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Council of the Sri Lanka Association of Geriatric Medicine 2017

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Council of the Sri Lanka Association of Geriatric Medicine 2017

Seated left to right Dr. GDN Samarutilake (Hony. Secretary), Professor Antionette Perera, Dr. Priyankara Jayawardene, Dr. Dilhar Samaraweera (President), Dr. Lasantha Ganewatte (Vice – President), Dr. Padma Gunaratne, Dr. Vajira Dassanayake(Treasurer) **Standing Left to right** Dr. Chamila Dalpatadu, Dr. Asanka Ratnayake, Dr. Tilanka de Silva (Assistant Secretary), Dr. Dilanka Thilakarathna, Dr. Shiromi Maduwage, Dr. Samantha Ananda, Dr. Sashimal Jayaweera (Assistant Treasurer) **Absentees** Dr. Lalith Wijayaratne, Dr. Selvi Perera, Dr. Kithsri Karunathilake, Dr. MABS MIllawithana, Dr. Chandana Kanakaratne, Dr. Achala Balasuriya, Dr. Anoja Rajapakse

Organizing Committee of the Sri Lanka Association of Geriatric Medicine 2017

Seated from left - Dr. S.L.B Ekanayake (end-left), Dr. Nelum Samaruthilake, Dr. Dilhar Samawareera, Dr. Vajira Dassanayaka, Dr. S.A.A Senevirathne (end-right) **Standing from left** - Dr. N.D. De Silva, Dr. Y.F Nazliya, Dr. C. D. K. Rathnayaka, Dr. K. A. Fernando, Ds. N.W.D.M. Samudini, Dr. T. Mythili , Dr. N.G.J.C.P. Nanayakkara.

Message from the President of the Sri Lanka Association of Geriatric Medicine

I deliver this message with great pleasure at the third Academic Sessions of the Sri Lanka Association of Geriatric Medicine.

Many developments have occurred in Geriatric Care in the country since the inception of the Sri Lanka Association of Geriatric Medicine in 2014. I believe that the academic sessions and the public exhibitions and workshops in elderly care as well as joint clinical meetings with the other Colleges and regional programs for doctors, nurses and allied health staff organized by the Association over the last 4 years have resulted in creating a great impact on enhancing the skills for practice of Geriatric medicine for health care professionals of Sri Lanka. The Diploma in Elderly Medicine has been a great success which has produced 4 batches and this year the Post Graduate Institute of Medicine launched the MD Geriatric Medicine programme. Thus it is my sincere hope that we could achieve greater heights in Geriatric Medicine in the years to come.

The vibrant Academic programme addresses key areas in the practice of Geriatric Medicine. Dr Robert. J Prowse from Australia and Prof Prasad Mathews form India have joined us to enrich our pre-congress and the Academic sessions. Comprehensive scientific programme with shared expertise of resource persons from varied specialties including Neurology, Cardiology, Chest Medicine, Rheumatology, Endocrinology, Nutrition and General Medicine is evident in the academic programme this year emphasizing the importance of disseminating knowledge in Geriatric Medicine among all health care proffesionals. It is my fervent hope that the participants would enhance their knowledge and embrace the specialty of Geriatric Medicine paving the way towards clinical excellence in Geriatric Medicine.

We are grateful to Dr Jayasundara Bandara the Director General of Health Services, our chief guest and Dr Lalith Wijeratne the Founder of the Sri Lanka Association of Geriatric Medicine, our guest of honour for accepting our invitation and gracing this occasion. I wish to convey my gratitude to all local and international resource persons for sharing their expertise in this academic sessions.

The organizing of the Academic sessions was possible thanks to the untiring efforts of the members of the council and the organizing committee. I wish to convey my sincere gratitude to all speakers, chairpersons, and participants who have contributed to make this event successful. I am most grateful to our corporate sponsors for making this event a reality.

I hope you would have a rewarding and enjoyable learning experience in Geriatrics in this academic sessions with the opportunity to further your professional career. I wish all the speakers good luck and wish all success to Academic Sessions of the Sri Lanka Association of Geriatric Medicine.

Dr Dilhar Samaraweera

Message from the Honorary Secretary of the Sri Lanka Association of Geriatric Medicine

It gives me a great pleasure to pen this message on the occasion of Third Academic Sessions of Sri Lanka Association of Geriatric Medicine (SLAGM). On behalf of the organizing committee and the council of the SLAGM, I extend warmest welcome to all of you, our distinguished guests, resource persons and healthcare professionals.

Geriatrics is the medical science which deals with prevention and management of diseases in old age. History of Geriatrics dates back to 'Hippocratic era'. Perhaps even before to the days of 'Sushratha' according to the historical evidence. The countries that realized population ageing and its health impact early, introduced specialty training in Geriatrics for healthcare personnel recognizing it as a distinct medical specialty and cater to the growing healthcare needs of the ageing populations. Today, Geriatrics is a highly developed medical science in the world with lots of technological advances adding constantly to the practice of Geriatric. Hence, the healthcare systems around the world are now moving 'towards the clinical excellence in Geriatrics'.

In Sri Lanka specialty training in Geriatrics is still in its infancy. But in order to provide scientifically sound Geriatric services to the Sri Lankan elders, it is essential to carry out capacity building of various categories involved in the delivery of care to the elderly at present. The Academic sessions of SLAGM was thus organized with the idea of sharing new knowledge and move 'towards clinical excellence in geriatrics' which is the theme of the conference this year.

I hope that the third academic sessions of SLAGM will give you very rewarding professional experiences. This is an excellent opportunity to all of us to learn about most exciting advances around the world.

I would like to extend my deep appreciation to the President, the council members of the SLAGM and the local and foreign faculties who extended their generous support to make this event a success. Invaluable contributions added by the other professional colleges, sponsors and all others who are too numerous to mention are remembered with sincere gratitude.

