diseases.

Statins are administered as the first-line therapy for hypercholesterolemia, both in primary and secondary prevention. Statins lower LDL-cholesterol levels by competitively inhibiting HMG-CoA reductase enzyme, which is the rate limiting enzyme in cholesterol biosynthetic pathway. There are different types of statins prescribed worldwide ranging from atorvastatin, simvastatin, lovastatin, pitvastatin, rosuvastatin, fluvastatin and pravastatin. Each of these statins have variable response over lipid profile. Patients often have heterogenous responses to different types of statins. In addition, advanced age, gender, comorbidities, drug interaction, interindividual variability, differences in pharmacokinetics, and pharmacodynamics, and structure of statins lead to diverse clinical responses. Data from comparative trials confirm that rosuvastatin is the most effective statin for lowering LDL-C, followed by atorvastatin, simvastatin, and pravastatin.

In addition, statin therapy raises HDL-C levels. However, these effects vary by statin used, dose and don't correlate with the effects in LDL-C levels. Atorvastatin and rosuvastatin ae effective in lowering triglycerides in a dose dependent manner.

Besides the lipid lowering effects, statins have also been suggested to inhibit the development of cardiovascular disease through anti-inflammatory, antioxidant, vascular endothelial function-improving, plaque stabilizing, and platelet aggregation inhibiting effects. The major adverse reaction limiting statin use is the development of muscle symptoms, and hepatic dysfunction.

Symposium 5: ***Adhering to Clinical Guidelines in Resource Poor Settings***

Cost effective superior treatment can be provided with guidelines

Professor Satyan Rajbhandari

Guidelines should be based on the best available evidence of both clinical benefit and cost effectiveness. Cost effectiveness is the estimated costs of the treatment in relation to its expected health benefits. The total cost involves the direct monetary cost of the treatment and its implementation. The benefits include the direct health benefit and the consequences of not treating or using alternative treatment. In the UK it is measured in the term of QALY gained per unit of treatment. This has allowed NHS to prioritise the scarce resources and get special discount on specific treatment. There are many instances in diabetes care, where this has happened. Metformin is universally accepted as the first line treatment in type 2 diabetes, which is cheap and effective. Cost effective treatment guidelines, when used in developing countries, will reduce cost. It will directly benefit patients where they need to buy medicines. This will also allow governments to buy clinically effective quality medicines in big quantities at a reduced price. All clinicians should stand together and agree on cost effective treatment guidelines to provide superior treatment, which will benefit our patients both physically and financially. The lower cost should be the driver for implementation of guidelines to provide superior treatment.

Clinical guidelines: Sociological view

Professor Panduka Karunanayake

Evidence based care in clinical medicine - Strengths and pit falls.

Dr Ruvan Ekanayaka

Changing evidence has been responsible for turning our practice of medicine in a direction opposite to accepted conventional wisdom. In cardiac practice we see this from the simple

"History" of ischaemic chest pain which now has a wider encompass than the traditional sub sternal discomfort.

The normal values for S. Cholesterol have undergone rapid and drastic evolution and the increase of HDL-C by CETP (E.g. Torcetrapib) has shown to increase mortality against all expectations.

Betablockers have been introduced into heart failure protocols against dire predictions of physiologists who reiterated the contra indications involved.

The Natural history of Chronic Stable ischaemic disease has been revolutionized in modern studies and along with this the guidelines for stent implantation in chronic ischaemic syndromes have been revised.

The evidence regarding the use of aspirin in primary prevention and statin use reveals the changing nature of the evidence and the contentious issues which ensue.

The sources of evidence can be very diverse varying from simple observations to in depth laboratory studies which later result in "bench to bedside" applications.

Thus, we see that for safe and high-quality care we need sound scientific evidence, so as to ensure that clinicians do only good and are not instruments of harm.

Symposium 6: **Tackling the Compexities and Cascading Impacts of Multi-hazard Scenarios Amidst a Public Health Crisis**

Professor Dilanthi Amaratunga, Professor Richard Haigh, Mr Thushara Kamalaratne
Professor Nishara Fernando & Dr Lahiru Kodituwakku

The Covid-19 pandemic has challenged our existing disaster and emergency management policies and strategies, including our approaches for community engagement. Now is an opportunity to rethink the intersectoral nature of disaster risk management and consider how we can better address multiple and cascading hazard threats.

The following key questions will be addressed by the speakers:

- What challenges do compound and cascading hazards pose for disaster risk management arrangements?
- What are the arrangements in Sri Lanka and overseas for epidemic and pandemic preparedness, and do they adopt a multi-hazard approach?
- What can we learn from the vaccine programme in Sri Lanka, in terms of engaging the public in disaster risk reduction?
- How can we better organise our institutions and society to tackle the complexity and interdependencies of systemic disaster risk?

This panel discussion will provide a rich discussion around the challenges associated with an emerging and increasing complex disaster risk landscape. It will also explore some of the experiences and approaches that can be used to strengthen disaster risk governance and public engagement and tackle this complexity.

Symposium 7: **Improving Renal Care in Sri Lanka**

Burden of Chronic Kidney Disease in Sri Lanka: The next steps

Dr Rajitha Abeysekera

Chronic kidney disease (CKD) rates continue to significantly rise in parallel to the rise in non commumicable diseases, imposing growing health and socioeconomic burdens across the globe. Overall CKD prevalence in South Asia is approximately 14%, noting variability among countries with scarcity of data from Sri Lanka. Diabetes and hypertension continues to be the predominant cause of CKD in Sri Lanka however the true burden of CKD has not been evaluated. There are better data on the Chronic Kidney Disease of Uncertain aetiology (CKDu), a challenge to Sri Lanka of endemic proportions which is limited to certain geographical regions with a published prevelance ranging from 15 – 23%. However, data from these regions do not provide the true picture of CKD in Sri Lanka, especially outside CKDu regions.

Sri Lanka possess all the expertise to provide all forms of renal replacement therapies to international standards. However, limitations in resources and accessibility to healthcare has made it challenging to provide the best care to patients. Current kidney specific health infrastructures include only 22 nephrology units with approximately 1.5 nephrologist per million population which is marked less in contrast to the developed world. Similarly, limitations in trained medical & nursing staff, heavy patient loads, poorly resourced haemodialysis & peritoneal dialysis facilities, limitations in immunosuppression medications and diagnostics are all day-to-day challenges which are faced by the healthcare providers as well as patients.

Effective healthcare policy and planning need more robust data of the epidemiological patterns and burden of CKD in Sri Lanka. Initial steps to develop a Sri Lanka Renal Registry, National policy related to kidney disease, improvement of the deceased donor program for kidney transplantation are a few of the many programs under way with the active involvement of the Ministry of health, Sri Lanka Society of Nephrologists and other stakeholders. These next steps will streamline and improve provision of healthcare to patients with CKD in Sri Lanka.

The model of delivering the best renal care for patient convenience

Dr Nalaka Herath

The burden of CKD is rising rapidly due to high prevalence of diabetes mellitus and hypertension in Sri Lanka as well as Kurunegala district. The Kurunegala is one of the largest districts having a population over 1.7 million and an important commercial, economic, trade and investment hub of Sri Lanka. As the tertiary care center for nephrology is situated at busy Kurunegala town away from the main bus and railway station, public transport is a major issue for patients traveling from distant rural areas. Poverty, advanced age, and comorbidities further aggravate this traveling issue and becoming a huge barrier for access to standard nephrology services. To overcome this main obstacle, we have designed a more patient convenient system, where healthcare workers travel to the patient's doorstep.

With the help of the regional director of health services and doctor attached to CKD unit, we were able to establish 15 renal clinics and 5 satellite hemodialysis units in base and district hospitals of Kurunegala district. Nearly 5000 renal patients and 400 hemodialysis and CAPD patients are followed up by medical and nursing officers and one of the consultant nephrologists visits these clinics regularly.

The investigation facilities were upgraded to allow the patients to get their regular blood and urine test from the same place. Similarly, essential oral and parenteral drugs were made available in all these clinics. All data was captured and enter to Sri Lanka Renal Registry in regular intervals by two data entry operators. Meantime, we have conducted continuous medical education programs for all categories of healthcare workers in a regular manner to keep them updated with new knowledge. This model of renal care can be implemented in other districts for delivering optimal renal services to patients' convenience. This optimal care is not only patient convenient, but it invariably leads to CKD prevention, early detection, reduce progression, improve quality of life, and save money of patient and the country.

The progress of deceased donor kidney transplantation programme
Dr Anura Hewageegana

Symposium 8: **Advancement of Medicine and Science in Sport and Exercise: Applications to the local setting**

Professor Chathuranga Ranasinghe, Mr Thihan Chandramohan & Mr Niluka Karunarathne

Sport has advanced to a highly competitive global phenomenon, where nations heavily invest for recognition in the world stage and for the wellbeing of their public.

Development and maintenance of an elite athlete involves a support staff including coaches, sport and exercise medicine doctors, physiotherapists, trainers, nutritionists, psychologists and managers working collectively to uplift the health and well-being of the athlete and improve their performance. Medicine and Science in Sport and Exercise has evolved vastly in the developed world to meet the demands, and it is timely to discuss the applications to the local setting.

This symposium discusses medical and fitness assessments done using latest technology and how they are used to improve performance of athletes. It also brings in real life case scenarios of injury management and rehabilitation done during highly demanding elite level. The symposium finally explores the real life experiences and expectations of elite national athletes in various sports (including cricket, badminton, athletics and swimming) and their expectations from the medical and scientific community for the advancement of sport in Sri Lanka.

Symposium 9: **Arts and Humanities in Promoting Humane Health Care**

The session gives a glimpse to the world of arts and humanities and will provoke the audience to think and reflect on their values, their clinical practice and beliefs. The session will be interactive and have live performances to engage with the participants. The resource persons will challenge the audience to see the world of medicine through the arts and explore the neurophysiological basis of Medical Humanities in medicine.

Portraits and emotions
Professor Saroj Jayasinghe

In the session on Portraits and Emotions the link would be drawn between the importance of reading emotions in a clinical encounter, its biological basis and how artists use it to express emotions in a portrait. This session will include a live portrait creation session.

From poems to feelings
Professor Dinithi Fernando

This session will explore the place of poetry in connecting to a range of human emotions that are relevant to humane health care, understanding people and patients. The reality simulator effect of poetry in offering glimpses into a variety of life experiences and its impact on fostering sympathy, empathy, compassion and kindness will be discussed in this session.

All of life in dance
Dr Santhushya Fernando

In this session the value of dance in understanding the layered emotions of others and improving the ability at non-verbal communications through dance and dance appreciation with relevance to medical practice will be explored. It will also discuss enhancing physical intelligence and enhancing mental and physical resilience through dance. This session will include a live dance performance,

Symposium 10: **Air Pollution: The Invisible Enemy**

Air we Breathe – Is it Safe? : How Human Tissue Anatomy is Affected
Dr Sajith Edirisinghe

Air pollution has been a major problem in recent decades, which has a serious toxicological impact on human health and the environment. The sources of pollution vary from small units of cigarettes to large volumes of emission from natural sources such as volcanic activities or manmade sources such as motor engines and industrial activities.

Many pollutants can contribute to major diseases in humans. Among them, Particulate Matter (PM), particles of variable sizes (PM10, PM2.5, PM0.1) which the Nanoscale particles penetrate the respiratory membrane and enter the systemic circulation. The major components of PM are sulphates, nitrates, ammonia, sodium chloride, black carbon, mineral dust, microplastics, and water. The chemical composition of these PMs leads to respiratory (Chronic Obstructive Pulmonary Disease, asthma, bronchiolitis, and lung cancer), cardiovascular (Dyslipidaemias, Coronary atherosclerosis, increased Carotid intima–medial thickness, cardiac tissue fibrosis and increase in cardiovascular mortality), renal (endothelial dysfunction, abnormal renin-angiotensin system, immune complex deposition and chronic kidney disease), reproductive (Menstrual cycle hormone changes, subfertility and infertility) and central nervous system (worsening of mental health and leading to more hospitalizations and emergency department visits and increase depression) and cancer.

