Towards excellence in healthcare of older adults...

# 8TH SCIENTIFIC CONFERENCE

of the

SRI LANKAN ASSOCIATION OF

## GERIATRIC MEDICINE

Programme and Abstracts

15TH & 16TH June 2023
Courtyard by Marriott, Colombo, Sri Lanka

**Sri Lankan Association of Geriatric Medicine**

8th Scientific Conference

**The Book of Programme and Abstracts 2023**



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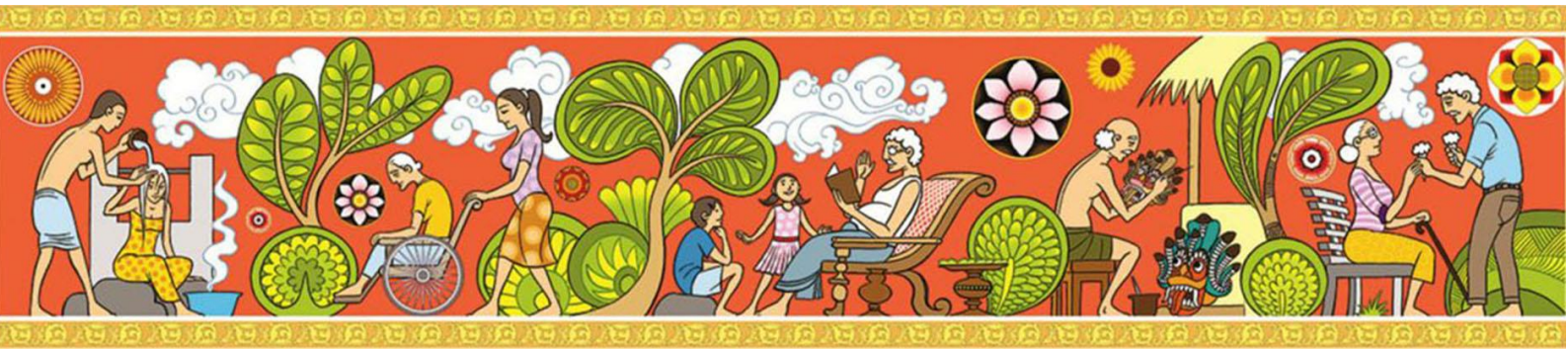

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**Council of the Sri Lankan Association of Geriatric Medicine 2022**

**Seated (Left-Right)**

Dr Anushika Abeynayake (Jt. Secretary) Dr Shehan Silva (Treasurer, Conference Chair), Dr Dhammika Palangasinghe ( Immediate Past Treasurer), Dr Priyankara Jayawardene (Vice President), Dr Dilhar Samaraweera (Founder President), Dr Barana Millawithana (President-Elect), Prof Kamani Wanigasuriya (President), Prof Sarath Lekamwasam (Immediate Past President), Dr Padma Gunaratne (Past President), Prof Antoinette Perera, Dr Kapila Ranasinghe (Vice President ) Dr Vajira Dassanayake (Asst. Treasurer), Dr Hiranthini de Silva (Jt. Secretary)

**Standing (Left-Right)**

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**Absent**

Dr Hamsananthy Jeevatharan

# Conference Organizing Committee

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Dr Dilusha Lamabadusuriya

Dr Rasika Munasinghe

Dr Nirmala Rathnayake

Dr Narmada Goonathilake

Dr Dilanka Thilakarathna

Dr Vajira Dassanayake

# Message from the President SLAGM

Dear colleagues and friends,

It is with great pleasure I warmly welcome you to the 8th Scientific Sessions of the Sri Lankan Association of Geriatric Medicine.

Our theme this year is "Towards Excellence in Healthcare of Older Adults". Sri Lanka is the country with the highest proportion of older adults in South Asia. Both COVID-19 and the current economic crisis have led to increased vulnerability of the ageing population. To face the challenge of caring for older adults, the medical community should be well aware of their health needs. I am confident that our academic program will enable the exchange of experience and new knowledge in the field of geriatric medicine.

The scientific program for this year is carefully crafted to include state-of-the-art plenary lectures, thematic symposia, case-based discussions, pre-congress workshops, and an oration. We look forward to gaining a better understanding of key issues in geriatric medicine which will in turn help us to enhance our skills in providing better health care to older adults.

The efforts of our association to get together to present this outstanding event amid an economic crisis are a testimony to the passion and tenacity of our members. I thank my council, joint secretaries, and the academic committee for the support extended to me during the past few months. I would immensely thank our resource persons and chairpersons for their contributions. Finally, my gratitude to the corporate sponsors for their invaluable contribution to making this event a success.

I hope that the academic sessions will be both intellectually stimulating and socially rewarding for all participants.

**Professor Kamani Wanigasuriya**

President

Sri Lankan Association of Geriatric Medicine

# Message from the joint secretaries of the SLAGM

We consider it a tremendous honour and privilege to extend a warm welcome to each and every one of you for the 8th Scientific Sessions of the Sri Lankan Association of Geriatric Medicine. In these difficult times, it was indeed a challenging endeavour to curate a diverse range of scientific discussions centred around the theme of 'Towards Excellence in Health Care of Older People. The healthcare needs of older individuals are met through a collaborative team consisting of professionals from various disciplines, working together in primary, secondary, and community care settings. The topics presented have been thoughtfully chosen to illustrate this comprehensive approach in managing their healthcare.

We are delighted to welcome our chief guest, Dr Asela Gunewardana, Director General of Health Services, Sri Lanka, and our orator Prof. Sarath Lekamwasam, Professor of Medicine, Faculty of Medicine, Karapitiya, Galle.

The scientific program encompasses a wide range of plenaries, symposia, and panel discussions, as well as two pre-congress workshops. We express our gratitude to the esteemed panel of experts who have enriched our understanding of this crucial field in medicine. The support and guidance of numerous individuals are indispensable for making an event of this scale possible. We extend our utmost gratitude to Dr Priyamali Jayasekera and Dr Shehan Silva, Co-Chairs of the Conference, for this compilation of scientific talks featuring a distinguished panel of experts. Two pre-congress workshops on 'Wound Care in Older Adults' organized by Dr Yasas Abeywickrama, and 'Gait, Balance, and Fall Prevention' by Dr Padma Gunaratna were a huge success.

We extend our gratitude to the chairpersons, reviewers, and judges of free papers for their valuable contributions in making the conference a fruitful experience. We sincerely appreciate the generous support, both financial and otherwise, provided by all our sponsors. We are indebted to the council members, organizing committee, and volunteers who played an integral role in the success of this conference. Without their dedication and efforts, this conference would not have been possible.

Lastly, we would like to extend our heartfelt appreciation to Dr Kamani Wanigasuriya for her leadership in guiding the Sri Lankan Association of Geriatric Medicine towards greater accomplishments, and for the constant advice and support she has provided. We have full confidence that these sessions will prove to be invaluable, serving as a source of intellectual inspiration and offering tangible benefits in enhancing the care provided to older adults in Sri Lanka.

Dr Hiranthini de Silva
Dr Anushika Abeynayake
Joint Secretaries
Sri Lankan Association of Geriatric Medicine

# Message from the Chief Guest

It gives me great pleasure to send this message as the Chief guest at the 8th Scientific Conference of the Sri Lankan Association of Geriatric Medicine. I thank the president and the council for this kind invitation.

The ageing population in Sri Lanka, like in many other countries, is a significant demographic trend that has emerged over the past few decades. This phenomenon is primarily attributed to increased life expectancy and declining birth rates.

The rise of the ageing population in Sri Lanka poses several challenges for the country, including increased demand for healthcare services, social security, and long-term care. It also places pressure on the labour force, as a smaller working-age population has to support a larger proportion of elderly individuals. The government and society as a whole need to address these challenges by implementing policies that promote active ageing, provide social support systems, and ensure accessible healthcare for the elderly.

The Sri Lankan Association of Geriatric Medicine plays a key role in improving the knowledge of all stakeholders in the care of the elderly by organizing many programs and workshops which undoubtedly contributes to the care of older persons in the country. I must take this opportunity to thank and congratulate the association for their efforts.

Finally, I convey my best wishes for a very successful, productive and enjoyable conference.