My best wishes for a most enjoyable and a fruitful academic session.

Dr. Nelum Samarutilake
Hony. Secretary of SLAGM, 2016 - 2017

Message from the Chief Guest

As the Director General of Health Services I am very pleased to offer my warmest greetings to Third Academic Sessions of Sri Lanka Association of Geriatric Medicine (SLAGM) 2017. Clinical excellence in Geriatric is undoubtedly a timely chosen theme for the conference considering the rate of population ageing in Sri Lanka.

One in every fifth person living in Sri Lanka is expected to reach the mile stone of 60 years or more by the year 2030 which is not very far from this year. In a way ageing itself reflects the clinical excellence of the healthcare services provided by the Ministry of health to Sri Lankan population so far. However, the rising trend of non- communicable diseases and other old age related health issues are being experienced by the healthcare professionals along with the rapidly growing elderly population in Sri Lanka. This fact itself indicates the dimensions of future healthcare services should be to address the impending geriatric issues. Re-orientation of national healthcare system towards the clinical excellence in Geriatrics has now become a time felt need. Fortunately the SLAGM has taken the leadership and initial steps to improve the Geriatric services in Sri Lanka.

I hope that the participants will find the congress a very rewarding professional experience. This will be an outstanding opportunity for the Sri Lankan healthcare professionals to share the experience and knowledge with local and international colleagues.

My very best wishes for the president and the Sri Lanka Geriatric Association to have a most enjoyable and productive meeting.

Dr. JMW Jayasundara Bandara
Director General of Healthcare Services,
Ministry of Health, Nutrition and Indigenous Medicine

Message from the Guest of Honour

Essentials of Rehabilitation of Elderly persons with disabilities.

The prevalence of disability conditions increases with everyday decade of later life. These disabling conditions results in considerable impairment in their ability to carry out activities of daily living and lead an independent and meaningful life. A rehabilitation programme helps the elderly person to overcome this disability and to live life meaningfully and independently as possible. Therefore Rehabilitation is a fundamental component of Geriatric health care.

The causes of disability in elderly are related to chronic diseases which can present either as an acute disability event due to a chronic disease (e.g. stroke due to cerebrovascular disease or Hip fracture due to osteoporosis) or a progressive disability due to a chronic illness (e.g. Osteoarthritis of knees, Parkinson's disease, Rheumatoid arthritis).

The diagnosis and management of disability (Rehabilitation) in an older adult must be adapted to the presence of multiple co-existing chronic conditions. It is important to note that apart from the organic disease which has directly caused the disabling condition there are other components such as personal, environmental and social factors (e.g. attitudes towards the elderly), which contributes to the gravity of disability. All these factors need to be addressed when planning rehabilitation for the disabled elderly person. Therefore rehabilitation intervention should be individualised to address all these factors, which directly and indirectly influence the disabling state.

Multiple interventions are required from numerous health professionals to achieve the goals of rehabilitation. The coordinated team care approach among these health professionals is essential to make rehabilitation a success. The elderly person, family members and the carers should be included in the team to get the maximum benefits of the rehabilitation programme.

Quite a large proportion of elderly persons who are hospitalised with an acute disabling illness do not make a full functional recovery. They return home in a disability state. Therefore for the rehabilitation programme, which is initiated in the hospital to be successful, the community too should have adequate facilities to take over and continue what was commenced in the hospital. Although the health sector plays a major role in the rehabilitation of the elderly, this needs a multi-sector approach from the Social services, religious organisations and the community to fulfil all the goals of rehabilitation.

Dr. Lalith Wijayaratne
Consultant Rheumatologist

Programme

Pre-Congress Workshop

"Towards clinical excellence in Geriatrics"

Date : 16th Thursday, November 2017
Time : 8.00 a.m. to 12.00 noon
Venue : Hotel The Galadari, Colombo

Time	*Programme*
8.00 a.m - 8.30 a.m.	Registration
8.30 am – 9.10 am	**Mobility and Exercises** Dr. Robert Prowse Dr. Gunendrika Mr. Kithsiri Mr. Dimantha
9.15 am – 10.00 am	**Neurology – Case discussion** Dr. Padma Gunaratne and team
10.05am – 10.30am	Tea
10.30am – 11.15 am	**Communication – Group discussion** Dr. Prasad Mathews Dr. Robert Prowse Dr. Priyankara Jayawardene
11.15 am – 12.00 am	**Multidisciplinary approach in Geriatric patient** Multidisciplinary team attached to Colombo South Teaching Hospital (CSTH)
12.00 noon	Lunch

Inauguration Ceremony

Date : **16th Thursday, November 2017**
Time : **8.30 a.m. to 10.00 a.m.**
Venue : **Hotel The Galadari, Colombo**

- **8.30 a.m.** **Guests take their seats**

- **8.35 a.m.** **Ceremonial procession**

- **8.40 a.m.** **National Anthem & Lighting of the traditional oil lamp**

- **8.50 a.m.** **Welcome address**
  Dr Dilhar Samaraweera
  President, Sri Lanka Association of Geriatric Medicine

- **9.00 a.m.** **Address by the chief guest**
  Dr J.M.W. Jayasundara Bandara
  Director General of Health Services, Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka

- **9.15 a.m.** **Lecture by the Guest of Honour**
  "Essentials in Rehabilitation of the elderly"
  Dr. Lalith Wijayaratne

- **9.45 a.m.** **Vote of thanks**
  Dr.Nelum Samarutilake
  Secretary of Sri Lanka Association of Geriatric Medicine

- **9.50 a.m.** **Cultural Show**

- **10.00 a.m.** **Reception**

Academic Sessions

"Towards clinical excellence in Geriatrics"