Even though the ozone in the stratosphere is protective against ultraviolet irradiation, it is harmful when in high concentration at ground level. Furthermore, nitrogen oxide, sulphur dioxide, Volatile Organic Compounds, dioxins, and polycyclic aromatic hydrocarbons are all considered air pollutants that are harmful to humans. Carbon monoxide can be direct poisoning when inhaled at high levels.

Heavy metals such as lead depending on exposure duration of absorption, can lead to direct poisoning or chronic intoxication. The only way to solve this problem is through public awareness coupled with a multidisciplinary approach by scientific experts proposing sustainable solutions.

The Air we breathe from the Industry 1.0 to Industry 4.0 – Shaping our life and life span
Professor Ajith de Alwis

The atmosphere sustains us and once the oxygen entered the atmosphere the life that we understand emerged. It is the creativity of human beings that heralded the industrial revolutions one after another and all these transformations had significant impacts on our life and life span. Associated with industry are the societal transformation brought in through mobility and the transport sector too had significant impact on the quality of the atmosphere. Moving from Industry 1.0 to Industry 4.0 have made the atmospheric effects move from much more visible to invisible. Similarly, in transport developments are changing the nature of emissions to the atmosphere. Any additions result in change in compositions with some changing the composition over a significant volume as well as being persistent over time with the change.

Air Pollution has been understood for its role in affecting the life span and state of health over time. Today there is significant advances in knowledge on disease causation and means of mitigating and or avoidance. The presence of knowledge has not enabled people from different countries with different economic backgrounds benefiting in the same manner. Industry 4.0 has significant opportunities in addressing many of the air quality issues of Industry 1.0 to 3.0. The significance of pollution becoming invisible had to be well understood. Currently Sri Lankan industry state could be indicated to be closer to Industry 2.0 -3.0 and only a few demonstrating industry 4.0 attributes. Globally WHO still places air pollution to be the No 1 killer among non-NCD causes of death. An aspect of air pollution is also the No 1 environmental threat facing humanity – climate change. The situation demands that we should not seek control measures but actively seek and implement mitigating measures in addressing the threat. The presentation will address some of the innovative options that are available for really ensuring that air is not going to be an invisible enemy.

Air Pollution and Health
Dr Anil Jasinghe

Air pollution affects many systems of human body. It is estimated that 91% of the world's population breathes polluted air. The research studies have demonstrated association between air pollution exposure and increased diseases and deaths. Around 7 million people die every year globally from diseases and infections related to air pollution. Air pollution is a major cause of premature death and disease. The respiratory system is the first contact with air pollutants. The association between air pollutant exposure and cardiovascular diseases is well established by scientific research. The weak respiratory systems due to air pollution would have resulted in aggravating morbidity and resulting in mortality during devastating Covid -19 pandemic.

Air pollution is the largest environmental health threat globally. The Sustainable Development Goals (SDGs) call for reduction of the burden of deaths and diseases from air pollution. Besides endangering health and shortening lifespan, air pollution adversely affects economic productivity.

In a locality, air pollution could be indoor air pollution or outdoor air pollution. In global and regional context air pollution is considered transboundary as it crosses boundaries and regions. Improving air quality is achievable and provides numerous human and environmental benefits via mitigating climate change, increasing life expectancy improving health and sustaining development. Accordingly, it is necessary to bridge policy gaps and introduce new policy tools

as well as enhance integrity of stakeholders with smartly tackling financial constraints for effective policy implementation. The transboundary air pollution can only be addressed through international cooperation and collaboration. Accordingly, National Environment Policy was revised and National Environmental Action Plan was updated aligning the policy to maintain the vitality and integrity of natural resources and living environment of the country.

Symposium 11: **Centering Sexual and Reproductive Health (SRH) and Justice in Health Care**

Modern medicine, patriarchy and women's sexual and reproductive health rights.

Dr Suchitra Dalvie

The foundations of modern medicine are deeply rooted in patriarchy, misogyny, racism and feudalism.

Many of these oppressive frameworks are invisible since they have been normalized over the last couple of centuries through textbooks, formalized training and reinforcement.

Historically, women were probably the first healers across the world, managing kitchen gardens and using herbs for treatment of common ailments. In the 16th and 17th centuries women in Europe were hunted as witches and killed in large numbers. They were using what we now know as modern medicine such as digoxin, belladonna, ergot while the barber surgeons in those countries were using leeches and lancing without any sanitary precautions or anaesthesia.

All of our countries had indigenous systems of medicines that were over ridden by 'modern' medicine in the colonial era. These new systems were created through unequal power dynamics at all levels. They were male dominated, saw women through a misogynistic lens and focussed heavily on controlling the colonized bodies and behaviours.

This was the era where homosexuality was seen as perversion, women were seen only as passive vessels for pregnancy, hysteria was treated with hysterectomies and mental illness was treated with electric shocks and often lifelong incarceration in the asylums.

In the history of medicine, we know of Father of Psychology, Father of Radiology, Father of Gynaecology but there are no Mothers of Pathology or Mothers of Microbiology because women were simply not allowed into medical colleges. Women were seen as 'natural' nurses due to their maternal and caring instincts. They were of course underpaid, overworked and never received the kind of professional respect and opportunities that the male doctors did.

These roots have continued with male bodies being seen as default, a lack of gender sensitive understanding of etiopathology or health seeking behaviour.

As a result of this modern medicine does not support the agency, autonomy, dignity and choices of women and queer persons which has a direct impact on their sexual and reproductive health and rights.

What are the challenges and interference you see in providing SRH services in clinical care settings?

Dr Prabodhana Ranaweera

Transgender is an umbrella term for people whose internal sense of their gender (their gender identity) is different from the sex they were assigned at birth (WHO 2015).

Transgender persons are often socially, economically, politically and legally marginalized and discriminated against due to their sexual orientation and gender identity. In the society most of them face discrimination and vulnerable to harassment, violence and sexual assault. Challenges they face in their day-to-day activities are varied and sometimes serious. In this presentation I will be sharing my experience managing patients during the process of gender transformation from female to male since 2016. Streamlining of the process and the challenges we encounter as health care providers over the years are also discussed. Sri Lanka as country has taken many steps to recognize and provide care for these challenging situations to improve the quality of life of patients suffering from gender dysphoria. Rights based gender responsive health services and care provision ensures that no one is left behind and that we adhere to human rights principles respecting their experiences and rights.

Legal and policy barriers for women and adolescents

Professor P Anuruddhi S Edirisinghe

The right to sexual and reproductive health, i.e. to make decisions over one's own body and future is central to gender equality and empowerment. Considering the patriarchal nature of South East Asian social norms and gender ideations legal and policy barriers for women and adolescents for accessing sexual and reproductive health services in Sri Lanka are many. These lead to negative outcomes. The best example is the maternal deaths due to illegal abortion. Sri Lankan parliament is still unable to change 1883 strict abortion laws though many attempts have been made to change over the years especially in rape and fetal anomalies. It is almost universally accepted that consent to medical treatment is an individual one. However, in Sri Lanka there is a double standard. The consent form for a woman to undergo Laparoscopic tubal ligation (LRT) needs the signature of the husband while the same is not practiced for vasectomy. Thus, sexual right of the women is governed by the husband while he is having the freedom to exercise his rights freely.

There are several penal laws in Sri Lanka that have been identified as needed to be changed over the years. 'Rape' is a gender specific law in Sri Lanka where a man is said to commit the offence on a woman. Therefore, the commission of rape on an adolescent boy does not constitute the offence of rape. Anal rape of a woman, probably a more traumatic form of sexual violence would also not come under the current definition of rape but only the lessor offence, grave sexual abuse. Further there is no recognition of 'marital rape' in Sri Lanka. A wife forced to undergo a sexual act either vaginal/anal/oral or combination if against her will cannot give evidence against her husband in a criminal court. Further our divorce laws are so restrictive that a woman cannot obtain a divorce under any form of violence within the marriage. Adultery, malicious desertion and impotency are the only grounds for divorce in Sri Lanka. On the other hand, Vagrants Ordinance which prohibits committing an act of gross indecency in any public place is a discriminatory law where law enforcement officers use against alleged sex workers and sexual minority (LGBTIQA) groups. The modern world recognizes that any form of sex between consenting partners should not come within the control of the state. However, in Sri Lanka the

penal law regarding unnatural sexual offences criminalize gross indecency with another person either in public or private. Although many countries de-criminalize homosexual acts between consenting individuals repealing the laws on homosexual acts in Sri Lanka is yet to be passed by the parliament. The supreme court very recently determined that the draft bill to amend the penal code to this effect is not unconstitutional.

The debates on equity and equality rights of women being violated in Civil laws, especially those related to marriage has been an old argument where no changes have occurred. Although age of marriage under general law was increased to 18 years for both men and women the changes are yet to be seen in customary laws especially, Muslim Marriage and Divorce Act. Therefore, the same dialogue of the old issues need to be continued while new areas such as law relating to technology driven sexual offences need to be strengthened. Sri Lanka has ratified many international conventions including the CEDAW. Thus it is time to reflect, strengthen and move forwards in providing sexual and reproductive health services in Sri Lanka in line with CEDAW.

Symposium 12: **Everyday Dermatology for Primary Care**

Common Dermatoses in Primary Care

Dr Chalukya Gunasekara

Dermatological conditions account for a significant proportion of consultations among primary care practitioners. Although many skin diseases are easy to recognize, some can be more challenging to diagnose. This is because the same skin disease can have diverse presentations as in scaly plaques of classical psoriasis verses pustules in pustular psoriasis. Conversely, similar skin lesions can be shared by diverse skin diseases such as annular patches of tinea infections versus annular psoriasis. If misdiagnosed the topical medication used for one condition could aggravate the other. In fact, this is one of the factors which has resulted in the epidemic of resistant fungal infections of the skin currently observed both in Sri Lanka and the Asian sub-continent. Hence it is prudent for the primary care physician to acquire the necessary skills to pick up subtle differences in skin lesions to arrive at an accurate diagnosis.

Being the first point of contact, the primary care physician is uniquely placed to direct patients to a Dermatologist when necessary.

The practitioner should be able to recognize the more complicated skin diseases such as vacuities, bullous disorders, skin tumors etc. which require further investigation in the form of skin biopsy. Blind empirical treatment with steroids should be avoided as this could mask the clinical picture.

Other than well-known common skin diseases such as Eczema, Psoriasis, Acne and skin infections, a significant number of patients seek redress for skin concerns of a cosmetic nature such as Scar removal, Pigmentation disorders, hair removal, anti-ageing therapy etc. The modern Dermatologist is trained to deliver holistic skin care and therefore is well versed in aesthetic procedures such as Laser therapy, Chemical peeling, PRP injections etc. These evolving trends in healthcare seeking behavior should be recognized by the primary care physician and the patient should be referred for relevant specialist care. Unfortunately lack of proper information among patients has resulted in mushrooming of cosmetic clinics run by untrained unscrupulous individuals cashing in on this demand, resulting in disastrous cosmetic complications.

An overview of paediatric skin diseases in primary care

Dr Sriyani Samaraweera

Paediatric skin diseases are one of the most common reasons for attending primary care physician in out-patient clinics. Range of dermatologic conditions found in children is so broad as to be beyond the skills of most primary care physicians giving rise to a special dilemma.

The secret of managing paediatric dermatological conditions within primary care setting is to recognize that a relatively small group of conditions present with a vast majority of symptoms for which a primary care physician will be consulted. Ability to recognize these conditions and competency in the management of these well-defined areas is important for a successful primary practice.