**Dr Asela Gunawardena**

Director General Health Services

# Programme

# Pre-congress Workshops

8th Scientific Session
Sri Lankan Association of Geriatric Medicine

Pre-Congress Workshop

## Wound Care in Older Adults

Friday, 2nd June

College of Surgeons Auditorium

| Time | Topic | Speaker |
|---|---|---|
| 9.00 AM | Welcome | Prof. Kamani Wanigasuriya,<br>President SLAGM, Emeritus<br>Professor, Faculty of Medical Sciences, USJ |
| 9.10 AM | Introduction to wound care | Dr. Mahinda Mallawathantri,<br>Consultant General Surgeon, BH Marawila |
| 9.25 AM | Challenges in Wound management in the Elderly | Dr. Dilhar Samaraweera,<br>Consultant Physician, Colombo South Teaching Hospital |
| 9.40 AM | Wound assessment and wound bed preparation | Dr. Yasas Abeywickrama,<br>Consultant Plastic Surgeon, Colombo South Teaching Hospital |
| 9.55 AM | Wound dressings | Dr. Shashanka Ratnayake,<br>Consultant Plastic Surgeon, National Hospital, Kandy |
| 10.15 AM | Wound cover & Reconstruction | Dr. Kolitha Karunadasa,<br>Consultant Plastic and Reconstructive Surgeon,<br>Colombo North Teaching Hospital |
| 10.35 AM | Diabetic Foot | Prof. Rezni Cassim,<br>Consultant Vascular and Transplant Surgeon,<br>Senior Lecturer, Department of Surgery,<br>Faculty of Medicine, University of Colombo |
| 11.05 AM | Managing Venous ulcers | Dr. Joel Arudchelvam,<br>Consultant Vascular and Transplant Surgeon,<br>National Hospital of Sri Lanka |
| 11.25 AM | Managing Pressure ulcers | Dr.Yasas Abeywickrama,<br>Consultant Plastic Surgeon,<br>Colombo South Teaching Hospital |
| 11.45 AM | Wound beyond the usual | Dr. Indira Kahawita,<br>Consultant Dermatologist, Base Hospital, Homagama |
| 12.05 PM | Wound care in the Elderly - Nutrition | Dr. Renuka Jayatissa,<br>Consultant Clinical Nutritionist,<br>Head of the Department of Nutrition,<br>Medical Research Institute |
| 12.25 PM | Wound care in the Elderly - Microbiology | Dr. Shirani Chandrasiri,<br>Consultant Microbiologist, Colombo South Teaching Hospital |
| 12.45 PM | Closing Remarks and Vote of Thanks | Dr. Hiranthini De Silva<br>Consultant Family Physician<br>Senior Lecturer, Department of Family Medicine,<br>Faculty of Medical Sciences,<br>University of Sri Jayewardenepura |
| 12.50 PM | Discussion | |

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Pre-Congress Workshop

# Gait, Balance & Fall Prevention in Older Adults

Tuesday, 13th June

Virtual Meeting

| Time | Topic | Speaker |
|---|---|---|
| 09.00 | Welcome & Introduction | Prof. Kamani Wanigasuriya,<br>President SLAGM,<br>Emeritus Professor,<br>Faculty of Medical Sciences, USJ |
| 09.15 | Clinicians' perspective on disorders of gait, balance and falls among elders | Dr. Padma Gunaratne,<br>Consultant Neurologist<br>Colombo |
| 09.40 | Evaluation of elderly for disorders of gait, balance, and falls | Dr. Lasantha Ganewatte,<br>Consultant Physician,<br>New District General Hospital Matara |
| 10.05 | Falls in the community; Impact on the health of elders | Dr. Chandana Karunathilaka,<br>Consultant Orthopaedic Surgeon,<br>University Hospital,<br>General Sir John Kotelawala Defence University |
| 10.30 | Tea | |
| 11.00 | Home assessment for prevention of falls | Dr. Gunendrika Kasthuriratne,<br>Consultant in Rheumatology and Rehabilitation Medicine,<br>National Hospital, Colombo |
| 11.25 | Physical exercise to improve gait, balance and falls prevention among elderly | Dr. Chathuranga Ranasingha<br>Senior Lecturer,<br>Department of Allied Health Sciences,<br>Faculty of Medicine, University of Colombo |
| 11.50 | Evaluation & Interventions for gait, balance and falls prevention: Physiotherapist's perspective | Dr. H.H.N. Kalyani<br>Senior Lecturer, Dept. of Allied Health Sciences<br>Faculty of Medicine,<br>University of Colombo, Sri Lanka |
| 12.10 | Prescribing assistive devices for mobility of elders | Ms. Kithma Wasana Dahanayaka,<br>Tutor in Occupational Therapy<br>School of Physiotherapy and Occupational Therapy<br>Colombo |
| 12.30 | Concluding remarks | Dr. Priyamali Jayasekara,<br>Senior Lecturer, Department of Medicine,<br>Faculty of Medicine,<br>General Sir John Kotelawala Defence University, |
| End | | |

# Academic Sessions 2023

## DAY 1 - Thursday 15th June, 2023

| | |
|---|---|
| 0800 - 1015 | **Inauguration**<br>SLAGM Oration "Structural adaptations of the ageing proximal femur"<br>*- Prof. Sarath Lekamwasam, Professor of Medicine, Karapitiya, Galle, Sri Lanka* |
| 1100 - 1130 | **Plenary 1 - Diabetes in older adults: Choosing the right targets**<br>*Dr. Noel Somasundaram, Consultant Endocrinologist, Diabetes and Hormone Centre, Colombo, Sri Lanka* |
| 1130 -1300 | **Symposium 1 - Ageing and Hormones**<br>Somatopause and Vitality: A window of opportunity<br>*Dr. Milanka Wattegama, Consultant Endocrinologist, Colombo, Sri Lanka*<br>Thyroid disorders: What is different in older adults?<br>*Dr. Ambrish Mithal, Endocrinologist, Chairman and Head of Endocrinology and Diabetes, Max Healthcare, Saket, New Delhi, India*<br>Menopause and Andropause: An insight<br>*Dr .Tharanga Samarasekera, Consultant Endocrinologist Teaching Hospital, Kalutara, Sri Lanka* |
| 1300 -1400 | **Lunch** |
| 1400 -1430 | **Plenary 2 - Insomnia and Parasomnia: Challenges in management**<br>*Dr. Kishara Gunaratna, Senior Lecturer, Department of Medicine and Mental Health, University of Moratuwa, Sri Lanka* |
| 1430 -1600 | **Case Based Discussion 1 - Geriatric Psychiatry**<br>Grieving and Grief disorder: A barrier for mental health<br>*Dr. Kapila Ranasinghe, Consultant Psychiatrist, National Institute for Mental Health, Mulleriyawa, Sri Lanka*<br>Somatoform disorders: How it matters to clinicians<br>*Dr. Malsha Gunathilake, Consultant Psychogeriatrician, Colombo South Teaching Hospital, Sri Lanka*<br>Late-life suicide: A tragedy to be prevented<br>*Dr. Anuprabha Wickramasinghe, Senior Lecturer in Psychiatry, Faculty of Medicine, University of Colombo, Sri Lanka* |