Date : 17th Friday, November 2017
Time : 7.30 a.m. to 4.30 p.m.
Venue : Hotel The Galadari, Colombo

Time	*Programme*
7.30 a.m - 8.30 a.m.	Registration
8.30 am – 9.00 am	**Plenary I** Essentials in Rehabilitation of the elderly – **Dr. Lalith Wijayarathne**
9.00 am – 10.00 am	Inauguration Ceremony
10.05am – 10.30am	Tea
10.30am – 11.15 am	Symposium I **Heart and Lung** Chairperson Dr Asanka Rathnayake/ Prof. Sisira Siribaddhana | **Dr. Nimali Fernando - Approach to chest pain in elderly | Dr. Chandimani Undugodage – Approach to chronic cough in Elderly**
11.15am – 12.15pm	Symposium II **Nutrition in Elderly** Chairpersons Dr. Shiromi Maduwage/ Dr. MK Ragunathan, **Dr. Renuka Jayatissa, Prof. Prasad Mathews**
12.15pm – 12.45 pm	**Plenary II** **Prescribing in elderly -** Dr. Robert Prowse
12.45pm – 1.30 pm	Lunch
1.30 pm – 2.30pm	Free papers - Oral presentations
11.15am – 12.15pm	Symposium III **Hormones and bones** Chairpersons Dr. Chamila Dalpatadu/ **Dr. Lasantha Ganewatta, Dr. Robert Prowse, Dr. Manilka Sumanathilake**
3.10 pm – 3.50 pm	Geriatric Conundrums Chairpersons Dr. Lasantha Ganewatta/ Dr. Anula Wijesundara, **Prof. Prasad Mathews, Dr. Barana Millawithana, Dr. Kithsri Karunathilake**
3.50 pm – 4.30 pm	Symposium IV **Challenges in interpretation of laboratory results in older adults** Chairpersons Prof. Antionette Perera/ Dr. Priyankara Jayawardene, **Dr. Gaya Katulanda, Dr. Lalindra Gunaratne**
4.30 am	Tea

Faculty

NEUROLOGY TEAM PARTICIPATING FOR THE PRECONGRESS WORKSHOP, SLAGM ACADEMIC SESSIONS

Dr. Padma Gunaratne MD, FRCP, FCCP, FRACP(Hon)
Senior Consultant Neurologist - NHSL

Dr. Shanika Nandasiri MBBS, MD
Senior Registrar in Neurology - NHSL

Chinthaka Kannangara (B.Sc)
Occupational Therapist - NHSL

Asanka Weerasinghe (B.Sc)
Speech and Language Therapist - NHSL

Mrs. Erandi Naotunna (B. Sc)
Physiotherapist - NHSL

RHEUMATOLOGY TEAM PARTICIPATING FOR THE PRECONGRESS WORKSHOP, SLAGM ACADEMIC SESSIONS

Dr. (Mrs). Gunendrika Kasturiratne
- Consultant in Rheumatology and Rehabilitation

Mrs. Asha Karunathilake – Occupational Therapist

Mr. Neel Thilakaratne - Physiotherapist

Mrs. Chandrani Ranawaka - physiotherapist

MDT TEAM PARTICIPATING FOR THE PRECONGRESS WORKSHOP, SLAGM ACADEMIC SESSIONS

Dr. Dilhar Samaraweera – Consultant Physician

Dr. Piumi Premanayake – Medical Officer

Ms. KT Dilrukshi – Nursing Officer

Ms Dinithi Perera - Physiotherapist

Ms. Nadeesha Adhikari - Occupational Therapist

Ms Daisy Sudusinghe – Social Worker

FOREIGN FACULTY

Dr. Robert J Prowse
Consultant Geriatrician
Director, Department of Geriatric Medicine,
Royal Adelaide Hospital, Australia

Professor Prasad Mathews
Consultant Geriatrician
Christian Medical College,
Vellore, India

LOCAL FACULTY

Dr. Nimali Fernando
MBBS,MD,FCCP
Consultant Cardiologist
Institute of cardiology
National hospital of srilanka

Dr. Chandimani Undugodage
MBBS (SJP), MD (Medicine), MRCP (UK), FRCP (Lon)
Consultant Respiratory Physician, Senior Lecturer
Department of Physiology, Faculty of Medical Sciences
University of Sri Jayawardenapura

Dr. Renuka Jayatissa
Consultant Community Physician
Medical Research Institute

Dr. Manilka Sumanatilake
MD(Col), MRCP(Lon), MRCP-Diabetes & Endocrinology(UK),
FRCP(Edin), FACE(USA)
Consultant Endocrinologist
National Hospital of Sri Lanka

LOCAL FACULTY

Dr. Barana Millawithana
Consultant Physician

Dr. Kithsri Karunatilake
Consultant Geriatrician
Christian Medical College,
Vellore, India

Dr. Gaya Katulanda
Consultant Chemical Pathologist,
Medical Research Institute
MBBS Colombo

Dr. Lalindra Gunaratne
MBBS, MD (Haem), FRCPath
Senior Lecturer and Head of the Department of Pathology,
Faculty of Medicine, University of Colombo
& Honorary Consultant Haematologist

Dr. Gunendrika Kasturiratne
Consultant in Rheumatology and Rehabilitation

Dr. Padma Gunaratne
MD, FRCP, FCCP, FRACP(Hon)
Senior Consultant Neurologist - NHSL

Dr. Dilhar Samaraweera
Consultant Physician

Dr. Priyankara Jayawardene
Consultant Physician

Academic session - Organizing Committees

Dr. Dilhar Samaraweera
Dr. Lasantha Ganewatte
Dr. Chamila Dalpatadu

External Resource committee

Dr. Dilhar Samaraweera
Dr. Priyankara Jayawardene
Dr. Vajira Dassanayake

Subcommittees for the organization of sessions

Subcommittee I: Advertising and printing

Dr. Vajira Dassanayake
Dr. Sandeesh Ekanayaka
Dr. K.A. Fernando
Dr. B.S.R. Mendis