Diagnosing paediatric skin conditions and recognizing the importance of early referral of cases that fall outside one's expertise is an important measure of primary care physician's competency as seen by patients and their families. To achieve this, primary care physicians should improve their knowledge by whatever means appropriate for them.

Most common among the skin conditions are eczema, bacterial and fungal infections. Almost all these conditions can be managed in the primary care setting.

The presentation is intended to cover the management of common paediatric dermatological conditions in the primary care setting, conditions require routine and urgent referrals, importance of carrying out most appropriate investigations and common pitfalls in the use of pharmacological and other non- pharmacological agents in the primary care level.

Dermatological manifestations in systemic diseases

Dr Janaka Akarawita

The skin is the outer protective organ of the human body. So, its changes can often provide clues to the underlying systemic diseases. There are a multitude of cutaneous manifestations associated with different types of systemic diseases, including autoimmune disorders, infectious diseases, endocrine disorders, metabolic & nutritional disorders, hematological diseases, and internal malignancies. The pathophysiological mechanisms behind these skin manifestations are diverse.

Sometimes cutaneous manifestations may be the presenting feature of the systemic disease, or else these may indicate the chronicity or severity of the systemic disease. Hence it is important for every clinician to be familiar with these conditions. A thorough medical history and physical examination are vital in identifying these cutaneous manifestations in order to facilitate prompt diagnosis and treatment.

The common and important cutaneous manifestations of systemic diseases will be discussed with clinical pictures during the lecture.

Symposium 13: **Smart Hospital: A Paradigm Shift**

The Future of Healthcare - Where less is more
Prof Tan Hiang Khoon

Healthcare of the future must address the challenges posed by mega trends in healthcare:

1) Ageing population
2) Diminishing workforce
3) Escalating healthcare cost
4) Increasing healthcare impact on environment
5) Accelerating pace of innovation

These issues are interconnected and often negatively synergistic. We need to deliver more services and yet be cost-lite, staff-lite, energy-lite and waste-lite. In short, healthcare in the future will require us to do more with less. To achieve these seemingly impossible goals, we will need to shift our healthcare delivery paradigm.

How we prepare ourselves for what is ahead of us, will determine if we accomplish this with joy or with sufferance.

A Journey Towards Smart Healthcare in Sri Lanka
Dr Nishan Siriwardena

Privacy data protection challenges in smart ICU
Dr Aparajitha Ariyadasa

Smart Intensive Care Units are becoming more popular with the digital revolution, AI, Robots, Digital Twins, and other digital services that hold a lot of potential for enhancing patients' quality of life in healthcare. Apart from that, searching medical knowledge resources, monitoring quality of patient care, and improving clinical support are taking place in Smart ICU s. Nonetheless, the environment's varied, dynamic and Internet-connected character raises additional problems as private data becomes available, frequently without the patient's knowledge. This accessibility, along with the increasing concerns of data security and privacy breaches, makes smart operating theaters a crucial issue worthy of investigation. In this presentation, I will provide an overview of the privacy and security problems that are specific to the smart operating theater area. I will also identify restrictions, assess alternatives, and address a variety of data privacy threats and their harm in healthcare and research topics that deserve more exploration.

Symposium 14: ***Diagnosis and Management of Back Pain in Everyday Practice***

Management of non-resolving back pain applying clinical biomechanics: Finding the missing piece

Professor Chathuranga Ranasinghe

Low back pain is the single biggest cause of years lived with disability worldwide and is often a management challenge because of the non-resolving chronic nature. Mechanical low back pain often originates from the lumbar intervertebral discs, apophyseal and the sacroiliac joints. Psychosocial factors influence many aspects of back pain behaviour but they are not important

determinants of who will experience back pain in the first place.

Biomechanics is the study of motion and its causes in living things, which provides key information on the most effective and safest movement patterns. Altered biomechanics (developmental or secondary to an impact) and increased asymmetrical stressors imposed can lead to malalignment of the musculoskeletal system. The undetected malalignment of the pelvis and/or spine present in the adult population may be the prime cause or an aggravating factor for most of those suffering with mechanical low back pain.

The 'Malalignment syndrome' which is less described and discussed in medical literature is the distortion of the pelvis and spine, with or without biomechanical alterations in the kinetic chain from head to toe, resulting in clinically significant progressive musculoskeletal asymmetries and neurological symptoms. The malalignment can be present as sequalae of an inflammatory back pain too.

To treat the underlying pathology, the clinician needs to understand the applied biomechanics involved in the kinetic chain. The management principles include patient education, correction of the altered biomechanics, improving flexibility of the soft tissues and progressively improving muscle strength to maintain stability and postural balance with the aid of standard pharmacotherapy. Long term symptom control will need patient adherence to exercise and the use where necessary of additional support measures (e.g. orthotics for a hyperpronated foot) to maintain correct biomechanics.

Back pain: a fresh look at an old problem
Dr Inoshi Atukorala

The number of persons experiencing low back pain is increasing worldwide. Consequently, low back pain is a common problem in clinical practice. Chronic low back pain is costly and increases health expenditure without corresponding improvement in outcome.

This lecture will focus specifically on mechanical low back pain. It uses an illustrative case scenario to discuss how to assess, investigate and manage back pain. The lecture will emphasize the importance of a targeted history and examination, detailed assessment of mechanics and posture, lifestyle related risk factors, identification of "red flags" and "yellow flags" in back pain. It will discuss the multi-faceted nature of back pain and explain that the exact cause of back pain cannot be identified in most patients.

In such a context, unnecessary imaging adds to patient anxiety, stress, and financial burden. Though most acute episodes of back pain settle within days to weeks with self-management; 1 in 3 persons with acute back pain, continue to experience pain of significant intensity; and 1 in 5 have significant functional limitations one year after the acute episode. It is imperative to evaluate all patients with back pain with proficiency and modify abnormal biomechanics, triggers, and life-style related risks to improve patient pain and outcomes.

Visualizing the Invisible: The Role of Imaging in Back Pain
Dr Chinthaka Appuhamy

Back pain is a common complaint encountered in everyday practice, and imaging plays a crucial role in its diagnosis and management. Imaging modalities such as X-ray, computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound can provide valuable information about

the underlying cause of back pain. X-ray is useful for identifying fractures, while CT and MRI can provide detailed images of the spine and surrounding structures. Ultrasound scanning is a non-invasive and cost-effective option for evaluating soft tissue structures. However, the use of imaging in the diagnosis and management of back pain should be judicious, as overuse can lead to unnecessary radiation exposure and increased healthcare costs. This presentation will provide an overview of the role of imaging in the diagnosis and management of back pain in everyday practice, with a focus on appropriate utilization and interpretation of imaging studies.

Symposium 15: ***Community Geriatrics***

Elder Abuse: Are we doing enough?
Dr Duncan Forsyth

Elder abuse is any act that causes harm to an older person and is often carried out by someone they know and trust, such as a family member or a friend. The abuse may be physical, social, financial, psychological, or sexual and can include mistreatment and neglect.

Elder abuse, like child abuse, should be everyone's business. BUT is it? In many parts of the world, elder abuse occurs with little recognition or response. It is a global social issue that affects the health, well-being, independence, and human rights of millions of older people worldwide and an issue that deserves the attention of all in the community. According to WHO, prevalence rates or estimates exist only in selected developed countries and range from 1 to 10 percent. Although the extent of elder mistreatment is unknown, its social and moral significance is obvious.

World Elder Abuse Awareness Day (WEAAD) is commemorated every year on the 15th of June, with individuals, communities, municipalities, and organizations coming together across the globe to hold events that raise awareness of elder abuse. WEAAD was officially recognized by the United Nations General Assembly in December 2011, following a request by the International Network for the Prevention of Elder Abuse (INPEA), who first established the commemoration in June 2006.

Chronic Kidney Disease in elderly
Professor Alpana Raizada

The aging population coupled with increased prevalence of chronic kidney disease (CKD) has led to a geometric rise in the number of elderly individuals with CKD and end stage renal disease (ESRD). This is supported by the fact that the prevalence per million of ESRD is highest among individuals aged 65–74 years and in 2019 45% of the incident dialysis patients were 70 years or older. Thus, increased consideration to appropriate treatment of the condition in this population is now a global priority.

Geriatric CKD is a composite of uremia, fluid overload, comorbidity, frailty, polypharmacy and psychosocial issues. These make decision-making in management very complex. Initiation of dialysis doesn't confer as much benefit both in terms of survival and quality of life. After dialysis initiation, the overall mortality in this age group is as high as 18% in the first year and 72% after 5 years. Older adults experience functional and cognitive decline, as well as an increased risk for hospitalization after dialysis initiation.

A comprehensive geriatric assessment, based on multidisciplinary inputs is mandatory to identify major geriatric syndromes in older people with CKD in order to provide the maximum benefit. Apart from special considerations of conservative kidney management and palliative

dialysis regimen for management of disease, shared-decision making, advance care planning and community engagement in the care of this vulnerable subset are other major areas which need focus and attention of geriatricians, primary care physicians, nephrologists and caregivers.

Loneliness – a silent killer in the elderly
Dr Malsha Gunathillake

Loneliness is an individual subjective experience about lack of satisfying human relationships. It affects millions of elderly people around the world every day. Loneliness can be classified into two categories which are duration and social versus emotional loneliness. Duration loneliness can be seen from three perspectives namely transient which is the mood swing but does not occur very often, situational when an individual experience sudden change after long-term satisfactory relationship and chronically when an individual experience very long duration, two years or more, without being in a relationship. The emotional loneliness is as a result of bereavement or divorce whereas social loneliness is as a result of lack of broader groups of contacts from the society.

There is a wide range of loneliness that has negative effects on both mental and physical health of an elderly. Depression, suicide, increased stress levels, cognitive impairment, antisocial behavior, poor decision-making, alcoholism and drug abuse are common mental health problems related to loneliness. Loneliness can weaken the immune system and it also increases risk of cardiovascular disease and stroke. Hence, it can lead to premature death.

Social skills training, community and support groups, befriending, and cognitive behavioural therapy for elderly people would help to reduce loneliness. Creating more age-friendly communities by improving access to transportation and information and communication technologies can also help.

Symposium 16: ***Role of Community-based Organizations in Health promotion during Public Health Emergencies***

Transforming Primary Health Care System - PSSP Experience
Dr Jayasundara Bandara

Community engagement mechanism for the health sector in Sri Lanka: Experience of Grievance Redressal Mechanism (GRM)
Dr Sunil de Alwis

Promoting Community Engagement in Health – 'The Sarvodaya Suwodaya Committee Experience'
Ms Sasanka Dharmasena

Objective : Strengthen and empower village level health promotion committees and build resilience for current and future public health emergencies.

Background : For nearly six decades, the Sarvodaya Shramadana Movement has worked in the field of community development. A number of health awareness programs, trainings, facilitations, and emergency response campaigns have been carried out by Sarvodaya on an island-wide scale. Due to the current economic crisis in Sri Lanka, community engagement is essential to improve the health and wellbeing of their own community. Sarvodaya has created village-level community societies named "Suwodaya" to address this issue. These Suwodaya members have received

basic training on health-related issues and they are prepared for managing future public health emergencies.

Methodology : There are around 5,400 Sarvodaya Shramadana Societies (SSSs) spread across the country under the supervision of the 25 district Sarvodaya Centres. We have discovered local leaders who are enthusiastic about initiatives relating to health and wellbeing through these societies. These Suwodaya committees we have established with these leaders serve as representation for all male, female, young, and disabled members. We have trained and introduced these committees to the Medical Officer of Health (MOH) office located in the village with the help of the Regional Directors of Health Services (RDHS). These committees have been holding monthly meetings and addressing health issues at the village level.

Results : Sarvodaya has established 556 Suwodaya committees throughout the island, and about 6800 community members have been trained on nutrition, NCDs, Dengue, emergency response, pandemic preparedness, mental health, and other health-related topics. All of these committees are linked to the MOH office and have been actively involved in the programs carried out by MOH. (COVID prevention initiatives, Dengue Shramadana etc).