# DAY 2 - Friday 16th June, 2023

| | |
|---|---|
| 0800 - 0830 | **Plenary 3 - Beautification in ageing: Choosing the right way**<br>*Dr. Yasas Abeywickrema, Consultant Plastic Surgeon, Colombo South Teaching Hospital, Sri Lanka* |
| 0830 - 1000 | **Symposium 2 - Feeding problems in older adults**<br>Failure to thrive: A syndrome of global decline<br>*Dr. Shehan Silva, Senior Lecturer in Medicine, University of Sri Jayawardenapura, Sri Lanka*<br>Preventing edentulism: The role of medics<br>*Dr. Priyake Pallipana, Consultant In Restorative Dentistry, Faculty of Dental Sciences, University of Sri Jayawardenapura, Sri Lanka*<br>Feeding a frail older adult: Facing the challenge<br>*Dr. Martyn Patel, Clinical Associate Professor, Norwich Medical School, Consultant Geriatrician, Norfolk and Norwich University Hospital, UK* |
| 1000 1030 | **Tea** |
| 1030 - 1100 | **Plenary 4 - Constipation and Functional Bowel Disorders: Tackling the burden**<br>*Prof. Madunil Niriella, Professor in Gastroenterology, Faculty of Medicine, University of Kelaniya, Sri Lanka* |
| 1100 - 1130 | **Plenary 5 - Social care for older adults in Sri Lanka: Challenges and opportunities**<br>*Dr. Shiromi Madduwage, Consultant Community Physician – Youth, Elderly & Disability Unit, Ministry of Health, Sri Lanka* |
| 1130 - 1300 | **Symposium 3 - Haematology in Older Adults**<br>Anaemia: clinical implications<br>*Prof. Anuja Premawardhana, Senior Professor, Faculty of Medicine, University of Kelaniya, Sri Lanka*<br>Warfarin or NOAC: application in the local setting<br>*Dr. Manu Wimalachandra, Senior Lecturer, Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka*<br>Haematological malignancies: when to suspect?<br>*Prof. Lallindra Gooneratne, Professor in Haematology, Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka* |
| 1300 - 1400 | **Lunch** |
| 1400 - 1530 | **Symposium 4 - NCD in Older Adults**<br>Hypertension: from evidence to clinical practice<br>*Prof. Godwin Constantine, Department of Clinical Medicine, Faculty of Medicine, University of Colombo, Sri Lanka*<br>Heart Failure: New frontiers in treatment<br>*Dr. Naomali Amarasena, Consultant Cardiologist, Sri Jayawardenapura General Hospital, Sri Lanka*<br>Stroke: Challenges in management<br>*Dr. Udaya Ranawaka, Professor in Neurology, Faculty of Medicine, University of Kelaniya, Sri Lanka* |
| 1530 - 16 00 | **Plenery 6 - Acute flares in osteoarthritis: mitigating the impact**<br>*Dr. Duminda Munidasa, Consultant in Rheumatology & Rehabilitation, Rheumatology & Rehabilitation Hospital, Ragama, Sri Lanka* |

# Faculty

## Day 01

Dr Noel Somasundaram

Consultant endocrinologist,

Diabetes and Hormone Centre, Colombo, Sri Lanka

Dr Milanka Wattegama

Consultant endocrinologist,

Colombo, Sri Lanka.

Dr Ambrish Mithal

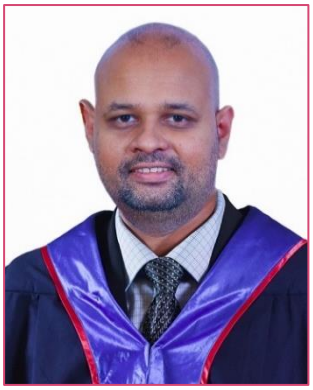
Endocrinologist, Chairman and Head of Endocrinology and Diabetes,

Max Healthcare, Saket, New Delhi, India.

Dr Tharanga Samaarasekara

Consultant endocrinologist,

Teaching Hospital Kalutara, Sri Lanka.



Dr Kishara Goonaratne

Senior Lecturer,

Department of Medicine and Mental Health,

University of Moratuwa, Sri Lanka.

Dr Kapila Ranasinghe

Consultant Psychiatrist,

National Institute for Mental Health,

Mulleriyawa, Sri Lanka.

Dr Malsha Gunathilake

Consultant Psychogeriatrician,

Colombo South Teaching Hospital, Sri Lanka.

Dr Anuprabha Wickramasinghe

Senior Lecturer in Psychiatry,

Faculty of Medicine, University of Colombo, Sri Lanka.

## Day 02

Dr Yasas Abeywickrama

Consultant Plastic Surgeon,

Colombo South Teaching Hospital, Sri Lanka.

Dr Shehan Silva

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University of Sri Jayewardenepura, Sri Lanka.

Dr Priyake Pallipana

Consultant Restoration Dentistry,

Faculty of Dental Sciences,

University of Sri Jayewardenepura, Sri Lanka.

Dr Martyn Patel

Clinical Associate Professor, Norwich Medical School,

Consultant Geriatrician, Norfolk and Norwich University Hospital, UK

Prof Madunil Niriella

Professor of Gastroenterology,

Faculty of Medicine, University of Kelaniya, Sri Lanka.

Dr Shiromi Madduwage

Consultant Community Physician – Youth, Elderly and Disability Unit, Ministry of Health, Sri Lanka.

Prof Anuja Premawardhana

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University of Kelaniya, Sri Lanka

Dr Manu Wimalachandra

Senior Lecturer, Department of Pathology,

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Prof Lallindra Goonaratne

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Prof Godwin Constantine

Department of Clinical Medicine,

Faculty of Medicine, University of Colombo, Sri Lanka.

Dr Naomali Amarasena

Consultant Cardiologist,

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Prof Udaya Ranawaka

Professor in Neurology,

Faculty of Medicine, University of Kelaniya, Sri Lanka

Dr Duminda Munidasa

Consultant in Rheumatology and Rehabilitation,

Rheumatology and Rehabilitation Hospital,

Ragama, Sri Lanka

## Pre-Congress Day 01

Dr Dilhar Samaraweera

Consultant Physician – Geriatric Unit, Colombo South Teaching Hospital , Sri Lanka

Founder President, Sri Lankan Association of Geriatric Medicine

Dr N Shirani Chandrasiri

Consultant Microbiologist, Colombo South Teaching Hospital, Sri Lanka

Dr Kolitha Karunadasa

Consultant Plastic Surgeon, Colombo North Teaching Hospital, Ragama, Sri Lanka

Dr Joel Arudchelvam

Consultant Vascular and Transplant Surgeon,

Senior Lecturer, Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka.

Dr M. A. Mallawatantri

Consultant General Surgeon

Base Hospiatal Marawila, Sri Lanka

Dr Renuka Jayatissa

Public health Physician and Nutrition Specialist.

Head of the Department of Nutrition, Medical Research Institute in the Ministry of Health, Sri Lanka

Dr Amila Shashanka Rathnayake

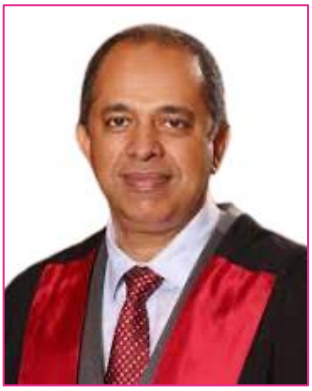
Consultant Plastic Surgeon,

National Hospital Kandy, Sri Lanka

Dr Yasas Abeywickrama

Consultant Plastic & Reconstructive Surgeon

Colombo South Teaching Hospital, Sri Lanka



Prof Rezni Cassim

Consultant Vascular & Transplant Surgeon

Department of Surgery,

Faculty of Medicine, University of Colombo, Sri Lanka

## Pre-Congress Day 02

Dr Dilip Chathuranga

Senior lecturer in Sports and Exercise Medicine

Center for Sport and Exercise Medicine. Department of Allied Health Sciences, Faculty of Medicine University of Colombo, Sri Lanka

Dr Gunendrika Kasthuriratne

Consultant in Rheumatology and Rehabilitation, NHSL

President, College of Specialists in Rheumatology and Rehabilitation Sri Lanka

Dr H.H.N Kalyani

Senior Lecturer in Physiotherapy, Faculty of Medicine, University of Colombo, Sri Lanka

Visiting Fellow, Queensland University of Technology

Ms Kithma Wasana Dahanayake

Tutor in Occupational therapy,

School Physiotherapy and Occupational Therapy.

Dr Chandana.R. Karunathilaka

Senior lecturer In Surgery, Faculty of Medicine, Sir John Kothalawela Defence University, Sri- Lanka.

Consultant Orthopaedic surgeon, University Hospital KDU, Sri Lanka

Dr Padma Gunaratne

Consultant Neurologist, Colombo, Sri Lanka

Dr Lasantha Ganewatte

Consultant Physician – New District General Hospital – Matara, Sri Lanka

# Abstracts of Guest Lectures

## Plenary 1

### Diabetes in Older Adults - Dr Noel Somasundaram

The seven pearls of management of diabetes in older adults are as follows:

Individualized treatment plans: Older adults may have different needs and limitations when it comes to managing diabetes. It is important to develop a personalized treatment plan that takes into account factors such as comorbidities, functional status, cognitive ability, and social support.