Subcommittee II: Publicity & Invitation

Dr. Sashimal Jayaweera
Dr. C.U. Wediwardhane
Dr. S.A.D. Udayangani
Dr. C.D.K. Rathnayaka

Subcommittee III: Decoration

Dr. E.G.T. Anuruddhika
Dr. M.D.V.S. Weerasinghe
Dr. V. De Silva
Dr. Hasanthi Cooray

Chairpersons

Dr. Asanga Ratnayake

Prof. Sisira Siribaddana

Dr. Shiromi Maduwage

Dr. MK Ragunathan

Dr. Chamila Dalpatadu

Dr. Lasantha Ganewatte

Dr. Anula Wijesundara

Prof. Antionette Perera

Dr. Priyankara Jayawardene

Abstract of the Guest Lectures

Lecture by Guest of Honor

Essentials of Rehabilitation of Elderly persons with disabilities.

The prevalence of disability conditions increases with everyday decade of later life. These disabling conditions results in considerable impairment in their ability to carry out activities of daily living and lead an independent and meaningful life. A rehabilitation programme helps the elderly person to overcome this disability and to live life meaningfully and independently as possible. Therefore Rehabilitation is a fundamental component of Geriatric health care.

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Multiple interventions are required from numerous health professionals to achieve the goals of rehabilitation. The coordinated team care approach among these health professionals is essential to make rehabilitation a success. The elderly person, family members and the carers should be included in the team to get the maximum benefits of the rehabilitation programme.

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Dr. Lalith Wijayaratne
Consultant Rheumatologist

Symposium I - **Heart and Lung**

Evaluation of chest pain in the elderly

In the majority of patients who present to the clinics with chest pain the cause is benign. However as the consequences of missing a potential life threatening cause is grave these causes must be considered and excluded promptly.
Acute Coronary Syndrome, Aortic dissection, Pulmonary Embolism , Pneumothorax, Oesophageal Rupture , Pericarditis with resultant cardiac tamponade may all present with chest pain and if missed can cause significant mortality and morbidity.
Serious causes of chest pain are more prevalent in the elderly than in the younger age groups.
Unfortunately many elderly patients who have a serious cause of chest pain present with atypical or

nonspecific symptoms. Also their multiple Comorbidities and past illnesses makes the diagnosis difficult. Therefore to detect these life threatening causes the geriatrician must systematically evaluate every elderly patient with chest pain.
The general appearance, history and risk factors should all be evaluated to come to a diagnosis. The ECG, CXR CT scan and laboratory tests will aid in the diagnosis of the main killers.
Therefore great care needs to be taken when dealing with the elderly with chest pain.

Dr Nimali Fernando
Consultant Cardiologist,
Institute of Cardiology,
National Hospital Sri Lanka

Approach to chronic cough in elderly

Chronic cough is a common symptom in the elderly. It is a feature of many underlying disorders such as asthma, COPD, bronchiectasis, TB, lung cancer, ILD, drugs etc. It is very important to carefully evaluate cough. In the elderly, the history can be challenging, investigations misleading and difficult to interpret as a consequence of age related changes in the respiratory system.
In my presentation I will talk about evaluation of cough, with a brief outline of common respiratory diseases presenting with cough and the impact of age related changes on basic investigations.

Dr Chandimani Undugodage
MBBS, MD (Medicine), MRCP (UK), FRCP (Lon)
Consultant Respiratory Physician & Senior Lecturer
Faculty of Medical Sciences
University of Sri Jayawardenapura

Symposium II - **Nutrition in elderly**

Special nutritional needs of older adults and solutions

The nutritional needs of the older adults are different from other adult populations. For healthy people, energy requirements decrease with advancing age. This is due to changes in body composition; a decrease in lean body tissue (muscle) and an increase in fat tissue. Malnutrition in older adults is a common problem. A range of factors may influence the nutritional status of older people. This might include ill health and other medical conditions, drug-nutrient interactions, lack of mobility, low incomes, social isolation or bereavement and poor dentition. Sense of taste and smell can alter with age, and this can affect appetite and enjoyment of food. Older people tend to eat less and the body's ability to absorb some nutrients also becomes less efficient with age so it can be harder to get all the necessary nutrients for good health. It is important for older people to eat a varied diet to ensure an adequate supply of all the essential vitamins and minerals, and enough food to cover their energy requirements. Adequate intake of protein, vitamin D and vitamin B12 are key elements of the diet. Nutrition screening and early detection of nutrition problems help to identify appropriate nutrition solutions to improve the quality of life.

Dr. Renuka Jayatissa
Consultant Community Physician
Medical Research Institute

MEDICAL ASPECTS OF NUTRITION IN THE ELDERLY

Malnutrition is a common problem in the elderly. Prevalence in a large study in western countries ranged from 6% in the community to 50% in the rehabilitation setting.

Causes of malnutrition in the elderly can be broadly classified into three categories - poverty, social factors and neglect, medical and psychiatric causes and anorexia of aging and frailty.

Common causes of unintentional weight loss in the elderly range from malignancy (9-36%), depression and dementia, dysphagia (7-10%), advanced organ disease, malabsorption syndromes and other gastrointestinal disorders, endocrine disorders such as thyrotoxicosis and uncontrolled diabetes, infectious diseases such as tuberculosis, neurologic disorders such as Parkinsons disease, Alzheimers. Drug side effects ranging from anorexia to dysgeusia, dry mouth and nausea can contribute to weight loss in the elderly. The etiology of malnutrition in the elderly is typically multifactorial. The pneumonic MEALS on WHEELS is useful to remember common causes of weight loss in the elderly.