Conclusion : During various public health emergencies, community-driven voluntary health workforce could be identified as the best practice in a resource-constrained situation.

Use of artificial intelligence in primary care

Dr Padmini Ranasinghe

Background: Artificial intelligence (AI) has been labeled in some instances as the "stethoscope of the 21st century" and will transform health care in many ways. AI is a collection of technology with different usages and importance. AI systems use vast health-related data sets accumulated over the years. There has been a significant uptake of AI-based research and investments in health care in recent years. Studies show that AI can perform the same or better than humans in certain tasks in health care such as reading a particular aspect of radiology films. It is projected that widespread use of AI within the next 5 years could result in 5-10% ($200-300 billion) healthcare savings in the US annually.

Methods : This presentation is based on a comprehensive literature review on the definition of AI, types of AI in health care and their current applications, future potential, and challenges in health care broadly. Additionally, examples, opportunities, and principles of AI use in primary care will be discussed.

Results : AI in healthcare is an umbrella term to describe the application of machine learning (ML) algorithms and other cognitive technologies in clinical settings. Currently used applications are machine learning, neural network, and deep learning systems. Other AI tools are natural language processing, rule-based expert systems, and robotic process automation. AI applications are currently used and studied in the diagnosis of medical conditions, clinical decision support, administrative support, patient engagement and adherence to treatments, and filling workforce gaps. Major challenges in AI are transparency, accountability, and ethical issues. In primary care, the algorithm can be simple as a rule that triggers scheduling calls or complex automated clinical pathways specifying a series of tests and treatments for chronic conditions. It has been demonstrated during the pandemic that these can enhance operational efficiency and maximize clinical quality. It is important to follow core principles such as do no harm, proper disclosure,

choice, personalization, and the degree of automation, resources, and infrastructure needed when deploying AI in primary care.

Conclusion : AI has already begun to change how doctors provide care and how patients receive care. AI systems may not replace human doctors in general but rather can augment their efforts to care for patients efficiently. It is important to examine validity, reliability, transparency, needs, values, regulations, and desired outcomes when choosing AI applications in health care.

Guest Lecture 1

In the Doctor's Bag
Professor Andrew Elder

In a healthcare world increasingly dominated by technology, what tools should the 21st century doctor carry to the bedside of their patients? A traditional, simple stethoscope or a smartphone that can be connected to a pocket ultrasound? How much knowledge do they need and what should they know? What is the place for "softer skills" such as empathy and active listening?

In this short talk Professor Andrew Elder uses the doctor's bag as a metaphor to consider the key attributes of the contemporary doctor, compares what patients expect of their doctors and what doctors actually deliver, and reflects on the obstacles that arise in medical education, training and practice that often create a mismatch between expectation and delivery.

Guest Lecture 2

Quest for the excellence in Critical Care Medicine
Dr Dilshan Priyankara

Critical care medicine is a specialised branch of medicine that focuses on the management of critically ill patients. Further it is an essential component of modern healthcare, and it plays a crucial role in saving lives and improving patient outcomes. Achieving excellence in critical care medicine requires a combination of clinical expertise, teamwork, continuous learning, and a commitment to quality improvement.

Critical care physicians are highly trained specialists who are experts in the use of advanced medical technologies, such as mechanical ventilation, hemodynamic monitoring, and renal replacement therapy. Critical care physicians possess excellent clinical judgement and decision-making skills, as they often have to make rapid and complex decisions in high-pressure situations.

Critical care is team work. Effective teamwork requires clear communication, mutual respect, and a shared commitment to patient-centered care. The teams must work together seamlessly to coordinate complex medical interventions and manage the patient's care in a holistic manner.

The field of critical care medicine is constantly evolving, and new research and advances in technology are continually changing the way we manage critically ill patients. Physicians and other healthcare professionals involved in critical care must stay up-to-date with the latest research and guidelines to provide the best possible care. Moreover, continuing medical education is an essential part of continuous learning in critical care medicine. It also helps physicians to maintain their certification and licensure and demonstrate their commitment to providing high-quality patient care.

Finally, achieving excellence in critical care medicine requires a commitment to quality improvement. Quality improvement is a systematic approach to identifying and addressing areas for improvement in the delivery of healthcare. It involves collecting and analyzing data, identifying areas for improvement, implementing changes, and monitoring the results. Quality improvement in critical care medicine can take many forms, such as reducing hospital-acquired infections, improving patient outcomes, or reducing readmissions. It requires a culture of continuous improvement and a willingness to embrace change to achieve better outcomes for patients.

It is a challenge for a country like Sri Lanka due to so many obstacles. However, by doing so, it can help to save lives, improve patient outcomes, and advance the field of critical care medicine

Guest Lecture 3

Disasters and Public Health nexus: Protecting at risk communities
Professor Dilanthi Amaratunga

The COVID -19 health crisis stress-tests our ability to cooperate, learn and adapt in the face of deep uncertainties and rising risks. Compound emergencies, the amalgamation of a global pandemic with another emergency, such as due to a natural hazard, was, until recently, an inconceivable scenario. It demonstrates that **risk is systemic, and crises are cascading.** Disasters are rapidly producing further disasters to become more complex and deadly. The intersection of the COVID-19 pandemic with the disaster and health nexus is an example of the systemic risk, which requires a whole-of-government and an all-of-society approach.

There need to be urgent action to address the dual challenges caused by public health crises and other hazards. Countries need to take strategically calculated and measurable actions to develop multi-hazard DRR strategies. Yet this is the reality currently being faced by a number of countries around the world in light of the COVID-19 crisis.

Emerging systemic risks demand a systemic response. There is a need for improved understanding of systemic and cascading disaster risks in all its dimensions of exposure, vulnerability and hazard characteristics as well as the strengthening of disaster risk governance. The global science community must come to terms with the need for a new understanding of the dynamic nature of these systemic risks, new structures to govern complex risks, and develop new adaptive systems and tools for risk-informed decision-making that allows human societies to live in with uncertainty.

Despite the disruption and suffering, it nevertheless provides governments and communities an opportunity to revisit much that underpins our modern world – from fundamental aspects of governance, investment and consumption, to our relationship with nature, and to place risk reduction at the heart of a policy reboot, in protecting at risk communities. The spotlight on the COVID-19 pandemic has clearly demonstrated that demarcations between natural, biological, and other hazards are at best arbitrary. They may have different risk transmission pathways, but they share the same geographical space and time. Now is the time to substantiate the often talked about ‘multi-sectoral’ approach. While this may be a challenge, this is also an opportunity to seize the moment to build back a better future that is resilient and includes all.

Guest Lecture 4

Management of common thyroid problems in primary care

Dr Manilka Sumanatilleke

Thyroid disorders are the most common endocrine problems after diabetes mellitus

Understanding of anatomy and physiology of the gland is of paramount importance when treating thyroid disorders. Interpretation of thyroid function tests requires a thorough understanding of the hormones produced by the gland including their peripheral conversion and protein binding in blood.

Both hypothyroidism and hyperthyroidism can be sub clinical or overt.

Incidence of hypothyroidism was 1.8% in the whole population and increasing to 2-3% in the elderly according to the Wickham survey done in the U.K. It is more common in females. Prevalence of subclinical disease was 13.7% in the same study.

Hashimoto's thyroiditis is the commonest cause of primary hypothyroidism in Sri Lanka followed by iodine deficiency, drugs (lithium, amiodarone), postpartum thyroiditis, dyshormonogenesis and post ablative & post-surgical causes.

Although rare, congenital hypothroidism and secondary (pituitary) causes have to be kept in mind.

Common causes of hyperthyroidism include Graves' disease, toxic multinodular goiter, toxic adenoma, subacute thyroiditis and Hashi-toxicosis. TSHoma (pituitary) is a very rare cause.

Treatment of hypothyroidism is with oral levothyroxine taken on an empty stomach. Many drugs and foods can contribute to the 'malabsorption' of the drug.

Treatment of hyperthyroidism is a little more complex: irrespective of the caus, initial treatment includes propranolol, diltiazem or verapamil to control the heart rate and the sympathetic overactivity followed by carbimazole, methimazole or propylthiouracil. Titration method is preferred over the 'block and replace' regime.

Second line treatment would be Radio-iodine treatment and surgery depending on the cause and the clinical situation. Lithium carbonate and Lugol's iodine can be used as short-term measures pending definitive treatment.

Proper clinical examination of a goitre is useful to detect ones needing further investigations including an ultrasound scan and a FNAC.

If the facilities are there for TSH testing and ultrasound scans, initial screening and management of most thyroid disorders can be done at primary care setting. Guideline based referral system would be of paramount importance to prevent any delay in diagnosis and management of more complex patients.

SLMA Debate 2023

'Private Medical Education is a viable option for Sri Lanka'

Proposing Team:

Professor Shamila de Silva, Dr Brammah R Thangarajah & Dr Raveen Lekamwasam

Opposing Team:

Professor Ishan de Zoysa, Dr Indira Kahawita & Dr Yasas Abeywickrama

Abstracts of Papers presented at the Congress

Oral Presentations

Day 1 - 26th July 2023 - Hall A

OP001 **Cardiac autonomic functions in diabetes mellitus: a case-control study**

Ekanayake EMNK, Dunuwila KBS, Dharmakeerthi WD, Dilshan BC, Fernando RSR, Gallage RD, Dissanayake WGDMJC, Dissanayake DMBD, Farween MAM, Dharmasena GTR, Fernando LRU, Nanayakkara SDI

OP004 **Epidemiology of malaria infections in the phase of prevention of re-estsablishment of the disease in Sri Lanka**

Seneviratne S, Chulasiri MPPU, Thenuwara N, Aluthweera C, Mendis KN, Fernando SD

OP005 **Malaria infections acquired by personnel of the United Nations peace keeping missions: a challenge to the programme for the prevention of reestablishment of malaria in Sri Lanka**

Seneviratne S, Chulasiri MPPU, Thenuwara N, Mendis KN, Fernando SD

OP006 **Serial mapping of leprosy cases in Polonnaruwa district to identify hot spots**

Kahawita IP, Premarathne EMGTGVD, Suriayachchi N, Gunasekara MCW, Ranaweera KDNP, Wijesekara D, Boteju WGSR, Wickramasinghe N

OP007 **Maternal satisfaction and knowledge of Early Childhood Development (ECD) related public health services**

Gunathilake AMCM, Perera KMN

Day 1 - 26th July 2023 - Hall B

OP008 **Factors Associated with Alcohol Consumption among Adult Males in Colombo**

Kumbukage MP, Thalagala NT, Kumarapeli V, Ranasinghe LI, Maddumahewa CV

OP009 **Positive parental history of diabetes is associated with early diagnosis, better self-reported dietary compliance and glycemic control among patients with type 2 diabetes**

De Zoysa PDWD, Weerarathna TP, Palagasinghe DR, Fonseka CL, Wasana KGP

OP010 **Caregiver burden and quality of life among family caregivers of advanced cancer patients attending palliative care clinic at National Cancer Institute (NCI), Maharagama – Sri Lanka**

Dharmakan MD, Senaratne L, Vidanapathirana J

OP012 **Is splenic stiffness measurement(SSM) better than Baveno VII criteria to predict oesophageal and cardio- fundal varices in patients with compensated advanced liver cell disease (cACLD)?**

de Silva AP, Niriella MA, Nishad AAN, Samarawickrama VT, Jayasundara H, Ranawaka CK, de Silva ST, Withanage M, Ediriweera D, de Silva HJ

OP013 **Cultural adaptation and validation of the Sinhala version of the International Index of Erectile Function (IIEF)**

Hewanayake WS, Silva FHDS, Indrakumar J

Day 1 - 26th July 2023 - Hall C

OP014 **A study on genetic variants associated with Sarcoidosis in the Sri Lankan population**