Glycemic control targets: Glycemic control targets for older adults with diabetes may need to be adjusted based on their overall health status, functional status, and risk of hypoglycemia. Aiming for tight glycemic control in older adults with multiple comorbidities or functional limitations may not be appropriate or feasible.

Medication management: Older adults with diabetes may have complex medication regimens due to comorbidities and age-related changes in pharmacokinetics and pharmacodynamics. It's important to monitor for medication interactions, adverse effects, and potential drug-induced hypoglycemia.

Hypoglycemia prevention: Hypoglycemia is a common and serious risk in older adults with diabetes. Strategies to prevent hypoglycemia include individualizing glycemic targets, adjusting medication regimens, educating patients and caregivers about the signs and symptoms of hypoglycemia, and monitoring blood glucose levels regularly.

Cardiovascular risk reduction: Older adults with diabetes have a higher risk of cardiovascular disease. Management strategies to reduce cardiovascular risk may include lifestyle modifications, such as exercise and a heart-healthy diet, as well as medication therapy for hypertension, dyslipidemia, and antiplatelet therapy as appropriate.

Cognitive impairment: Older adults with diabetes may be at increased risk of cognitive impairment and dementia. It's important to monitor for cognitive changes and adjust treatment plans as necessary to ensure safe and effective diabetes management.

Psychosocial factors: Older adults with diabetes may face unique psychosocial challenges, such as social isolation, depression, and caregiver stress. Addressing these factors through social support, education, and counselling may improve overall diabetes management and quality of life.

## Symposium 1 - Ageing and Hormones

### Somatopause and Vitality: A window of opportunity - Dr Milanka Wattegama

Athletes and coaches were the first to discover the powerful anabolic actions of Growth Hormone. Since then it has been used therapeutically in adults with growth hormone deficiency due to acquired causes. Diagnosing growth hormone deficiency is challenging and replacement is expensive. Therefore its therapeutic use often requires a stringent approach, which could be justified clinically and cost-effectively.

Somatopause signifies the gradual decline in growth hormone levels in adult men and women that begins approximately at the age of 30 and continues at a steady rate throughout life. This period is characterized by decreased bone and muscle mass and a decline in strength and aerobic capacity. Initially, the related symptoms may appear silent however the resultant changes lead to sarcopenia, loss of strength and functional capacity to the point of which risks of falls and fracture increase and the capacity to carry out tasks necessary for independent living is impaired. This has raised the question as to whether replacement with growth hormone in older men could reverse or at least prevent the progression of frailty. Unfortunately, there are no large, long-term trials with the power to define clinically or economically significant outcomes or risks for growth hormone replacement in normal ageing. Published clinical efficacy studies for growth hormone replacement do not address the distinct 'idiopathic' growth hormone deficient patients.

Therefore its use for reversing normal physiological ageing, as an "anti-ageing" agent still remains questionable. And it is still considered off-label use and experimental in design. Hence the prescribing doctor needs to take the role of the athlete's coach in selecting who needs it the most.

### Thyroid disorders: What is different in older adults? Dr Ambrish Mithal

Thyroid dysfunction is a very common medical problem worldwide. It becomes a complex issue in the elderly population because of the coexisting comorbidities, risk of heart and bone disease and the fragile health of the elderly. Studies have shown an increasing prevalence of thyroid disease with ageing. With the improvement in healthcare facilities thereby increasing life expectancy, the diagnosis of thyroid disease in the elderly is on the rise. The symptoms of thyroid diseases are more subtle in this population compared to younger individuals and are often misattributed to normal ageing or co-existing comorbidities. While the diagnostic tests

remain the same as in the younger population, the interpretation of tests becomes difficult, owing to the altered hypothalamo-pituitary-thyroid axis. Also, the correct cut-offs for treatment initiation become a challenge. While the undertreatment of hypothyroidism has its own adverse implications on heart, bone and generalised well-being, overtreatment resulting in arrhythmias may have worse or rarely, even fatal outcomes. Similarly for hyperthyroidism, while the raised thyroid hormones have unfavourable cardiac and skeletal outcomes, overdosage of anti-thyroid drugs may be dangerous in the elderly considering bone-marrow suppression and hepatotoxicity risks. We recommend keeping a higher threshold of TSH for the treatment of both hypothyroidism as well as hyperthyroidism.

## Menopause and Andropause: An Insight - Dr Tharanga Samarasekera

As we age, our bodies undergo numerous physiological changes which include hormonal transitions. Two notable stages that mark these transformations are menopause in women and andropause in men. Both share similarities in terms of their impact on the physical and psychological well-being of an ageing person.

Menopause is a natural process marking the end of reproductive years in women accompanied by significant hormonal changes. The primary hormonal alteration is the decline in estrogen levels leading to a variety of physiological and psychological effects. The common symptoms are hot flushes, night sweats, and vaginal dryness. Estrogen deficiency also increases the risk of osteoporosis and cardiovascular disease. Some women experience mood disturbances like irritability and depression. Physicians must understand these hormonal changes to become better at managing menopausal symptoms. Hormone replacement therapy (HRT), supportive measures and lifestyle modifications can help alleviate symptoms and reduce long-term health risks, ensuring optimal quality of life for menopausal women.

Andropause, also known as male menopause or late-onset hypogonadism, refers to a gradual decline in testosterone levels in ageing men. The progressive decrease in testosterone production occurs over a longer time in contrast to abrupt hormonal changes and complete cessation of reproductive ability experienced by women during their menopause. While not all men experience andropause, recognizing and addressing its symptoms can contribute to improved overall health and well-being in ageing men. Common symptoms include fatigue, decreased libido, erectile dysfunction, and mood disturbances. Testosterone deficiency may also contribute to decreased muscle mass and bone density. Testosterone replacement therapy, supportive measures, exercise, and lifestyle modifications can help mitigate symptoms and improve the overall quality of life in men undergoing andropause.

## Plenary 2

### Insomnia and Parasomnia: Challenges in management - Dr Kishara Gooneratne

Compared with younger people, elderly people show age-related sleep changes, including an advanced sleep phase and decreased slow-wave sleep, which results in fragmented sleep and early awakening. Insomnia is the most common sleep disorder observed in older adults. People with insomnia often experience excessive daytime sleepiness, difficulty in concentrating and significantly reduced quality of life. Comorbid health conditions have a huge impact on the clinical severity of this condition. Treatment of this condition can be challenging.

Parasomnias are sleep-related abnormal behaviours. Parasomnias include the Non-REM sleep disorders of arousal (sleepwalking, sleep terrors, confusional arousals and sleep-related eating disorder), the REM sleep behaviour disorder and more rarely the parasomnia overlap syndrome, which associates both NREM and REM parasomnias. They are frequent and overlooked causes of nocturnal disruptive behaviour in the elderly, especially when patients are cognitively impaired.

This talk gives an overview of the challenges in managing such sleep disorders

## Case Based Discussion 1

### Grieving and Grief disorder: A barrier for mental health - Dr Kapila Ranasinghe

Grieving and grief disorder (GD) are common and challenging issues in older persons' mental health services, as older adults face multiple losses and transitions that can trigger or exacerbate their emotional distress. GD is a proposed diagnosis that describes a persistent and impairing form of grief that does not respond to normal coping strategies. Grief disorder (GD) is characterized by the features and consequences of pathological grief. In this case based discussion, we present a 75-year-old woman who lost her husband of 70 years one year back and developed severe symptoms of GD, such as intrusive thoughts, avoidance, guilt, anger, and hopelessness. We explore the clinical features, differential diagnosis, and management of GD in this case, as well as the barriers and facilitators for accessing mental health care. We also discuss the ethical and cultural aspects of GD, such as the role of family, religion, and social support. We aim to provide a comprehensive and evidence-based approach to GD in older adults and to highlight the need for more research and awareness on this topic.

## Somatoform disorder; How it matters to clinicians - Dr Malsha Gunathilake

Medically unexplained symptoms are common among the elderly. It can be a somatoform disorder or manifestation of underlying depression, anxiety, or any other psychosocial issue. Careful evaluation is necessary to differentiate the cause.