Frailty is characterized by unintentional weight loss, fatigue, weakness, slow mobility and inactivity.

The mini nutritional assessment (MNA) is a well validated standard tool for diagnosis of malnutrition in the elderly with good sensitivity and specificity. The MNA short form (MNA SF) uses six questions from the full MNA. Other simpler tools include the malnutrition screening tool (MST) and the Simplified Nutrition Assessment Questionnaire (SNAQ).

Evaluation of malnutrition starts with a good history and examination. Social factors and presence of depression and dementia have to be identified. A drug list has to obtained and relevant drugs stopped. Appetite has to be assessed. History and examination especially for the conditions listed above has to e carried out. In case of fever an evaluation for chronic infections and autoimmune disorders is indicated. If iron deficiency anaemia and or gastrointestinal symptoms are present, gastroscopy and colonoscopy are indicated. Relevant investigations include complete blood counts, ESR, CRP, compete blood counts, liver, renal, thyroid functions, blood sugars, appropriate cancer screening, chest X ray and abdominal ultrasonography. Further investigation may include computed tomography of the chest and abdomen.

Comprehensive geriatric assessment is indicated in these patients. If no major medical problem is found a work up for frailty including grip strength and gait speed should be carried out.

All identified social, psychiatric and medical problems should be addressed in the management of malnutrition. This includes addressing social factors, dentition, inadequate or poor diet and stopping relevant drugs. Nutritional supplements – especially protein supplements, resistance exercises and Vitamin D supplementation are useful in treatment of frailty. Drugs such as megesterol acetate and dronabinol have been studied as appetite stimulants but data on efficacy is scanty. Mirtazapine has been used for weight gain in a few studies with mixed results.

A comprehensive approach to diagnosis and management of malnutrition in the elderly yields the best results.

Dr. Prasad Mathews
Professor of Geriatrics,
Christian Medical College,
Vellore, India

Plenary I - **Prescribing in elderly**

Prescribing in Older Adults

Older people are likely to be taking numerous medications, particularly because of the association of multiple co-morbidities with advancing age. This exposes them to the risk of adverse drug reactions.

In development, older adults are often excluded from trial participation, making it hard for clinicians to

extrapolate from published data to individual older patients. Additionally, changes in pharmacokinetics and pharmacodynamics with ageing need to be taken into account in prescribing

Older people thus may be at risk of not being prescribed appropriate medications. The START (Screening Tool to Alert doctors to the Right Treatment) was developed to address this underprescribing. Particularly in "first world" countries, the major issue in prescribing for older adults is moving from under- to over-prescribing. This has led to exploration of polypharmacy (≥5 medications) and hyperpolypharmacy (≥ 10 medications). The Beers criteria were first developed in 1991 to assist clinicians identify medications that should be avoided. An alternative tool is the Screening Tool of Older Person's prescriptions (STOPP).

A particular issue in prescribing for older adults is the anticholinergic activity of many medications, whether as an expected effect of the drug, or an unwanted one. Older individuals are particularly susceptible to anticholinergic side effects. High anticholinergic activity in drugs is often well known to prescribers; drugs with moderate or low anticholinergic activity less so. Administering several such drugs together can result in additive anticholinergic activity, leading to side effects.

Other particular issues in older people are:

- Prescribing cascades, in which medications are added to treat symptoms of unrecognised adverse drug reactions from current therapy, increasing the risk of further reactions
- Poor compliance with taking medications, resulting in either missing necessary medications or taking excess doses of others. This is particularly a problem in patients with cognitive impairment, for whom supervision is often needed, but not always available

Robert J Prowse
Director, Department of Geriatric and Rehabilitation Medicine
Royal Adelaide Hospital
South Australia

Symposium III

Prevention of Falls in Older People

Falls in Older People are one of the "Geriatric Giants", described by Bernard Isaacs (as "instability"). older Prevention of falls has been well researched and is commonly adopted by health authorities to conduct programs likely to be of benefit to people, the health system and the taxpayer.

There are well-designed studies aimed at improving an individual's risk factors and combining individual interventions with environmental manipulation.
Studies consistently show benefit in people at high risk of falling. Such studies include OT home visits assessing and modifying environmental hazards. In patients at high risk, one study showed risk reduction of 36%. Interventions in unselected community dwelling older people show no benefit.
In hospitals and nursing homes, studies show bed rails to be a major cause of injuries and deaths. The have also been shown not to reduce the number of fall. in nursing homes. In hospitals, reduced use results in fewer serious injuries, without reducing the total number of falls.
All older patients should have their falls risk assessed, even when presenting problem features isn't one of falling. In assessing risk, the most important item is a history of a previous fall, which should be explored in detail. Other important factors are a medication history and inquiry about environmental factors.
Cochrane review of falls studies suggests likely beneficial interventions to include:

- Muscle strength and balance retraining, individually prescribed at home by a health professional

- Tai Chi exercise intervention
- Home hazard assessment and modification in people with history of falling
- Withdrawal of psychotropic drugs
- Multidisciplinary, multifactorial, risk factor screening / intervention programs for:
    - o older people with history of falling
    - o older people with known risk factors
    - o residents of residential care
- Multiple intervention program in a rehabilitation setting (30% reduction)
- Multifaceted intervention of people who had fallen or were concerned about falling living at home (31% reduction)
- Cardiac pacemaker for cardio-inhibitory carotid hypersensitivity
- Vitamin D supplementation

Robert J Prowse
Director, Department of Geriatric and Rehabilitation Medicine
Royal Adelaide Hospital
South Australia