Nawagamuwa NWIS, Wetthasinghe KT, Rajapakse YN, Somasundaram P, Dissanayake VHW

OP015 **Assessing reversibility of liver fibrosis in patients with transfusion-dependent beta thalassaemia following intensive chelation**

Padeniya AGPM, Ediriweera D, Niriella MA, De Silva A, Premawardhena AP

OP016 **An analysis of health expenditure in Sri Lanka over the past 20 years**

Ekanayake EMNK, Keragala KASU, Dharmaratne SD

OP017 **Impact of the present economic crisis on health-seeking behaviour in the general public of Sri Lanka: A comparative study between Western Province and Uva Province**

Nilaweera AI, Fernando DR, Adikaranayake AMPR, Perera AN, Daksina TDT, Wijayatilaka NT, Nethmini ULT, Hettiarachchi EDH, Weerakoon KGSH, Jayalath WKDN, Wijayaratne D, Katulanda P

OP019 **Genetic hybridization proved between cutaneous and visceral strains of Leishmania donovani within its natural vector Phlebotomus argentipes**

Riyal FH, Paun A, Ferreira TR, Samaranayake TN, Sacks D, Karunaweera ND

Day 2 - 27th July 2023 - Hall A

OP020 **Synergistic response of silver nanoparticles with carbon dots on staphylococcus aureus, pseudomonas aeruginosa and candida albicans**

Jayasekara DMW, Karunathilake DN, Ranugge CTL, Dissanayake SDHS, Mirihagalla MKKM, Samarakoon DNAW, Peiris MMK

OP021 **Trends of HIV incidence over the last two decades between Japan and Sri Lanka: a comparative study**

Prasanga PTS, Alwis VKIU, Yamaguchi M, Nandasena HMRKG, Obayashi Y, Gunawardane DA

OP022 **Leprosy case detection: an experience in Batticaloa district**

Dharshini K, Sukunan G, Vernitharan V, Gunarajasegaram V

OP023 **Identification of type 2 diabetes patients with non-alcoholic fatty liver disease who are at increased risk of significant hepatic fibrosis: a cross-sectional study**

Mettananda KCD, Egodage T, Dantanarayana C, Solangarachchi MB, Fernando R, Ranaweera L, Siriwardhena S, Ranawaka CK, Kottahachchi D, Pathmeswaran A Dassanayake AS, de Silva HJ

OP024 **Socio-demographic, anthropometric and biochemical determinants of dialysis adequacy among patients undergoing haemodialysis in selected government hospitals in Sri Lanka**

Lasanthika TLC, Wanigasuriya JKP, Hettiaratchi UPK, Amarasekara AATD, Goonewardena CSE

OP025 **Vaginal Delivery Vs Caesarean Section: Preference and its influencing factors among pregnant mothers in Urban Batticaloa, Sri Lanka**

Nushrath AH, Fernando WIS, Fernando HIA, Kirushayini K, Lohitharajah J

OP026 **Chemical composition of slaked lime used with betel quid in different districts in Sri Lanka : Presence of carcinogenic chemical Rhodamine B in samples collected from Jaffna district**

Priyanath SAH, Edirisinghe EAST, Weerasekera MM, Jayeweera PM, Yasawardene SG

Day 2 - 27th July 2023 - Hall B

OP027 **Health benefits of vernonia cinerea (l.) less (Monarakudummbiya) and its chemical constituent analysis**

Abeywardena KK, Thammitiyagodage MG, Kumara WGSS, Munasinghe ATM, Arawwawala LDAM

OP028 **Should 'Drug Related Problems' remain unnoticed among patients with chronic kidney disease of uncertain aetiology?**

Wickramasinghe NDD, Lynch CB, Coombes J, Jayamanne SF, De Silva ST

OP029 **Reported tobacco industry interference during COVID-19 pandemic in South Asia**

Perera NCS, Horadagoda N, DineshKumar P, Perera KMN, Rajasuriya M

OP030 **Violence against doctors**

Singh S

OP031 **Risk factors for childhood asthma among children aged 5-10 years who attended a tertiary care paediatric hospital in Sri Lanka: a case control study**

Gamage PRK, De Silva LSD, Wijayalath WASS, Ediriweera RC

OP003 **Traffic Light Labelling System on Packaged Solid Food Products in Ragama Town Area; A policy evaluation study**

Rathnapriya KGRS, Rajapaksha RTD, Randil MKS, Rathnayake RMLM, Athauda LK, Rashmith MKS

OP011 **A modern approach to assess equity in health care access: observations from a primary care spatial analytical study in Anuradhapura district of Sri Lanka**

Abeyrathna P, Samaranayake S, Pushpakumara PHGJ, Weerasinghe M, Agampodi SB

Day 2 - 27th July 2023 - Hall C

OP032 **An in-depth exploration of the prevalence and correlates of feeding difficulties among children diagnosed with cerebral palsy- a single centre study**

Dalpatadu KCS, Ranasinghe G, Tudugala R, Dalpatadu SAC

OP033 **Is hyperkalaemia associated with the development of heart blocks in patients with acute yellow oleander poisoning?**

Eriyawa WMABW, Jayamanne SF, Lokunarangoda N, Francis GR5, Sandakumari GVN, Jayawardane P

OP034 **Does Kandyan dance improve flexibility and lower limb strength? A case control study among Sri Lankan female university students**

De Silva LAAD, Seneviratne SN

OP035 **Cross-cultural adaptation, reliability and validity of the Sinhala version of Cumberland Ankle Instability Tool in Sri Lanka: An instrument for measuring functional ankle instability**

Jayalath LR, Senanayake NWWPGKS, Ranathunga RAMD, Pathirana CHH

OP036 **Epidemiology of asthma among children aged 13-14 years and control of asthma symptoms among children with severe asthma from Anuradhapura municipal council area, Sri Lanka**

Subhanee KKT, Thennakoon TMSL, Sivabalan PS, Sumanapla SDVK, Sulakkhana MS, Sriwardhana SJTC, Rajapakse RMSI

OP037 **Evaluation of excessive somnolence in drivers admitted following road traffic accidents to an accident service unit in a tertiary care centre**

Sarfraz MZM, Muhandiram U, Samaraweera OS, Jayasekara RT, Fernando EAC

OP038 **Indoor particulate matter levels in the classrooms of government schools located in Anuradhapura municipal council area, Sri Lanka: descriptive cross-sectional study**

Sulakkhana MS, Dissanayaka DMSD, Dissanayake MRS, Hordagoda IC, Arampath AMAS, Rajapakse RMSI

Poster Presentations

Day 1 - 26th July 2023 - Panel A

PP001 **Point of view on a digital health application in mitigating risk factors of non-communicable diseases; sharing of experience from a Singapore health cluster**

Illangasinghe DK

PP002 **Knowledge and attitudes regarding homosexuality and their associated factors among pre-clinical medical students at the Faculty of Medicine Peradeniya**

Uyangodage AS, Wanninayake WMTN, Warnasooriya DGH, Wasala WMBS, Weerakkodi KGDT, Weerakkody WABK, Weerasekara OWLK, Weerasinghe SMIP, Weerasinghe WMTM , Weerasinghe DPTM, Gurung S, Wangchuk K, Tshering K, Gunawardane DA

PP003 **Factors influencing the maternal choice of packaged snacks for 6-10 years old children: a cross-sectional study from MOH area Balangoda**

Gunawardhana DP, Talagala IA

PP004 **Epidemiology of allergic rhinitis among 13-14-year-old children from Anuradhapura municipal council area, Sri Lanka**

Siriwardhana SJTC, Sivabalan PS, Sumanapala SDVK, Sulakkhana MS, Subhanee KKT, Thennakoon TMSL, Rajapakse RMSI

PP005 **Proportion and associated factors of being at risk of cybersex addiction among adult internet users in Sri Lanka**

De Silva LSD, Kandasamy C, Abeygunathilaka DN, de Lanerolle ND, Kumarapeli KADDVL

PP006 **Clinical audit on notification of notifiable diseases in secondary care hospitals in the Batticaloa District**

Mayuran N, Sasikumar T, Dharshini K, Sasikumar S

PP007 **Delayed diagnosis of malaria: a challenge to the prevention of re-establishment of malaria in Sri Lanka**

Thenuwara N, Seneviratne S, Chulasiri MPPU, Ranaweera P, Mendis KN, Fernando SD

PP010 **Prevalence of digital eye strain, associated factors, awareness and utilization of preventive measures amongst GCE A/L students of Colombo District**

Dodangoda DDMB, Drieberg MA, Droston TAD

PP011 **The knowledge and practices of GCE Advanced Level students in Kandy city regarding antibiotics and antibiotic resistance**

Abeysinghe AABC, Abeywardena MU, Abeysinghe AAGH, Agalawatte AVDP, Abeygunawardena SDV, Amarakoon AMTND, Abeywardhana AMDT, Afkar AKM, Adikari AMID, Alwis PKDPS, Akeshwari GHGA, Liyanapathirana V

Day 1 - 26th July 2023 - Panel B

PP013 **The quality and associated factors in newborn screening for congenital hypothyroidism among postnatal health care providers in state hospitals of the Colombo District**

Silva DPRC, Thenuwara NVJ

PP014 **Trends of overweight and obesity in Sri Lanka among adults: A Scoping Review**

Nandasena S, Padeniya P, Ranasinghe P

PP015 **Impact of social marketing campaign in improving case detection of leprosy**

Ranaweera KDNP, Kahawita IP, Premarathne EMGTGVD, Alawathukotuwa AGCD, Boteju WGSR, Wijesekara D, Chandrasiri MKPD, Pathirana PM, Mallawarachchi HK, Gunasekara MCW

PP016 **Prediction of epidemic dynamics for omicron (BA.5) in Nepal context**

Das CL, Edirisuriya C, Shakya A, Acharya P, Sunny AK, Gelal K, Ghimire A, Sthapit D, Jayatilleke AU, Govindakarnavar A, Meehan M, McBryde E, Gocotano A, Pandav RS

PP017 **Non-communicable disease profile and associated factors among work from home based software engineers in Sri Lanka**

Tennakoon GMJ, Seneviwickrama KLMD

PP018 **Professional life stress & associated factors among work from home based software engineers in Sri Lanka**

Tennakoon GMJ, Seneviwickrama KLMD

PP019 **What causes violence among youth in Sri Lankan technical colleges? A participatory action research**

Rathnayake N, Abhayasinghe K, Silva JD, Guruge GND

PP020 **COVID19 vaccine acceptance and the factors associated with vaccine acceptance among older adults residing in a selected MOH area of Colombo municipal council**

Sivapirashanth C, Cader M

PP021 **Factors associated with quality of life among government primary school teachers in Gampaha District in new normal context (COVID 19)**

Rathnayake KASD, Chulasiri MPPU

PP022 **Relationship between mobile phone screen time and physical activity level among undergraduates in the University of Peradeniya**

Sivadarshani S, Nandasena HMRKG

PP023 **An overview of predatory journals of health-related disciplines and research publications by South Asian authors**

Kumaradasa PP, Hansanie SMN, Mannapperuma U

PP024 **Challenges, experiences and perceptions of mothers of 13-14 years old school children with poor asthma control from the Anuradhapura municipal council area, Sri Lanka**

Sivabalan PS, Subhanee KKT, Siriwardhana SJTC, Sumanapala SDVK, Sulakkhana MS, Thennakoon TMSL, Nuwangi H, Rajapakse RMSI

Day 1 - 26th July 2023 - Panel C

PP025 **Knowledge and its associated factors among patients admitted with Acute Coronary Syndrome to secondary care hospitals in Kalutara District**

Ranasinghe JMSD, Arnold SM, Gunawardene MDUB, Dhanasinghe CN

PP026 **Knowledge, attitude and practices of healthcare-seeking behaviour in leptospirosis among farmers in a Medical Officer of Health area in Sri Lanka**