The cardinal feature of the somatoform disorder is the presence of physical symptoms suggesting a physical disorder for which there are no demonstrable organic findings or known physiological mechanisms, and for which there is strong evidence, or a strong presumption, that the symptoms are linked to psychological factors or conflicts. Many people experience such symptoms, and they are associated with significant distress and disability. There are several disorders under this category. Out of them, Hypochondriasis and somatization disorder are well known. They can be co-morbid with anxiety disorders and depressive disorders.

In treating somatoform disorders, care should be exercised to ensure that depression is not missed and left untreated. Investigations should be limited to those indicated by the medical priorities and not extended to satisfy the patient's demands. Misinterpretations of the significance of bodily sensations should be corrected, and encouragement given to constructive ways of coping with symptoms. Trials have shown more benefit from cognitive behavioural therapy and other behavioural strategies.

## Late-life suicide: A tragedy to be prevented - Dr Anuprabha Wickramasinghe

Ageing brings profound changes in social circumstances. Loss of social status and the ability to influence the society, loss of income and social contacts, loneliness and isolation due to deaths of spouses, siblings and friends are just a few of them. Suicide rates of older people remain the highest out of all age groups. One in four older adults who attempt to end their lives eventually succeeds, compared to one in 200 younger adults. This is despite the fact that many older adult suicides are under-reported.

As health professionals caring for older persons, we must try to understand the reasons for this phenomena and take steps to sharpen our skills to recognise warning signs, recognise depression, and manage patients who are at risk. Advocating to improve their social determinants of health in this vulnerable age group is also our duty. The needs of each individual however are different and we must cater for the unique needs of the individual patients to make our effort a success.

## Plenary 3

## Symposium 2 - Feeding Problems in the Elderly

### Failure to thrive: A syndrome of global decline - Dr Shehan Silva

Failure to thrive in older adults is a geriatric syndrome that is recognized since the late 1970s. It is composed of unintentional weight loss, anorexia, poor nutrition and inactivity which leads to dehydration, depression, poor immunity and low cholesterol level. It is not an inevitable and natural consequence of ageing. The concept of failure to thrive overlaps and extend beyond frailty towards dependence and mortality. Patients are prone to not being able to cope up to physical, psychological and social stressors and circumstances. Malnutrition associated with failure to thrive is accompanied by anorexia of ageing. This is highly prevalent in the society and is easily missed. Numerous factors such as neuroendocrine dysfunction, inflammageing, dental, stomatal and gastrointestinal disturbances and social determinants need to be probed in conscientiously. There is a limited role in blind nutritional supplementation. The use of pharmacological agents such as hormones, megestrol, dronabinol or cyproheptadine is discouraged due to poor evidence and the presence of adverse effects. However, a comprehensive geriatric outlook with a multidisciplinary approach to address the causative factors.

### Preventing Edentulism: The Role of Medics - Priyake Palipana

Teeth are for a lifetime. The presence of teeth is imperative in feeding the individual, maintaining facial profile, aesthetics and speech. Patients lose their teeth due to multiple reasons like dental caries, periodontal disease, dentoalveolar trauma and tooth wear. Maintaining an adequate number of teeth is indispensable. The number of functional pairs i.e. the number of teeth meeting with the opposing arch teeth during function has to be sufficient. In the elderly, we are supposed to have at least 10 functional pairs for adequate function. Else the remaining teeth are overstrained and worn off rapidly leading to complications and ultimate loss, if not attended. Replacement of teeth is time-consuming, expensive and needs frequent reviews and maintenance. A prosthesis can compromise oral Health if not properly maintained. No replacement is compatible with the natural counterparts.

The mouth is a mirror reflecting the general health of an individual. Non-communicable diseases make older adults more vulnerable to oral diseases. In addition, multiple medications have adverse effects on oral health. Control of xerostomia is critical in preventing and

controlling dental caries. Substitution of saliva is prescribed in severe cases. Diabetes deteriorates periodontal health leading to early loss of teeth. In a vice-versa scenario uncontrolled periodontal disease leads to poor glycemic control.

Dental erosion is common in the elderly, leading to rapid loss of tooth substance and ultimately the teeth. Thus it is the duty of the medical professional to control reflux disease and any predisposing conditions.

Medical practitioners can play a role by assessing risk, recognizing normal versus abnormal changes of ageing, performing a focused oral examination, and referring to a dental surgeon when appropriate.

### Feeding a frail older adult: Facing the challenge – Dr Martyn Patel

Increasing numbers of frail older adults have challenges with nutrition due to swallowing deficits and/or apathy associated with neurodegenerative conditions of later life. This talk will focus on approaches to maintaining a safe swallow for such patients when to consider alternative feeding routes, and how to conduct a conversation about risk-based feeding.

## Plenary 4

### Constipation and Functional Bowel Disorders: Tackling the burden - Prof Madunil Niriella

Functional bowel disorders, including constipation, faecal impaction, and faecal incontinence, are common gastrointestinal diseases in the elderly and a major source of morbidity. Often the aetiology is multifactorial. Evaluation should investigate presenting symptoms and important historical clues. An appropriate workup, including radiological studies, endoscopy, and physiological testing should be individualized. Therapy should be directed against relieving the major complaint and treating the underlying pathophysiological mechanism. Because the quality of life is affected in many elderly patients from these diseases, therapy is encouraged to relieve symptoms and to prevent complications.

## Plenary 5

### Social care for older persons in Sri Lanka: Challenges and Opportunities – Dr Shiromi Maduwage

It is the social support and assistance for older persons to maintain their wellbeing, thereby to promote quality of old age with better dignity, independence, participation, care and self-fulfilment. Social care for older persons encompasses a range of services and resources to meet social needs, demands of older persons. Social care for older persons cannot be provided by a single sector, it is a multisectoral approach. Due to its multisectoral nature of approach, providing person-centred social care is complicated and complex. Social care for older persons has closer linkage to maintain their functional ability towards healthy ageing. Comprehensive social care provides improving intrinsic capacity and environmental factors including their Activities of Daily Living and Instrumental Activities of Daily Living to promote healthy ageing. It addresses many aspects such as emotional support, companionship, home-based care, respite care, rehabilitation, palliative/ end of life care, combatting ageism, financial, legal assistance, and other social implications of ageing.

Towards achieving better social care for older persons is always challengeable. Early identification of challenges and comprehensive plan of actions are essential. There are common challenges in achieving better social care for older persons. Sri Lankan elderly population is rapidly increasing. It is estimated that by 2040 it will be 25% of the total population. Social expectations regarding social care are evolving among older persons and the demand for person centred social care is increasing. Adaption to the increasing demands and needs, balancing with the existing resources are challengeable.

In provision of better social care for older persons, shortage of workforce and capacity building of them are another challenge in keeping services towards smooth delivery. To address the prioritized social care needs, demands of older persons under low resource setting, integration and coordination of services need to be done essentially. Sustainable funding and resource allocation become large challenge in provision of social care for older persons.

Ensuring equitable access to social care services for older persons with a special focus to frail elders and old-old group of older persons has become one of a key issue. Increasing complexity of care needs with a special focus to informal care provision at community setting for older persons is a highly prioritized challenge in the country. Stigma, misconception, and lack of knowledge towards community-based social care systems provide factors to make the problem complicated. There are highly prevalent negative attitudes towards community-based social care services.

Though building of age friendly environments are initiated within the country compared to rates in increasing elderly population in the country, such services are not adequate. Usage of technology including assistive technology, assistive devices and digital technology towards provision of better social care for older persons are minimal. Research and innovations for social care for older persons are inadequate and turning evidence-based information into practice is still challengeable. Social care, financing security for older persons in the country is a remote factor.

Identification of challenges and turning challenges into opportunities towards implementation of better social care for older persons are initiated, but it is essentially needed to be speed up to achieve the targets based on better governance, workforce, service delivery, financing, and monitoring evaluation.

## Symposium 3 - Haematology in Older Adults

### Anaemia: Clinical Implications - Prof Anuja Premawardana

Globally as well as in Sri Lanka the population over the age of 65 is increasing. With a current quota of >11% and with the increasing numbers the problem of anaemia in this subset of the population too needs serious consideration. Aging does not cause anaemia but problems associated with aging contribute to anaemia. The assessment of an older person with low Hb though should be done in the same clinical format as in any other age group it's important to know that the causes are different and the approaches to investigation and management are not identical. Anaemia of chronic disorder plays a much more important subset in pathogenesis than in the other age groups but also interesting to note is the group where despite investigation a cause is difficult to elucidate. Two recent Sri Lankan studies are available which shed some light into the local context and the lecture will dwell on these areas.