NOVEL THERAPIES IN OSTEOPOROSIS

Osteoporosis will be a major health concern in the next few decades in Sri Lanka due to the increasing elderly population. With the improvement in health care and other social indicators, the life expectancy of the population has gone up and this will have added implications on bone health where, not only the post menopausal osteoporosis but age related osteoporosis in men will have to be considered.
The current armamentarium against this condition includes both antiresorptive and anabolic therapies but Bisphosphonates have been the main stay of treatment.
Optimization of Calcium &Vitamin D status, diet, exercise and fall prevention are important adjuncts to treatment of osteoporosis.
All these measures and drugs have their limitations and has limited anti fracture efficacy.
Health concerns with Hormone replacement therapy in post menopausal females have reduced the use of it despite having beneficial effects on the bone health.
Bisphosphonates have been shown to be effective only up to 5-6 years and prolonged treatment is not recommended as there is evidence of increased atypical fractures due to Adynamic bone disease. Patient compliance is also not very good due to side effects and the procedure involved in taking the oral preparations. The use of intravenous preparations have been limited mainly due to the cost.
Hence there is a clear need for newer options and few are coming in to use and few other agents are in the horizon. They have different mechanisms of action targeting different levels of the bone metabolism.

Denosumab is a fully human monoclonal antibody that inhibits receptor activator of nuclear factor-kappa B ligand (RANKL), an essential mediator of osteoclast formation, function, and survival that has been shown to decrease bone turnover and increase bone mineral density (BMD) in treated patients and it is the most promising novel agent coming to use currently.

Lasofoxifene and bazedoxifene and new Selective estrogen receptor modulators (SERM) which has shown efficacy in trials especially in reduction of non vertebral fractures.

Romozosumab - Anti Sclerostin Antibody is a novel anabolic agent being studied which acts by blocking Sclerostin which inhibits the anabolic Wnt signaling pathway. Wnt singnalling pathway is important for osteoblastogenesis and inhibition of osteoclastic activity.

Abaloparatide is a synthetic analog of human parathyroid hormone (PTH)-related protein. Higher increase of BMD compared to teriparatide.

Odanacatib(MK-0822) is a Cathepsin K inhibitor which has shown promising results in increasing BMD.. Cathepsin K is an enzyme which is highly expressed in osteoclasts during bone resorption. Further

developments of the drug was stopped because of higher incidence of stroke.

Ostabolin C – Cyclic analog of PTH (1-31) is under going phase II trials with promising results and Phase I trials are on with Pulmonary inhalation.

Calcium receptor (CaR) Antagonist – a "Calcilytic" is also under investigation. It blocks the Calcium receptor in the Parathyroid gland stimulating endogenous PTH secretion.

Dr. Manilaka Sumanathilake
Consultant Endocrinologist

Geriatric Conundrums

This session is a case based discussion where more complex Geriatric problems are discussed. Following experts are participating as resource persons in this session.

Professor Prasad Mathews
Dr Prasad Mathews is professor of Geriatrics at the Christian Medical College Vellore.

Dr Barana Millawithana
Currently works as a Consultant physician at Teaching hospital Anuradhapura.

Dr Kithsri Karunathilaka
Currently works as a Consultant physician at Base hospital , Dickoya.

Symposium IV

Challenges in interpretation of Laboratory results in Older adults

The investigation of illness in the geriatric population is a challenge to clinical biochemist/chemical pathologist. This is due to number of reasons. Many conditions related to clinical biochemistry are more common in the elderly than in young adults. The examples include diabetes mellitus, osteoporosis, Paget's disease of bone and thyroid disease. Furthermore, presentation of diseases in elderly may be different. Myocardial infarction may present with confusion rather than with chest pain. Functions of some organs decline with age and this will be apparent even in mild diseases. The glomerular filtration rate and creatinine clearance reduce with advancing age. However serum creatinine may remain normal despite reduced glomerular filtration rate in elderly due to their low muscle mass. Greater likelihood of presence of more than one illness and ingestion of many medications may challenge the interpretation of biochemical test results. Poor nutrition and impaired mobility may also contribute to this. Importantly reference ranges applicable to healthy adults may not be applicable to the elderly. Therefore laboratories shall use age-specific reference ranges for age-dependent analytes. Moreover the higher prevalence of many diseases in elderly justifies screening programmes among them.

Dr. Gaya Katulanda
Consultant Chemical Pathologist,
Medical Research Institute
Interpretation of Bio – Chemical reports in Elderly

Dr. Lalindra Gunaratne
Interpretation of Hematological Reports in Elderly
(abstract and photo to be included)

Abstract of Oral Presentations

Level of loneliness and its association with the sociodemographic factors among elderly living in elderly care homes

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Introduction

Loneliness is a significant experience associated with old age especially among the elderly people living in elderly homes. This study was conducted among three different elderly homes in Colombo district, Sri Lanka was aiming to identify the level of loneliness among elderly and its relationship with the sociodemographic factors of the elderly.

Methods

A descriptive cross-sectional study was conducted among all the elderly who fulfilled the inclusion and exclusion criteria. Seventy-five participants were selected randomly and the structured interviews were conducted to collect socio-demographic data. The level of loneliness was measured by using "Revised University of California at Los Angeles" (R-UCLA) loneliness scale and data was analyzed using Statistical Package for Social Sciences (SPSS) version 20.

Results

The results indicate that the elderlies felt lonely to a certain degree, as medians on the R-UCLA loneliness scale (29 min - 77 max) showed 45 and with no significant differences (p= 0.217) between the non-governmental (48), governmental (44) and private (44) care homes. The mean age of the participants of the sample (n= 75) was 72 years (65-90 age range). Concerning the relationship between loneliness and other demographic aspects, only marital status had a significant impact on the level of loneliness (p=0.001) where people being divorced or widowed were lonelier than people being married or unmarried.

Conclusions

Involvement of the family, caregivers, nurses, other health care professionals and the government is very important and should focus more on elderly according to their civil status and alleviating methods of loneliness.