Dhanasinghe CN, Ranasinghe JMSD, Ganepola GASN, Gamage D

PP027 **The knowledge, perceptions and practices of public health midwives with provision of post-natal care for women with GDM in selected Medical Officer of Health (MOH) areas in Gampaha district**

Halambarachchige LP

PP028 **Analysis of theoretical and strategic underpinnings of Facebook content used for COVID prevention in Sri Lanka**

Wanasinghe T, Athauda LK

PP029 **Knowledge and pattern of utilization of antenatal care services among primiparous women attending the antenatal clinics at Castle Street Hospital for Women**

Weerathunge MD, Welikala MDM, Weerakoon PGCP, Chandraratne NK

PP030 **Compliance to Antihypertensive Treatments among Hypertensive Patients Attending a Tertiary Care Hospital in Sri Lanka**

Amarasinghe TS, Kumara DMID, Ralapanawa DMPUK, Ariyawansha TA

PP031 **Prevalence, its work-related associated factors and barriers in minimizing digital eye strain among banking assistants in Colombo District**

Gunawardana DSKD, Jayewardene DM, Gunawardana MDUB

PP032 **Impact of present economic crisis on risk behaviour in Sri Lanka: A comparative study between Western Province and Uva Province**

Fernando DR, Nilaweera AI, Adikaranayake AMPR, Perera AN, Daksina TDT, Wijayatilaka NT, Nethmini ULT, Hettiarachchi EDH, Weerakoon KGSH, Jayalath WKDN, Sathushan T, Indrawansa S, Wijayaratne D, Katulanda P

PP033 **Assuring food security to prevent malnutrition in Sri Lanka**

Kohombage CG, Karunathilake IM, Aluthge H, Hewamalage AP, Amarasiri MMPL, Perera BJC

PP034 **A methodology for normalizing health data measured in different units for GIS analysis**

Fernando S, Kumarapeli V, De Alwis Seneviratne R

PP035 **Employment status and Quality of life of school pass-outs of Rajapaksha Central College, Weeraketiya, Sri Lanka**

Sanjeewa RAM, Saranga AGC, Sarathchandra GGB, Senadeera MATS, Senevirathna WMEA, Shasna MSF, Abeyrathna P

PP036 **Applications of Artificial Intelligence in Healthcare**

Singh J, Jindal A, Raizada A, Singh S, Goel A, Gupta L

Day 1 - 26th July 2023 - Panel D

PP038 **Are people residing in villages affected by elephant attacks psychologically distressed; a cross-sectional comparative study**

Fernando DD, Fernando KKNS, Ekanayake EMT, Warnasekara YPJN, Fazniya AHF, Ekanayaka RSIA

PP040 **Operation-related work-stress and its associated factors among police constables in the general police force in the district of Colombo**

Niyas R, Gunathunga MW

PP041 **Spatial distribution of missed leprosy patients during COVID pandemic in Kalutara district**

Ranaweera KDNP, Wijesekara D, Alawathukotuwa AGCD, Kahawita IP, Suriayachchi N, Gunasekara MCW, Boteju G, Wickramasinghe N, Premarathne EMGTGVD

PP042 **Prevalence of premenstrual syndrome/ Premenstrual dysphoric disorder among government school teachers in Pathahewaheta MOH area**

Wasala SA, Dharmarathne SD

PP043 **Is soil microbiome different in climate zones of Sri Lanka; A possible hidden factor causing epidemiological diversity of diseases; A study using factor analysis**

Warnasekara J, Srimantha S, Senavirathna I, Jayawardana S, Wijesooriya S, Agampodi S

PP044 **Risk factors for low resilience among grade 10 adolescents in the Gampaha District**

Manori DMS, Jayawardana PL, Godamunne P

PP045 **Health Related Quality of Life of the Hypertensive Patients Attending a Tertiary Care Hospital in Central Sri Lanka**

Kumara DMID, Jayalath TA, Amarasinghe TS

PP046 **Nutritional status and associated factors of 12-month-old children in a Jaffna**

Aathirayan S, Kumarendran B, Galappatti DI

PP047 **Availability of essential services for people living with non-communicable diseases as its effect on health related quality of life of people living with non-communicable diseases in Attanagalla Divisional Secretariat.**

Vidanagamage SP, Kumarapeli V

PP048 **Research protocol: identification of the cognitive domains of academic skills to screen specific learning disorders in primary school children in Sri Lanka**

Wijesekara WMLDJ

Day 1 - 26th July 2023 - Panel E

PP049 **First co-infection of malaria and Hepatits E diagnosed in Sri Lanka**

Senarathne S, Rajapakse S, de Silva HJ, Seneviratne S, Chulasiri P, Fernando D

PP050 **Clinical and laboratory characteristics associated with death in a group of patients with moderate or severe COVID-19 at a tertiary care hospital in Sri Lanka**

Wettasinghe I, Samarasinghe SM, Wijekoon S, Sugathapala AGH, Mujaheith MI, Senaratne C, Wijekoon CN

PP051 **The presence of strongyloidiasis and associated risk factors in patients undergoing treatment at the National Cancer Institute, Maharagama, Sri Lanka**

Weerasekera CJ, Menike CW, Wimalasiri U, Wijerathna T, Jayathilake DCC, Somawardane UABP, Saravanamuttu U, Yoganathan N, Perera N, Gunathilaka N, De Silva NR, Wickremasinghe DR

PP053 **Patient experience matters for improving healthcare services in Cutaneous Leishmaniasis in Rural Sri Lanka**

Gunasekara SD, Wickramasinghe ND, Fernando WMS, Agampodi TC, Dikomitis L, Agampodi SB

PP054 **Investigating the influence of metabolic syndrome on the antibody responses against SARS-CoV-2**

Pushpakumara PD, Jeewandara C, Danasekara S, Nimasha T, Rizna, Bary F, Perera L Jayamali J, Tang T, Townsend A, Ogg GS, Malavige GN

PP055 **Seroprevalence of antibodies to the BA.2 and BA.4/BA.5 SARS-CoV-2 variants in the Colombo municipal council area, Sri Lanka**

Rizan FRM, Jeewandara C, Danasekara S, Nimasha T, Jayamali J, Chathurangika H, Aberathna S, Perananthara jah D, Colambage HS, Perera L, Randini I, Wickramanayake WPRH, Karunananda M, Tanussiya S, Guruge D, Wijayamuni R, Jayampathi C, Hacker K, Tang T, Townsend A, Ogg GS, Malavige GN

PP056 **A preliminary screening of compounds from temperate zone plants for activity against Leishmania mexicana**

De Silva NL, Molena R, Mobely R, Nash RJ, Horrocks PD, Price HP

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PP058 **The financial impact of patients with visual impairment who were admitted for surgery; empirical study at National Eye Hospital-Sri Lanka**

Warnakulasooriya PH

PP060 **Assessment of infrastructure facilities on healthcare waste management in Type A Base Hospital in Kalmunai region**

Remance MM, Sumathy M, Mayuran N

PP061 **Assessment of knowledge on use of personal protective equipment among health staff engaged in COVID-19 management in selected healthcare institutions**

Dharmagunawardene PVDS, Wedamulla A, Wijesuriya N, Gobith R, Siriwardena SMADK, Ponweera D, Bowman P, Hinchcliff R

PP062 **Health effects and academic performance on students participating in online learning in basic sciences of a newly established medical faculty**

Wariyapperuma UM, Peries WANN, Atapattu PM

PP063 **Factors associated with the feedback literacy of undergraduate clinical students of three medical faculties in Sri Lanka**

Sanchayan S, Olupeliyawa AM, Chandratilake M

PP064 **Time management techniques of medical students of the University of Ruhuna and their impact on examination results**

Senevirathne RMAST, Senerath SM, Sewwandi DLCR, Senanayake TADCY, Senanayake SMTN, Jayawardene AJPM

PP065 **Why physicians hesitate to do postgraduate studies; Self-perceived reasons, perceptions, and expectations of role stagnated medical officers in Anuradhapura, Sri Lanka; A qualitative study**

Kulawansa PDTD, Kumarasinghe WGGV, Kulathunga ME, Kumari RSN, Kirinda GWRWMSI, Kiriwaththuduwa KNR, Warnasekara YPJN

PP066 **Attitudes and perceptions of medical students at Rajarata University of Sri Lanka towards volunteering in emergency situations**

Shaifa MS, Zaina MHF, Wimalarathne HMP, Withanage WSSGS, Lakranda WMCY, Zahra FHF, Paththinige CS

PP068 **Socio-economic effects on informal caregivers of long-term hospitalized adult patients: A cross-sectional study**

de Silva GPUP, Varun S, Nandasena RGMS, Pathirana AA, Weerasekera DD

PP069 **National Medicines Regulatory Authority (NMRA) new pharmaceutical pricing policy: Effects of verification of importer declared cost insurance and freight (CIF) value**

Fernandopulle BMR, Janakalani MV, Konara KMPY, Heshani SLI, Balasooriya BMW, Abayawardane C, Mahakalanda I, Abeykoon P

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PP070 **Knowledge, attitudes, and beliefs about liver transplantation among caregivers of children with liver diseases; a single centre experience from Sri Lanka**

Gunaratne ALSN, Gunarathna PGPD, Gunawardana ADJN, Hansamali UVS, Heenkenda HMAN, Ekanayaka J, Fernando CMP

PP071 **Hepatic and renal status of paediatric patients with thalassaemia**

Wijenayake W, Pathiraja H, Thennakoon R, Fernando M, Bandara D, Mettananda S

PP072 **Knowledge, attitude and practices on universal micronutrient supplementation among mothers of infants in the Kurunegala District of Sri Lanka**

Bandara ERS, Wijekoon J, Mettananda S

PP073 **Epidemiological and clinical features of snakebites in children**

Rathnayaka RMMKN, Ranathunga PEAN, Kularatne SAM

PP074 **Clinical and EEG characteristics of children with first episode of childhood epilepsy with centrotemporal spikes (CECTS) in a tertiary care paediatric neurology centre in Sri Lanka**

Rupasinghe JPN, Galhenage JS, Rathnayake PD, Wanigasinghe J

PP075 **Pre-hospital exposure to antibiotics among children presenting with fever in medical ward settings of a tertiary care hospital of Sri Lanka: a cross-sectional study**

Nowfeen MHF, Fazla AAF, Karunaratne KW

PP076 **Psychosocial well-being of overweight and obese children attending a specialized clinic for weight-related problems in Colombo, Sri Lanka**

Athukorala NS, Athukorala ANC, Babilawattage PS, Wickramasinghe BAM, Ranasinghe TADN, Yoosoof MBF, Rodrigo GDI

PP077 **Factors leading to febrile convulsions in children presenting with fever; a case control study from a children's hospital, Colombo, Sri Lanka**

Sivabalan K, Siyambalapitiya SANN, Somasekara ASD, Walpita WDYN

PP078 **Griscelli syndrome with Downs syndrome complicated with trabeculated bladder and deranged renal functions**

Dasanayake DTMN, Perera RMS

PP079 **Prevalence and associated factors of hypothermia among neonates admitted to the premature baby unit (PBU) of District General Hospital Nawalapitiya: a retrospective analysis**

Kasturiarachchi SS, Alwis VKIU, Kumara AWS

PP080 **Experiences and challenges faced by 13-14-year-old children with severe asthma during lung function testing**

Perera NADS, Nayakarathne NMDGB, Edirisinghe EYS, Chandrasiri WAPN, Ananda SDWK, Rajapakse RMSI, Nuwangi H

PP081 **Challenges in conducting spirometry in adolescents**

Nayakarathne NMDGB, Perera NADS, Edirisinghe EYS, Chandrasiri WAPN, Ananda SDWK, Rajapakse RMSI, Nuwangi H

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PP082 **Parental knowledge and attitudes about child sexual abuse and their practices of sex education in a Sri Lankan setting**