### Warfarin or NOAC: application in the local setting - Dr Manu Wimalachandra

Between 2009 and 2015 four DOACS (dabigatran, rivaroxaban, apixaban and edoxaban) were approved by the US Food and Drug Agency (FDA) and European Medicines Agency (EMA). Their efficacy and safety over warfarin in atrial fibrillation and venous thromboembolism have been demonstrated in large randomized controlled trials (RCTs). However, the level of evidence is not so robust in the elderly population as this population was excluded from many of the large RCTs. High bleeding risk, impaired renal/liver function, comorbidities and drug

interactions add to the woos of the prescribing physician during prescribing DOACS in the elderly. Still, head-to-head DOACS trump over warfarin in all the areas mentioned above. Another reason why DOACS has not caught on in the local setting is its high cost compared to warfarin. During the past two years, we have witnessed the generic forms of DOACs available in Sri Lanka at very affordable prices.

In my talk, I will be discussing the evidence for DOAC use in different indications with special emphasis in the elderly. Thereafter, through a series of case examples, I hope to demonstrate my approach to initiating and arranging follow-up of a patient on a DOAC.

### Haematological malignancies: when to suspect? - Prof Lallindra Gooneratne

The single biggest risk factor for most cancers, including haematological malignancies is age. As populations around the world also age, it is important to address this growing burden. About 600,000 older people were diagnosed with all types of leukaemia, lymphoma and myeloma in 2020 worldwide. This will increase to almost 1 million by 2040.

The therapeutic approach to haematological malignancies has improved significantly over the last few decades, with medication becoming less toxic and better tolerated. Therefore, early diagnosis will allow more older patients to be offered treatment rather than palliation alone.

This lecture will be based on a few case scenarios that will highlight when to suspect a haematological malignancy in an older patient in addition to the diagnostic and therapeutic options available in low and middle-income countries.

## Symposium 4 - NCDs in Older Adults

### Heart Failure: New Frontiers in Treatment Dr Naomali Amarasena

Heart failure (HF) has been named “the growing epidemic”. Over the last decade, the annual number of HF hospitalizations has almost doubled with approximately 50% of patients being rehospitalized within 6 months of discharge. The complex array of physiologic, psychological, social, and healthcare delivery issues makes it a challenging chronic disease to manage. Understanding the epidemiology and pathophysiology of the syndrome, identifying the predictors and their strength of association with outcomes, and using the available diagnostic modalities cost-effectively are essential in order to implement novel therapeutic approaches to curb this epidemic

Despite recent advances in chronic heart failure management (either pharmacological or non-pharmacological, the prognosis of HF patients remains poor. This emphasizes the need for developing novel pathways for testing new HF drugs, beyond neurohumoral and haemodynamic modulation approaches. These novel pathways include the direct effects on cardiomyocytes, coronary microcirculation and myocardial interstitium.

New concepts in heart failure management also included changes in the terminology including the category "heart failure with mildly reduced ejection fraction" (HFmrEF), a simplified treatment algorithm for Heart failure with reduced ejection fraction (HFrEF), updated treatments for most non-cardiovascular comorbidities including diabetes, hyperkalaemia, iron deficiency and cancer. New concepts further included the role of genetic testing in cardiomyopathies and adding quality indicators. Some of the new drugs that have been added to the heart failure armamentarium include soluble guanylate cyclase stimulator, vericiguat, cardiac myotrope stimulator, omecamtiv mecarbil, a sinus node inhibitor ivabradine and last but not least the SGLT2 inhibitors which can be used across the spectrum for HFrEF, HFmrEF and HFpEF

## Stroke: Challenges in management - Dr Udaya Ranawaka

Stroke is the second-leading cause of death and the third-leading cause of death and disability combined worldwide. World Stroke Organization data indicate that nearly 90% of deaths and disability due to stroke occur in low- and low-middle-income countries like Sri Lanka. Stroke incidence increases steeply with age. A rapidly ageing population coupled with dramatic increases in cardiovascular risk factors is likely to lead to a 'silver tsunami' of stroke in old age in Sri Lanka.

Stroke in old age can pose many challenges. Atypical stroke presentations such as delirium, falls, immobility, incontinence, etc can be the norm in older people. The frequency of different stroke aetiologies changes with ageing; cardio-embolism becomes more important in the causation of ischaemic strokes, and amyloid angiopathy plays a key role in the pathogenesis of intracerebral haemorrhage. Multiple comorbidities, polypharmacy, frailty and fall risk become important considerations in drug treatment. There is a paucity of evidence from randomized controlled trials in old age for many of the acute treatments and preventive measures. This talk will attempt to address these challenges of caring for older patients with stroke.

## Plenary 6

### Acute flares in osteoarthritis: mitigating the impact - Dr Duminda Munidasa

Osteoarthritis(OA) is, the leading cause of disability of the elderly worldwide. It has typically been characterised as a progressive, non-inflammatory disease emerging from middle age onwards. It is thought to be marked by a slow, steady decline of the joint function. Now there is increasing recognition of 'acute-on-chronic' episodes (flare-ups) as part of natural history.

A consensus definition or validated diagnostic criteria for OA flare-up has not yet been widely accepted, leaving many unanswered questions about this phenomenon. Outcome Measures in Rheumatology (OMERACT) group in 2018, described it as a transient state, different from the usual state of the condition, with a duration of a few days, characterized by onset, worsening of pain, swelling, stiffness, impact on sleep, activity, functioning, and psychological aspects that can resolve spontaneously or lead to a need to adjust therapy.

Patients with OA described two different types of events. Minor, fleeting episodes of pain that had minimal impact and more severe and rarer episodes of pain that had a greater impact and were more sustained. OA flare-ups can be distressing and disabling for the patients. Most cannot identify specific triggers for their episode. These will disrupt healthy behaviours such as maintaining a healthy weight and a physically active lifestyle, which are regarded as important for the long-term management of OA and general healthy elderly life. Hence, mitigating its impact should be an important aspect of geriatric care.

Evidence-based management strategies for OA flares are rarely covered in clinical guidelines, probably due to a lack of research in this area. Medications and other pharmacological pain relief interventions such as corticosteroid injections and non-steroidal anti-inflammatory drugs can be effective in the short term. Treatment recommendations for flares that do not rely on pharmacological interventions are often extrapolated from those used for acute musculoskeletal injuries or modified versions of the core recommended OA treatments.

In summary, the acute flare-up of OA is distressing and disabling for the patients and at present mitigating its impact is a challenging task for the physicians.

# Abstracts of Scientific Papers

## OP01 Healthcare utilization among Older individuals: A community-based cross-sectional study from Northern Province, Sri Lanka

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**Introduction**

As Sri Lanka works towards universal health coverage, it needs to respond to the changing population health needs, associated rising burden of chronic conditions requires investment in improving pathways for primary and secondary health care services.

**Objective**

This study describes healthcare utilisation among older individuals in Northern Province, Sri Lanka.

**Methodology**

Community-based cross-sectional study (multistage cluster) conducted from February 2020 to November 2022. The study included 10,000 participants aged 50 years and above, representing all five districts in Northern Province, Sri Lanka. The interviewer administered questionnaire capturing sociodemographic characteristics, current medical conditions and healthcare utilisation over the last 12 months; including the type of healthcare facility visited (primary medical care units, hospital outpatient department (OPD) and inpatient department (IPD), pharmacy, screening, and indigenous medicine in both government and private sectors). Descriptive statistics were performed using SPSS.

**Results**

The response rate was 91.97% (10,000/10,872): the mean age was 65.3 years (SD 9.06); 38.3% male, 95.7% Sri Lankan Tamil. Of the population surveyed, 88.7% had utilised healthcare facilities in the preceding 12 months. 29.8% of those interviewed (n=2982) had accessed both private and government systems contemporaneously. Those interviewed described seeking

treatment from both indigenous healthcare providers (22.0%, n=2196) and western service providers 86.0% (n=8604). The utilisation of government sector resources were dominated by the use of inpatient services (65%), compared to just 17.7% of interviewees reporting engagement with screening and, or primary care facilities.