Keywords – level of loneliness, socio-demographic factors, elderly, elderly care homes, Colombo, Sri Lanka.

Adaptation and Validation of the Tamil (Sri Lanka) version of the MoCA

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Abstract

Introduction: Mild cognitive impairment (MCI) refers to an intermediate transitional cognitive phase between cognition of normal aging and mild dementia. The Montreal Cognitive Assessment (MoCA) was reported to be a better screening test for MCI than the Mini-Mental State Examination (MMSE). This study aimed to develop the Tamil (Sri Lanka) version of the Montreal Cognitive Assessment (MoCA) and investigate its reliability and validity as a brief screening tool for MCI among Tamil-speaking Sri Lankan older adults.

Methods: Tamil-speaking Sri Lankan older adults with normal cognition and MCI were recruited from a neurology clinic. Adaptation of the English MoCA to the Tamil (Sri Lanka) version involved context-specific content modification and translation / back-translation to/from the Tamil (Sri Lanka). The content validity, reliability, sensitivity, and specificity of the Tamil (Sri Lanka) MoCA were evaluated.

Results: Study participants were 184 older adults, comprising 85 with normal cognition and 99 neurologist-diagnosed MCI. The Tamil (Sri Lanka) MoCA had high internal consistency (Cronbach's alpha=0.83). The intra-class correlation coefficient for test–retest reliability and interrater reliability were 0.91 ($p<0.001$) and 0.96 ($p<0.001$) respectively. Receiver operating characteristic curve analyses showed an area under the curve of 0.87 (95% CI 0.83-0.91) for detecting MCI. The optimal cut-off score for detection of MCI was 23/24, which yielded a sensitivity and specificity of 84.7% and 76.4%, respectively.

Conclusion: The Tamil (Sri Lanka) MoCA maintains its core diagnostic properties rendering it a valid and reliable tool for screening of MCI among Tamil speaking Sri Lankan older adults.

Keywords: Tamil, Sri Lanka, MCI, MoCA, Elderly

Ageing and Social Security in Pakistan: Policy Challenges, Opportunities and Role of China Pakistan Economic Corridor (CPEC)

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Introduction:

Pakistan is considered to be the seventh most populous country in the world and its estimated population is 220 million people according to censes in 2017. In 2013 Pakistan signed a Memorandum of Understanding (MoU) with China of 54 billion US dollars which has created lots opportunities for the youngsters depriving the opportunities for the senior citizens.

Methods: Qualitative research was conducted to explore important issues which have created the life of senior citizens difficult and to highlight the aging and elderly care in Pakistan.

Results:

Most of the issues are related to the psychological factors of the elders like anxiety, loneliness and depression. Positive correlation of physical problems was observed along with psychological issues. Yet the elders in Pakistan are still living a satisfied life because they are not depending on children or on others. Senior citizens demand time from their children and grandchildren. The effects of modernization could possibly have impacted on psychological problems of the elders. China Pakistan Economic corridor is totally meant for youngsters depriving the financial benefits for the elders.

Recommendations:

Social policy for the elders should be developed and implemented to benefit the elders from the mega economic projects in Pakistan.

The prevalence of frailty and their correlates among the elderly population of elderly homes in the Colombo district.

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Background:

Demographic transition in Sri Lanka has social, health and economic implications. One of the main health problems in elderly is frailty which increases morbidity, mortality and impaired quality of life.

Objectives:

To assess the prevalence of frailty among the elders residing in elderly homes in Colombo district.

Methods:

Cross sectional descriptive study was conducted in elders' homes registered under National Secretariat for Elderly, using an interviewer administered questionnaire. Frailty was assessed according to five Fried model indicator; weight loss (BMI), exhaustion (self-reported exhaustion on CES-D scale), low energy expenditure (Physical Activity Scale for the Elderly (PASE), slowness (gait speed) and weakness (grip strength). Those who had ≥3 indicators were considered as frail and 1-2 as pre frail. Risk of falls was assessed by timed up and go test (TUG ≥ 13.5 sec increase risk of falls).

Results:

In this ongoing study, out of initial 200 participants 144 were included. Mean age of the sample was 75.45±7 years (Males n=51; female n=116). Frailty was present among 36.6 % (n=53) whereas prevalence of pre frail was 53.8%(n=78). Prevalence of frailty was significantly higher in elders aged≥ 75 compared to 65 -74years (p= 0.015). There was no significant association between frailty and gender (p=0.143), number of pills per day(p=0.172) or number of comorbidities(p=0.06), and financial support (p=0.26). Tendency to fall was high in frail people (mean TUG time= 19.9s) compared to those who were not frail (58.8% vs 48.8%; p=0.321).

Conclusion:

Prevalence of both frail and pre frail are high among elders in residential care. Early interventions should be carried out to prevent frailty and improve quality of life of them to prevent complications.

Fear of falling and postural instability in older adults with Diabetic Neuropathy

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Introduction: There is an increasing prevalence of Diabetes Mellitus (DM) and Diabetic Peripheral Neuropathy (DPN) in the elderly population. Older adults with type2 DM have a very high incidence of falls. Balance measures and fear of falling are important falls-related risk factors which have received little attention in studies of falls risk in DPN.

Methods: A descriptive cross sectional study was conducted among 38 patients with type2 DM for more than 5 years and aged between 50-70 years attending diabetes clinics in Colombo area. Fear of falling was assessed with Iconographical Falls Efficacy Scale (Icon-FES), which includes activities which challenge postural stability and use pictures to provide actual environmental contexts. Dynamic balance measured as the maximal balance range was tested with the sway meter in Physiological Profile Assessment (PPA).