Rohanachandra YM, Amarakoon DLU, Alles PS, Amarasekera AU, Mapatunage CN

PP084 **Community readiness for alcohol prevention in rural Sri Lanka**

Priyadarshana C, Pushpakumara J,, Rajapakse T,, Dawson AH,, Pearson M

PP085 **The relationship between musculoskeletal pain and the level of stress among final year students of University of Colombo**

Ranathunga RAMD, Rajasuriya M

PP086 **Perinatal paternal depression in a sub-urban area in Sri Lanka**

Wijesinhe SAVW, Chuwan JC, Wijesinghe WAIC, Suraweera C, Fernando S

PP087 **Validation of the Sinhala version of internalized homonegativity scale in males who identify as gay and bisexual in Sri Lanka**

Manchanayake LD, Baminiwatta AKAB, Delpachithra ML, Wijesinghe CA

PP088 **Strength and barriers of Family Centered Approach in the management of children with Autism Spectrum Disorder (ASD) as perceived by Primary Caregivers**

Pathirage AI, Parindya NM, Pahanage PARV, Ranawaka PRD, Dahanayake DMA

PP089 **Prevalence and associated factors of burnout among doctors working in hospitals with COVID-19 treatment units in Anuradhapura District, Sri Lanka during COVID-19 pandemic: A descriptive cross-sectional study**

Rambukwella GU, Amila Isuru, Ediriweera D

PP090 **The association between negative experiences during childhood and social anxiety disorder: A cross-sectional study among Sri Lankan university students**

de Silva BGR, De Zoysa PT, Pathmeswaran A, Williams SS

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PP091 **Relationship between musculoskeletal pain and health related quality of life among nurses in a selected government teaching hospital**

Sulakkhana LPN, Atapattu PM

PP092 **Body image and its relationship with prosthetic satisfaction and duration of use among below knee amputees in Sri Lanka**

Nadeeshani KMD, Kisokanth G, Prathapan S

PP093 **The influence of shoe heel height on lower limb joint pain and functional disabilities among female office workers in selected office settings in the Colombo District.**

Masinghe MAKY, Silva CD, Jayalath JLR

PP094 **External breast prostheses use, its influencing factors and impact on the quality of life among postmastectomy patients in Sri Lanka**

Perera CD, Perera MDN, Pitigala UD, Arambepola C

PP096 **Evaluation of health-related quality of life among patients before and after total hip arthroplasty in a selected hospital in Sri Lanka**

Maddumage HH, Pathmanathan C

PP097 **Effectiveness of mobile health applications in physiotherapy management/ rehabilitation outcomes compared to other traditional methods: a systematic review and meta-analysis**

Pushpika GDS, Kumaradasa PP, Pathmanathan C

PP098 **The prevalence and associations of foot arch abnormalities with musculoskeletal pain of the trunk and lower limb joints in obese adults attending selected hospital clinics**

Lakmani ESD, Perera RS

PP099 **Prevalence and types of musculoskeletal pain and fatigue among chronic cancer patients in selected cancer types attending the Cancer Institute, Maharagama**

Jayarathne KKDS, Jayalath L

PP100 **Anthropometric knee profile measurements on articulator surface of femur among Sri Lankan population**

Fernando GKS, Ranaweera L, Cabral LLE, Dissanayaka P, Bandara IDMRN, Sovis WFUN

PP123 **Outcome of radical nephrectomy with inferior vena cava (IVC) thrombectomy, a multicentre case series**

Arudchelvam J, Samarasinghe RN, de Silva WAS, Abeygunasekara AM, Perera BL, Abayajeewa ANK, Herath HMMNB, Gunasekara M, Wijewardena M, Cassim R, Wijeyaratne SM

PP171 **Morbidity profiles and hidden burden of comorbidity among patients attending the primary care facilities in Anuradhapura district of Sri Lanka**

Abeyrathna P, Samaranayake S, Agampodi SB, Pushpakumara PHGJ

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PP101 **Prevalence and associated factors of knee osteoarthritis in the Western province of Sri Lanka; An epidemiological survey**

Fernando DR, Gamage YH, Katulanda P, Atukorala I

PP102 **Frozen shoulder following cardiac surgery; Sri Lankan experience**

Kurukulasuriya SAF, Mettananda KCD, Jayaratne KIWGMN

PP103 **Quality of life in patients attending rheumatology clinics at NHSL, diagnosed with inflammatory arthritic conditions**

Wickremasinghe HGT, Wickramasinghe WKVK, Wickramagunaratne HN, Suranadee S

PP105 **Association between of BMI and balance on ankle sprain among Club Netball players in Colombo**

Malshani KLI, Wickramasinghe D

PP106 **Exercise behaviour and perceptive barriers for exercises among adults in five different occupation groups in Anuradhapura municipal council area**

Bandara PRSRJ, Senadheera SPAS, Wickramage SP, Fernando PHP

PP107 **Relationship between body mass index and agility of female undergraduates in Faculty of Medicine University of Colombo**

Prasadini DGYS, Liyanage UA

PP108 **Association of quadriceps angle and strength of hip abductors on spinal mobility among female, obese Faculty of Allied Health Sciences (FAHS) undergraduates of Sir John Kotelawala Defence University (KDU)**

Perera ADP, De Silva SHSC, De Silva MBTB, Sangeewani RAG

PP110 **Effectiveness of the interventions to enable people to involve the aerobics/ yoga regularly: Systematic review**

Munasinghe PM, Gajanayake C, Kalubowila K

PP111 **Comparison of physical fitness in young male rugby and football players in Kotelawala Defence University (KDU)**

Perera ADP, Siriwardana RP, Bandaranayaka AKMSS

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PP113 **Designing and implementation of a T-ARMS-PCR assay to genotype genetic variants associated with Retinoblastoma in a cohort of a Sri Lankan population**

Shathushika A, Wetthasinghe TK, Dissanayake MM, Abeysekara H, Irugalbandara D

PP114 **Knowledge and Attitudes towards Thalassaemia and Pre-marital Screening (PMS) tests among Undergraduates of the Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka**

Ahnaff MAM, Atapattu AMMP

PP115 **Development of a protocol for CALR type 1 and type 2 mutations detection in Primary Myelofibrosis and Post-Polycythemia-Vera Myelofibrosis and genotype correlation with JAK2V617F mutation**

Daniel CR, Noordeen N, Ishak C, Somasundaram P, Goonasekara HWW

PP116 **Methylation status of inflammation-related genes in healthy long-term meditators: A case-control study**

Dasanayaka NN, Sirisena ND, Samaranayake N

PP117 **Prevalence and association of first-trimester obesity with gestational diabetes mellitus among pregnant women, Batticaloa**

Nazeefa HMFJ, Ratnatunga CN, Adikari SB, Thirukumar M

PP118 **Relationship between the level of physical activity and recurrent leg cramps among pregnant women in a selected hospital in Sri Lanka**

Nimesha PPGC, Jayasundara DMCS

PP119 **Public perspective on the uses and indications of surrogacy within the Sri Lankan context**

Grero KLW, Munasinghe MAA, Beneragama DM, Gamage TGJN, Withana JL, Pathiraja RP, Prathapan S

PP120 **Relationship of gestational weight gain and fetal birth weight in different Body Mass Index (BMI) groups, among 20-35 aged women in a selected hospital of Western Province**

Gunasekara SRMSP, Kaluarachchi A

PP121 **Association of emergency cesarean section with antenatal obesity in rural Sri Lanka**

Dharmasoma UWNK, Agampodi TC, Agampodi SB

PP122 **Endometrial stromal nodule: can it appear as degenerative leiomyoma?**

Sandya PH, Premadasa JK, Jayawardhana MPGNS

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PP124 **Prevalence and Impact of congenital malformations in paediatric surgery: A comprehensive One-Year Retrospective Analysis**

Athukorala KADCK, Hettiarachchi HCM, Bandara HMCD, Athauda AASD, Balasinghe ST, Ayman SMM, Bandara CMNM, Benaragama KN, Banu MNN, Arudsivam A

PP125 **Arterio-venous malformation in appendix present as an acute abdomen; case report**

Wijerathne BPN, Sineka SHS

PP126 **A prospective study on drain fluid amylase as an indicator of clinical outcome in patients undergoing Whipple surgery**

Gishanthan S, Tillakaratne S, Bulathsinhala BSK, Uragoda B, Siriwardana RC

PP129 **Transoral Endoscopic Ultrasonic surgery (TOUSS), A novel robotless Surgery: First experience in Sri Lanka: a case report**

Rizny MSM, Weerasuriya NT

PP130 **Histological types, treatment and associated factors amongst female breast cancer survivors followed up at Apeksha Hospital, Maharagama, Sri Lanka**

Goonewardena CSE, Fernando CS, Manjika S, Wijewickrama GK, Senaratna BCV, Seneviwickrama KLMD, Somawickrama DNM, de Silva KGB

PP132 **Prevalence and the antibiotic susceptibility of pathogens causing bacteremia in neutropenic patients with neoplastic disease in a District General Hospital in Sri Lanka**

Fernando TRP, Priyadarshani HHC, Pannala TC, Ranawaka R, Welgama SS, Fernandopulle PAH, Warnakula PMT

PP133 **Assessment of knowledge, attitude and practice on chemotherapy among oncology patients**

Chandrasena WMHNM, Shanika LGT, Jayamanne SF

PP134 **Knowledge, attitudes & practices regarding breast neoplasms among females in Sri Jayawardenapura Kotte Divisional Secretariat Division, Colombo**

Wickramaarachchi WAUP, Wickramasinghe WAKD, Wellappuli WADY, Withanage SSY

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PP135 **Cardiotoxic effects following Hump-nosed pit viper (hypnale spp.) bites**

Rathnayaka RMMKN, Ranathunga PEAN, Kularatne SAM

PP136 **A preliminary study to compare prevalence of dental caries among type 2 diabetic patients and non-diabetics at the VP OPD clinic TH Peradeniya**

Ariyawansha TA, Gunawardana WPM

PP137 **In-vitro antimicrobial properties of selected medicinal plants against uropathogenic Escherichia coli**

Fernando KMK, Ilangage JIMK, Ilangakoon IACS, Dissanayaka DMMK, Rajapaksha NPD, Hettiarachchi D, Walpola L

PP138 **Personal protection and SARS-Cov-2 transmission in healthcare workers**

Mahla V, Goel A, Raizada A, Sharma R

PP139 **Impact of the present economic crisis on chronic disease follow-up of general public of Sri Lanka: A comparative study between Western Province and Uva Province**

Adikaranayake AMPR, Fernando DR, Nilaweera AI, Perera AN, Daksina TDT, Wijayatilaka NT, Nethmini ULT, Hettiarachchi EDH, Weerakoon KGSH, Jayalath WKDN, Sathushan T, Indrawansa S, Wijayaratne D, Katulanda P

PP140 **Efficacy and safety of Ivermectin in the treatment of COVID-19 patients in Sri Lanka: IVERCOV, a multi-centre double-blind randomised controlled clinical trial**

Wijewickrema A, Banneheke H, Pathmeswaran A, Refai FW, Karunaratne M, Malawige N, Jeewandara C, Ekanayake M, Samaraweera D, Thambavita D, Galappatthy P

PP141 **A preliminary assessment of medication adherence and impact of clinical pharmacy interventions on medication optimisation in patients with acute coronary syndrome**

Bagyawantha NMYK, Gawarammana IB, Coombes ID, Fahim M

PP142 **Adherence to good pharmacy practices of community pharmacies in the Gampaha District, Sri Lanka**

Basnayaka BMTDD, Ashara SF, Ashik KJM, Bandara BMMP, Bandara HMAC, Basnayake BMMSM, Mettananda KCD

PP143 **Development and validation of indicators to determine safety of prescribing medicines in Sri Lanka**