**Conclusion**

A 10,000 population community healthcare cohort has been established. The cohort revealed concomitant use of private and public services. Whilst Western medicine dominated, many still sought indigenous medicine alongside. The majority of those interviewed had sought secondary inpatient care, and utilisation of primary services was limited. Research is needed to understand how secondary services are being used, and whether investment in strengthening primary care along with public education around the advantages of disease prevention services may benefit both resource utilisation and population health.

## OP02 Do we need to do Non-Contrast Brain studies on demand in geriatric patients? Audit on imaging outcome of NCCT Brain studies in casualty medical admissions - A Radiologist's perspective

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### Introduction

Performing Non-Contrast CT Brain (NCCT) studies on demand for geriatric patients on an emergency basis from medical casualty admissions is arbitrary and may be difficult to justify. Specially working in a peripheral hospital with a lack of nearby CT facilities would create unbearable travelling costs, the workload on health staff and unnecessary radiation exposure to patients.

### Objective

The audit was aimed to research imaging outcomes of NCCT Brain studies of geriatric patients requested from medical wards on an emergency basis.

### Methodology

A retrospective analysis of 100 NCCT Brain studies over 60 years done at Base Hospital Karawanella from October 2022 to January 2023, was analyzed. Imaging findings were divided into three categories according to gender variability.
1. Urgent medical treatment required – Ischemic/ hemorrhagic infarction/small vessel disease changes
2. Urgent surgical treatment required - Cerebral tumours/ significant hydrocephalus
3. Non-specific findings – Normal CTs, sinusitis, mastoiditis, age-related cerebral atrophy

### Results

Sixty males were evaluated. 38 required medical treatment (63.3%) and 8 needed (13.3%) surgical treatment for normal pressure hydrocephalus, obstructive hydrocephalus and tumours like sub ependymoma, and cerebral metastases with pressure symptoms. Only 14 (23.3%) had non-specific findings. Forty females underwent imaging and 25 (62.5%) required medical treatment. Two (5%) were indicated for surgical management and both were meningiomas. 13 (32.5%) had non-specific findings.

### Conclusion

The geriatric population is a highly vulnerable group and a significant number revealed positive imaging outcomes irrespective of gender. Thus, on-demand imaging is essential. The majority of the elderly population require urgent medical treatment for cerebrovascular accidents and comparatively a small number of patients reflect the necessity for surgical management.

## OP03 Caregiver burden among family caregivers of advanced cancer patients attending palliative care clinic at National Cancer Institute (NCI), Maharagama – Sri Lanka.

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### Introduction

Caregivers of advanced cancer patients under palliation (ACPP) have many challenges and caregiver burden is one of them.

### Objective

This study was conducted to determine the caregiver burden (CB) among family caregivers (FC) of ACPP attending the palliative care clinic of the NCI.

### Methodology

A cross-sectional descriptive study was conducted with 266 FCs. The Zarith caregiver burden interview (ZBI) was used to assess CB. Significant CB was defined as a ZBI score ≥ 21. Socio-demographic data were collected and the relationship between the CB and associated factors were studied. SPSS version 20 was used for data analysis. Ethical approval was obtained from ERC-PGIM.

### Results

The majority of caregivers were females (66.9%), mean caregiver age was 46.86 years. The mean ZBI score was 25.7(SD-9.8). Most caregivers reported CB (53.8%).

The educational status (p=0.040), income (p=0.017), religiousness (p=0.003), comorbidities in FC's (p=0.045), receiving additional help (p=0.032), time spent caregiving (p=0.05), relationship to patient (p=0.016), functional status of patient (p=0.088), living arrangements (p=0.128), and limitation of activities due to caregiving (p=0.000) were found to be associated with CB.

With logistic regression, religiousness (95% CI 1.2- 5.1 p= 0.013, AOR=2.4), functional status of patient (95%CI 1.2-6.4 p= 0.024 AOR = 3.4), time spent caregiving (95% CI 1.1-4.7 p=0.015 AOR = 2.3), and receiving additional help ((95% CI 1.3-5.6, p= 0.006 AOR= 2.7) was associated with CB.

### Conclusion

Most FCs experience CB. FCs should be assessed for CB on a regular basis and support should be extended to minimize CB among FCs of ACCP.

## OP04 The Relationship between Anthropometric Indices and Hypertension in Elderly Population at Elderly Homes of Piliyandala MOH Area, Sri Lanka

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**Introduction**

Obesity, one of the main risk factors for hypertension projected to increase to 29% by 2025. In Sri Lanka, the prevalence of hypertension has increased with increasing age in all adults. Obesity can be explained by different anthropometric indices.

**Objective**

The objective of the study was to investigate the relationship between anthropometric indices of Obesity and Hypertension in the Elderly Population at Elderly Homes in the Piliyandala MOH Area of Sri Lanka.

**Method**

A total of 199 adults aged 65 years and above were interviewed in a descriptive cross-sectional study in elderly homes in the Piliyandala MOH area. Anthropometric indices such as WC, WHR and BRI and blood pressure were monitored for each participant by using standard methods. Statistical analyses, including Pearson's correlation, were used in this study.

**Results**

Of the 199 elders recruited, 147 were females and 51 were males. 64.32% were hypertensive, and 35.68% were non-hypertensive. The study's Pearson correlation test results were significant at $p< 0.05$. The results indicate a significant positive relationship between systolic blood pressure and various anthropometric obesity indices, including WC, WHR and BRI. The Pearson correlation value is 0.134 between systolic blood pressure and WC, 0.133 between systolic blood pressure and waist-hip ratio, 0.808 between systolic blood pressure and a BRI

**Conclusions**

This study revealed a high prevalence of hypertension among the elderly population, with nearly two-thirds of the population and females being more affected by than males. Results indicated a significant positive relationship between Hypertension and anthropometric obesity indices, including WC, WHR and BRI.

## OP05 SARC-F as a screening tool to detect Sarcopenia in older women in Sri Lanka

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### Introduction

SARC-F is a five-item, simple tool developed to detect individuals at risk of sarcopenia. Usually SARC-F score≥4 is considered as having sarcopenia.

### Objective

This cross-sectional study evaluated the validity of the tool and the suitability of its cut-off values to the local context to detect sarcopenia among older women.

### Methodology

SARC-F was administered among randomly selected older women (age ≥65 years) attending medical clinics of Teaching Hospital Karapitiya (n=350). The Handgrip Strength (HGS, kg) was measured with a handheld dynamometer. Relative Appendicular Skeletal Muscle Mass Index (RSMI, kg/m$^2$) was estimated with anthropometry equation (0.204(Weight) +8.802(Height)-0.045(Age)-7.405), validated previously. Prevalence of probable sarcopenia (low HGS) and confirmed sarcopenia (low HGS and low RSMI) were calculated based on the local cut-off values.

### Results

The mean (SD) age of the subjects was 72(5) years. The proportion (number) of those with SARC-F≥4 was 56.3% (197). The internal consistency of the questionnaire was high (Cronbach's alpha; 0.72). SARC-F score showed a positive correlation with HGS demonstrating the concurrent validity (r; 0.23, $p<0.001$). Lower HGS was observed among those with sarcopenia (SARC-F≥4) compared to those with SARC-F<4 ($p<0.01$) proving the discriminant validity. The sensitivity, specificity, and accuracy of SARC-F≥4 for probable sarcopenia [AUC; 0.61 (0.55-0.67)] and confirmed sarcopenia [(AUC; 0.53 (0.47-0.59)] were 54.8%, 67.3%, and 60.3% and 69.4%, 45.9%, and 49.1% respectively.

### Conclusions

SARC-F has satisfactory reliability and validity to be used as a screening tool to detect probable and confirmed sarcopenia among local older women with the defined cutoff values. SARC-F can be included in the clinical assessment of older women who are at high risk of sarcopenia.

## OP06 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

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### Introduction

Age-related sensorineural hearing loss (ArSNHL) is the most common cause of hearing loss among the elderly, and behind-the-ear type (BTE) hearing aids are the mainstay of management in Sri Lanka. Local resources regarding hearing aid use among the elderly are sparse.