Results: The sample consisted of 21 DPN and 17 Non Diabetic Neuropathy (NDPN) patients with mean age of 60.39, ±6.2 SD years. Maximal dynamic balance range was reduced in the DPN group compared to NDPN group. (DPN mean 129.00 mm, ±29.56 SD; NDPN mean 138.12 mm, ±19.84 SD, P= 0.284). Fear of falling was significantly higher in DPN group compared to NDPN group. (DPN mean 29.19, ±6.03 SD; NDPN mean 24.47, ±6.12 SD, P= 0.023).

Conclusions: DPN is associated with increased fear of falling and reduced dynamic balance range, both of which could contribute to increased risk of falls. It is worthwhile to assess the fear of falling and dynamic balance range in DPN patients in falls screening of this group.

Assessment of perceived needs of the elders to prevent frailty

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Introduction:

Prevalence of frailty among community living elders in Sri Lanka has been estimated as 13% to 17%. Need assessment from the perspectives of care giver and elder is important to formulate effective care services for Sri Lankan Elders. Aim of this study was to describe the personal needs of the elders to prevent frailty and to describe the needs of care services in Sri Lanka to prevent frailty.

Method:

Qualitative research was conducted to extract needs of the elders and care services to prevent frailty in Sri Lanka. Initially a random sample of ten elders and four medical experts and three experts from other disciplines related to the elderly care were selected into the study and snow balled to enroll subjects.

Results:

Total of 32 participants were subjected to in depth interviews to extract the information. Thematic analysis was carried out to identify the needs and care services required. Economic status, health issues, nutrition, life style, psychological health issues, living arrangements, family support and social support emerged as themes and economic independency was the priority need. Cessation of high risk behaviors, moderate physical activities, calm and peaceful living environment are required to prevent frailty. Sri Lankan elders prefer family association and their regular care giver to be a family member. Prompt treatments of the ill health conditions and nutritional supplementation as the elders tend to be vegetarians towards the latter part of the life. Family and social support systems are expected to maintain independency of the daily functions. Themes focused on care services needs were; the programmes aiming reduction of care giver burden, poverty alleviation, specialized free health care services, transport services and opportunities to maintain productive life or social security system.

Conclusions:

By far the needs of the Sri Lankan elders are equal to those of the other parts of the world and necessary initiatives should be taken without delay as the Sri Lankan population is rapidly ageing.

POSTER PRESENTATIONS

Anti Wrinkling ,Anti Aging ,Cream and ointment

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Introduction:

The population of Sri Lanka is ageing rapidly. Ageing in Sri Lanka could be due to the modern advanced medicine and infra structure facilities available in the country.
Consumption of the more fast foods, processed foods and genetically modified foods which increases the accumulation of free radicles and trans- fat and decreased consumption of anti oxidants in the diets among the elders is evident leading to early wrinkling. Anti wrinkling ointment has been identified as the gold standard of the management of such skin condition.

Objective:

To produce an efficient Anti wrinkling anti aging cream to alleviate the wrinkling of the skin and to evaluate the efficacy of the product.

Methods:

Thirty (n=30) females were taken for the study and gave the Anti wrinkling cream to apply daily for nights and kept for eight hours and continued for the month. And the texture of the skin and the appearance of the skin were assessed following the application.

Results

All females in the study showed the improvement of the skin and become smooth and lighter in color and smooth texture with out wrinkling effect.

Conclusion:

Anti wrinkling cream showed to be an effective treatment on controlling the wrinkling effects of the skin due to the aging.

Improving education regarding delirium and elderly care

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Introduction:

Common issues in the elderly such as delirium are not currently included in the medical curriculum, and current knowledge regarding these issues is unknown.

Methods:

A questionnaire was given to doctors and medical students at the Army Hospital, Colombo, before and after delivering a lecture on elderly care and delirium.

The questionnaire had three sections: i) opinions about the importance of elderly care education, ii) elderly care and delirium, and iii) medications that increase the risk of delirium.

Results:

11 doctors (8 HOs, 2 SHOs, one consultant) and 12 students were assessed.
100% felt that learning about elderly care was important, would like to learn more about it and felt that the teaching exercise was useful.

All scores improved following the lecture.

Median scores for sections ii and iii respectively, improved among both HOs (6/9 to 9/9 and 7/9 to 9/9) and students (3/9 to 9/9 and 0/9 to 6/9).

Before the lecture, 75% of HOs did not know that sarcopaenia was a problem in the elderly. 62.5% of HOs had adequate knowledge regarding causes, management and prevention of delirium. 75% of HOs did not know that lorazepam and amitriptyline increases risk of delirium. Following the lecture, at least 75% of HOs knew the correct information regarding these issues.

Conclusion:

Knowledge regarding general aspects, delirium and medication in the elderly can be improved through lectures, for undergraduates and junior doctors.

Topic:

Medicine Reminder Device for the Elders to Enhance Drug Compliance

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Introduction:

Non communicable diseases are common in old age and require life long treatment. Poor drug compliance of the elders may lead to serious health consequences and the increase in care giver stress or burden is inevitable. Dementia in elderly persons often affects the health of the individual. Elders often forget to take Medicine in time due to many reasons including dementia. The Medicine Reminder device was developed to remind the elders and their care givers about the time of medications timely to enhance the compliance.

Description of the device:

Medicine reminder is a drug storage cabinet which is operated on an electronically programmed circuit according to the medical instructions. This device reminds the client about the due medications by blinking LEDs and a ringing buzzer. Digital display of the device provides a text reminder in moving mode. Once the drawer containing drugs is opened at the alarm goes off and counts as if drugs were taken on time. If drugs are not taken, an automated message will go to the care giver of the elder. Multiple messages and CCTV camera monitoring are possible options in this device. Digital display can remind the patient about the drugs which cannot be stored in the device. This device can be used to remind about the medical advices such as taking blood tests and clinic dates. Required operational data should be fed into the device through computer software. Level of compliance can be evaluated through a report generated by the computer.

Aknowledgement