Weliwatte IP, Samaranayake NR, Jayawardane P, Galappatthy P

PP145 **Pregnancy and neonatal outcomes presented among mothers who were on antipsychotics and other medications during the gestational & prenatal period in selected hospitals - Sri Lanka**

Eriyawa WMABW, Fernando GKS, Sathsarani UMS, Dharmapala NDSC, Bandara SMMS, Sovis WUN, Perera KPJ

PP146 **High prevalence of antibiotic-resistant gram-negative bacteria detected by the BioFire FilmArray Pneumonia Plus panel in patients hospitalized with lower respiratory tract infection**

Bodinayake CK, Nagahawatte A, Devasiri V, Wijayaratne G, Woods C, Vanderburg S, Nicholson B, Sheng T, Kurukulasooriya R, Dilshan B, Wickramatunga PGTS, Tillekeratne G

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PP147 **Tumour budding as a predictor for in Colorectal Cancer**

Kosgallana EW, Wijetunge S, Malaviarachchi SL, Prathapan S, Prematilleke IV

PP149 **Retrospective Computed Tomography Scan Study of COVID-19 patients in Sri Lanka**

Lanka PVHK, Sathkorala W

PP150 **Role of interventional radiology in paediactric liver transplant**

Fernando M, Gunathilake B, Tillakaratne S, Siriwardana RC, Appuhamy WNDPC, Padmasiri UGM

PP151 **Impact of haemophilia on health related quality of life in adult males attending the haemophilia clinic at National Hospital of Sri Lanka**

Hafna S, Ratnamalala V, Gooneratne L

PP152 **Saviour turned killer: Death due to faulty airbag system**

Seneviratne P, Vadysinghe AN, Ekanayake EMKB, Wickramasinghe CU, Kumarasinghe WGGB, Sanjaya B

PP153 **Postmortem findings of Hump-nosed pit viper (hypnale spp.) bites**

Rathnayaka RMMKN, Ranathunga PEAN, Kularatne SAM

PP154 **Knowledge, attitudes and practices regarding road traffic safety in 3rd year undergraduate students of Faculty of Engineering, University of Moratuwa**

Premalal UKM, Rajaguru RMICY, Rajakaruna MP, Gunasekera GCS

PP155 **Knowledge on common snakes of Sri Lanka, bite prevention, first aid and associated factors among the adults of Ragama Medical Officer of Health area**

Jayasinghe AG, Hettiarachchi IU, Ilukpitiya ISL, Imanji RPC, Huzair MMM, Jayatissa RNU, Kurukulasuriya SAF

PP057 **Knowledge, attitudes and practices regarding malaria among undergraduate students**

Godamunne RWSM, Gunasekara DDN, Gunathilaka PKAP, Gunawardana LD, Gunawardana PKNP, Gunawardana SPJU, Weerakoon K

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PP157 **Fasting blood glucose, nutritional status, diet and lifestyle factors in a group of Sri Lankan undergraduates**

Kaldera PH, Wickrmathilake CM

PP158 **Perception on the accessibility to healthy food choices or alternatives of workers in selected garment factories during the economic crisis**

Fernando KNA, Elikewela DMJM, Edirisinghe EMMN, Edirisooriya SN, Ekanayake KLHT, Fernando KTSD

PP159 **Daily dietary calcium intake among medical undergraduates at Rajarata University of Sri Lanka**

Gamage GSV, Fernando LJMP, Fonseka OMV, Gamage KGMN, Geethashli HKAVR, Godamunna MMHD, Weerakoon HTW

PP160 **Fatty acid profile and phenolic acid profile of raw and processed Artocarpus nobilis (Ceylon breadfruit) seed**

Sewwandi K, Ramiah S, Alles CNRA, Wijesundara DSA, Liyanage R

PP161 **How the nutrition policies implement in Sri Lanka to promote health and development of adolescents?; a qualitative study**

Kandegedara KGPH, Wickramasinghe R, Niwarthana G, Heiyanthuduwage S, Prakash S, Manfra L, Pallewaththa P

PP162 **Characterization of lotus (Nelumbo nucifera) and water lily (Nymphaea pubescens) seed starch as excipients compared to maize starch BP**

Kankanamge SU, Jayasuriya WJABN, Herath HMDR, Pathirana RN

PP163 **Quality of life and psychological impact among patients with food induced anaphylaxis at a clinic in Sri Lanka**

Ranasinghe TND, Aberathna AMIS, Jayamali MPDJ, Chathurangika PH, Malavige GN, Jeewandara JMKC

PP164 **Clinical characteristics of allergy to Cocos nucifera (Coconut) in Sri Lankan children**

Aberathna AMIS, Ranasinghe TND, Malavige GN, Jeewandara JMKC

PP165 **Weight loss attitudes and preferences among medical undergraduates of Rajarata University of Sri Lanka**

Wijerathne SS, Wijerathna IHTN, Wijerathna PGKIS, Wijesinghe DDGM, Wijesooriya A, Wijewardena PIU, Bandara PRSRJ

PP187 **The effectiveness of an intervention to manage occupational stress among bus drivers of Sri Lanka Transport Board in Colombo District**

Illangasinghe DK, Alagiyawanna MAAP, Samaranayake DBL

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PP166 **A study on the prevalence of Familial Hypercholesterolaemia (FH) among laboratory samples in Sri Lanka**

Matthias AT, Mahbooba S, Kaushalya J, Jinasena TMR, Hewa Saman P, Samaranayake TSP, Fernandopulle ANR

PP167 **Epidemiology of eczema among children aged 13-14 years from Anuradhapura municipal council area, Sri Lanka**

Sumanapala SDVK, Sulakkhana MS, Subhanee KKT, Thennakoon TMSL, Sivabalan PS, Sriwardhana SJTC, Rajapakse RMS

PP168 **Prevalence of injection site complications and their association with knowledge and practices of pre-mixed insulin usage among patients with diabetes mellitus attending NHSL diabetes clinic**

Elvitigala R, Farwin A, Najdah F, Kalyani HHN

PP169 **Association of shoulder joint mobility with diabetes mellitus in patients with type 2 diabetes mellitus**

Isurika MLT, Siridewa K

PP170 **Anthropometric parameters of newly diagnosed patients with myocardial infarction admitted to tertiary care hospitals of Western Province of Sri Lanka – a case-control study**

Perera DAPS, Samaranayaka TPS, Chulasiri PU

PP172 **Study on frailty among a selected group of community-dwelling elderly people in the Colombo District**

Perera MACL, Ediriweera de Silva RE

PP173 **Effect of fear of falling on physical activity in older adults with type 2 diabetes mellitus**

Sandeepani WANR, Wettasinghe AH

PP174 **Knowledge and attitudes regarding hearing aid use and factors associated with it among elders diagnosed with age- related sensorineural hearing loss attending, ear, nose, throat (ENT) clinic at National Hospital, Sri Lanka**

Muhunthan K, Milinda GS, Siriwardana HVYD

PP012 **Assessment of individual perceptions on asthma symptom control and the quality of life among asthmatic patients attending the respiratory clinic of Teaching Hospital Anuradhapura, Sri Lanka**

Karunathilake MKP

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PP175 **Current knowledge and perception related to advance life support (ALS) among medical and nursing officers in a District General Hospital**

Sanfar ANM, Thabitha T, Samarajeewa CUK

PP176 **Knowledge, attitudes, and practices about first aid given for childhood injuries among mothers of preschool children in Ragama MOH area, Sri Lanka**

Wickramasinghe PMTB, Jayasena AKOM, Jayathilake JMPS, Jayathissa JTM, Jayathissa AVAP, Jayawardena MAT

PP177 **Emergency Physician performed Focused Cardiac Ultrasound (FOCUS) as a tool in early diagnosis of Occlusive Myocardial Infarction (OMI) to escalate the treatment**

Ariyasinghe HADMP, Baker KL

PP178 **Assessing motivation to lose weight: the psychometric properties of the Sinhala version of University of Rhode Island Change Assessment (URICA) scale**

Niriella MA, De Silva ST, Hapangama A, Baminiwatta A, Fernando R, Ediriweera D

PP179 **Haemodialysis status, compliance to recommendations and end of one-year outcomes among haemodialysis patients in resources-limited setting, National Hospital- Kandy**

Atapattu AMMP, Dassanayake HDWTD, Dharmarathne SD, Nanayakkara N

PP180 **Urinary Peptidase Inhibitor 3 could be a potential biomarker for diabetic and hypertensive nephropathy**

Saseevan S, Nishanthi WAAGN, Rajapakse S, Magana-Arachchi DN

PP181 **A Systematic Review Exploring the Quality of Food and Water Consumed by People with Chronic Kidney Disease of Unknown Etiology (CKDu) in Sri Lanka**

Uthayarajan N, Jayawardene KLTD, Weerasekara I

PP183 **Assessment of the degree of disability using Barthel Index and determinants of disability among acute stroke patients admitted to Teaching Hospital Karapitiya – a descriptive study**

Perera WCS, Dissanayake A

PP184 **Relationship between physical activity level, depression and sleep quality of patients with Parkinson disease**

Kawmadi PPD, Dahanayake DMA

PP186 **A case of Febrile Infection-Related Epilepsy Syndrome (FIRES)**

Hettige DH, Bandusena S, Mendis A, Satharasinghe DS, Gunasekara S, Fernando MAH

SLMA Doctors Concert 2023

28th July, Lotus Hall, BMICH

1. **Bajan Harinama Sangeerthanam:** Dr. Sakthilandran Muthurajanathan, Dr. Sailakshmi Logeeswaran
2. **Anothaththa Wila:** Dr. Hasarali Fernando, Dr. Nirma Alpitiarachchi, and Dr. Thisari Dilshika
3. **By The Riverbank:** Dr. Manella Joseph
4. **Hitha Paarawa:** Dr. Disna Amaratunga, Sithumini Ekanayake & Amal Liyanaarachchi.
5. **Gulabi Aankhen Jo Teri Dheki:** Dr. Chamath Fernando, Dr. Gayani Wickramasinghe, Dr. Panchali Kaushalya, Dr. Gihan Kavindu Gunawardhana, & Dr. Chamath Lavinda Wickramarathna
6. **Rock It On…:** Dr. Yamuna Rajapaksha, Manuka, Minara, & Colombo Medical Choir
7. **Akasa Kusum:** Dr. Oshan Basnayaka, Dr. Thanuja Kotawelagedara, Dr. Nipun Wijesooriya, Dr. Charuka Deshapriya, Dr. Kanchana Wijenayaka, Pumudu Weerasekara. Dr. Gihani Jayawardena & Dr. Akhila Nilaweera.
8. **Could I Have This Dance?:** Dr. Savinki Rambadagalla, Dr. Kaushika Premasiri & Rajeev Fernando.
9. **Wasanthaya Awidin Puthe:** Dr. Uditha Kodithuwakku, Savin Rajapakse & Dr. Shanaka Kulathunga.
10. **A Million Dreams:** Dr. Farsad Nazeem. Mirash & Khazaan
11. **Sinhala And Tamil: A Fusion Dance:** Dr. Ayodhya Ranasinghe, Dr. Nadishani Ediriwickrama, & Thiruvarulselvan Rishikeshean.
12. **Bhasmasura:** Prof. Ishan De Soysa, Dr. Kasun Gamage, Dr. Jithendra Srinath, Dr. Udumbara Sewwandi Kumari, Dr. Sajith Edirisinghe, Dr. Akhila Munasinghe, Dr. Santhushya Fernando & Geshan Gunawardena.
13. **A Night At The Movies:** Dr. Chamika Senanayake on piano, Dr. Thanuja Kotawelagedara, Dr. Charuka Deshapriya, Dr. Kanchana Wijenayaka & Pumudu Weerasekara
14. **SLMA Council Goes On A Trip Around Sri Lanka:** SLMA Council members

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No. 7, Wijerama Mawatha, Colombo 07
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