### Objective

To determine the knowledge and attitudes regarding hearing aid usage, and to describe the factors associated with it among elders diagnosed with ArSNHL in Sri Lanka

### Methodology

A cross-sectional study was conducted among patients with ArSNHL diagnosed using pure tone audiometry, using BTE hearing aids for at least 2 weeks duration. Participants were recruited systematically from ENT clinics of NHSL. An interviewer-administered questionnaire developed by investigators was used to obtain data on sociodemographic characteristics, degree of hearing handicap prior to hearing aid uptake, perceived impact of hearing aids, problems related to hearing aid use and knowledge regarding hearing aids. Factors associated with hearing aid usage were assessed using the Chi-square test at 0.05 significance.

### Results

From the sample (N=152) 75% of study participants had good technical knowledge which had a statistically significant association with the overall duration of hearing aid use ($p < 0.05$). Although 52% had a moderate degree of ArSNHL, 75% perceived they had a severe disability. Despite 90% being positively impacted by hearing aids, only 50% were willing to replace them if broken citing cost and background noise as problems.

### Conclusions

Awareness programmes should be on the benefits and limitations of hearing aids, rather than techniques of use and maintenance. Common problems of hearing aids and their management should be highlighted to improve compliance.

## OP07 Prevalence and associated factors of recurrent falls among older people attending medical clinics in four Teaching Hospitals in Sri Lanka; a multi-centre study

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**Introduction**

Among the common consequences of old age, falls take a high priority. Falls, however, are not routinely assessed or managed properly in medical clinics.

**Objective**

This multi-centre study evaluated the prevalence and factors associated with recurrent falls among older people attending medical clinics in four selected teaching hospitals in Sri Lanka.

**Methods**

A cross-sectional study was carried out at four centres (Teaching Hospital Karapitiya, University Hospital-KDU, Colombo North Teaching Hospital and Colombo South Teaching Hospital) with (n=704) older people (≥ 65 years) attending medical clinics. Information related to falls and possible associated factors (sociodemographic, behavioural, environmental and biological) were collected using an interviewer-administered questionnaire.

**Results**

The Mean (SD) age of the participants was 72.5(5.5) years. The prevalence of at least one fall after 65 years was 31.3% (n=220) while recurrent falls (two or more falls within the last 12 months) prevalence was 12.8% (n=90). Recurrent falls were associated with the level of education, marital status, impaired balance and the level of physical dependence ($p<0.01$). For those who had at least one fall, multiple logistic regression (MLR) revealed being single ($p=0.04$, OR=2.06), being widowed/divorced/separated ($p=0.02$, OR=1.51) compared to married status, presence of moderate ($p=0.02$, OR=1.58) and severe ($p=0.06$, OR=2.91) physical dependency compared to mild physical dependency and presence of impaired balance ($p=0.02$, OR=1.54) as risk factors for falls. Having secondary education ($p=0.02$, OR=0.57) was a protective factor for falls. For those with recurrent falls, MLR showed impaired balance ($p=0.005$, OR=1.96) and moderate physical dependency ($p=0.007$, OR=2.00) compared to mild physical dependency as risk factors.

**Conclusions**

A considerable proportion of older patients attending medical clinics have experienced

recurrent falls and they were mostly unrecorded and not clinically assessed. Impaired balance and physical dependency were major contributing factors. Doctors should be educated to detect and assess those with recurrent falls and take appropriate measures to prevent or minimize further falls.

## OP08 Anthropometric parameters of newly diagnosed patients with myocardial infarction admitted to tertiary care hospitals of Western Province of Sri Lanka – a case control study.

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**Background**

Ischaemic heart disease (IHD) is the leading cause of death in the world as well as in Sri Lanka. Obesity-related anthropometric indices have been recognized as contributing risk factors for IHD.

**Objective**

This study was done to analyse anthropometric indices of people at the time of their first myocardial infarction (MI) and to compare those anthropometric indices with people without myocardial infarction.

**Methodology**

A case-control study was conducted in selected hospitals. Newly diagnosed patients with MI and age and sex-matched patients admitted to these hospitals were recruited as cases and controls. A hundred cases (63% males) and hundred controls (63% males) who fulfilled the inclusion-exclusion criteria were recruited. Demographic details were taken using interviewer-administered questionnaire and anthropometric indices were measured. Data analysis was done using SPSS version 24, software. Associations were analysed by using the Bivariate test, t-test, and Logistic Regression.

**Results**

The mean age of the cases was 61.37 years and that of the controls was 61.1 years. Total Cholesterol ($p = 0.033$), Triglyceride ($p = 0.049$), LDL Cholesterol ($p = 0.001$), Waist Hip Ratio (WHR) ($p = 0.001$) showed a statistically significant association with MI, when analyzed using an independent t-test. With Logistic Regression, thigh circumference (OR = 0.918, 95% CI 0.961 – 0.978) and WHR (OR = 1.96, 95% CI = 1.23 – 2.43) showed a statistically significant association with MI.

**Conclusions**

WHR was found to be a risk factor for MI, higher educational status and high thigh circumference were protective factors.

## OP09 Screening for microvascular complications in elderly patients with diabetes attending a divisional hospital in Kandy district -Sri Lanka

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### Introduction

The prevalence of diabetes is on the rise and the elderly are affected mostly with complications of diabetes. Control of diabetes and regular screening are important to minimize the complications.

### Objectives

Assess the proportion of microvascular complications and control of diabetes among patients > 60 years attending the diabetic clinics at DH Katugasthota.

### Methodology

A cross-sectional, descriptive study was carried out. An interviewer-based questionnaire and patient records were used for data collection. A monofilament test was performed to assess neuropathy. SPSS version 25 was used for analysis. Ethical approval was obtained from ERC, PGIM.

### Results

A sample of 220 included 150 females (68%). 52.3% had DM for more than 10 years. Average FBS level among the sample was 137.58mg/dl. FBS levels were between 80-130mg/dl in 55%. Only 14.5%. had at least one $HbA_1C$ report done during last 3 years. Blood pressure was checked every 2 months in 98%.

Records on neuropathy screening not available, 82(37%) of patients had positive monofilament test. Only 138(62%) had records on retinopathy screening, of them 59(43%) had retinopathy. Nephropathy screening done in 124(56%), of them 24(19.3%) had nephropathy. Documentation in medical records on screening incomplete in 6.8% of patients. 80% were compliant to medications and 80% were aware that DM leads to microvascular complications.

### Conclusion

Blood sugar control was not optimum and screening for complications were not satisfactory. Primary care providers should be encouraged to optimize glycemic control and screen for complications regularly. Facilities should be upgraded at divisional hospitals to provide better diabetic care.

## OP10 Prevalence and the Risk Factors of Erectile Dysfunction in older men with diabetes mellitus at Colombo South Teaching Hospital

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### Introduction

Erectile dysfunction (ED) is a common complication of diabetes that is associated with several factors, including age, diabetes duration, heart disease, hypertension, psychological conditions, and infections. Cultural beliefs and lack of understanding of the condition as well as shyness can prevent men from seeking treatment for these sexual issues.

### Objectives

Assess the prevalence and risk factors of ED among diabetic older men, aged 65 and above.

### Methodology

A cross-sectional, descriptive study was carried out at the medical clinics using the International Index of Erectile Function (IIEF) questionnaire. The IIEF tool is comprised of the domains erectile function, orgasmic function, sexual desire, intercourse and overall satisfaction.

### Results

A sample of 121 men with diabetes mellitus aged 65 years and above were recruited. Their mean (SD) age was 73.31 (5.75) years with the majority comprising of young and old (65-74 years). The mean duration of diabetes was 14.49 (0.96) years. The domain erectile function had a score of 10.03/30 while orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction mean ranged 2.4/10 to 5.8/10. There was a moderate degree of negative correlation with the age as well as the duration of diabetes, with IIEF domains with a significance of p=0.00.

### Conclusion

ED is more prevalent in Sri Lanka among older diabetic males. Ageing as well as a longer duration of diabetes is correlated negatively with lower erectile function scores. Active probing of the presence of ED should be carried out among older adults who suffer in silence due to shyness, humiliation and feeling of no hope for them.

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