Sri Lankan Association of Geriatric Medicine

10th Anniversary

ANNUAL ACADEMIC SESSIONS

"ENHANCING THE LANDSCAPE IN GERIATRIC MEDICINE"

PROCEEDINGS & ABSTRACTS

26th - 29th June 2024
Courtyard by Marriott, Colombo, Sri Lanka

2024

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Sri Lankan Association of Geriatric Medicine

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Since 19.02.2014

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MESSAGE FROM THE PRESIDENT

I am priviledged and honoured to welcome all resource persons, delegates and well-wishers to the 10th Anniversary Annual Academic Sessions of the Sri Lankan Association of Geriatric Medicine (SLAGM). The Annual Academic Session is the pinnacle of our academic calendar, and this year marks a significant milestone for the Sri Lankan Association of Geriatric Medicine,, as we celebrate the 10th anniversary with immense pride and gratitude.

As a founder member and the current president of SLAGM I would like to express my gratitude to the past presidents , councils and everyone else who has contributed to the success of our association over the past decade.

Our theme this year, "Enhancing the Landscape of Geriatric Medicine," has guided our Continuous Medical Education (CME) activities and set the tone for our collective efforts. This theme is not just a slogan; it is a call to action, a commitment to improving the lives of our geriatric population through innovation, compassion, and excellence in medical care.

Throughout the year, we have engaged with various stakeholders, forging partnerships that have enriched our knowledge base and expanded our horizons. Our collaborations with the Ministry of Health, medical education institutions, national and international organisations have been instrumental in driving forward our mission. Together, we have shared knowledge, developed new protocols, and implemented best practices by developing care pathways and bulletins on Geriatric Medicine that are already making a difference in the care of our older adults.

This year's academic sessions have been meticulously crafted to enhance knowledge and practical skills in Geriatric Medicine through collaboration with both local and international experts paving the way for the next generation of health care professionals to excel. We are honoured to have Dr Palitha Mahipala, the secretary of the Ministry of Health of Sri Lanka as our chief guest and Professor Duncan Forsyth as our guest of honour.

To our trainees and young doctors, I extend a special message. You are the future of Geriatric Medicine. Your enthusiasm, curiosity, and commitment are vital to the continued advancement of our field. I encourage you to embrace the opportunities before you, to seek out mentorship, and to strive for excellence in every aspect of your clinical practice. The landscape of Geriatric Medicine is evolving, and with your contributions, it will continue to thrive and adapt to the needs of our ageing population ensuring that every older adult in Sri Lanka receives the highest standard of care.

I wish to extend my heartfelt thanks to the SLAGM council 2024 , distinguish speakers, office staff and generous sponsors whose tireless efforts made this event a success.

Let's continue to enhance the landscape of Geriatric Medicine in Sri Lanka.

Dr Barana Milllawithana

MESSAGE FROM THE HONORARY JOINT SECRETARIES

It is with immense honor and joy that we extend a warm welcome to each of you for the 10th Anniversary Annual Academic Sessions of the Sri Lankan Association of Geriatric Medicine (SLAGM). This milestone event, organized amidst challenging times, showcases our commitment to advancing the field of geriatric medicine through diverse scientific discussions under the theme "Enhancing the Landscape in Geriatric Medicine."

The healthcare needs of older individuals are addressed through a collaborative approach, involving professionals from various disciplines in primary, secondary, and community care settings. Our selected topics reflect this comprehensive approach to managing the healthcare of our elderly population. We are especially delighted to welcome our Chief Guest, Dr. Palitha Mahipala, Secretary of Health, Sri Lanka, and our esteemed orator, Prof. Udaya Ranawaka, Professor of Medicine at the University of Kelaniya.

Our scientific program includes a wide range of plenaries, symposia, panel discussions, and three pre-congress workshops. We are grateful to our distinguished panel of experts for enriching our understanding of this crucial field. A special thank you to Dr. Barana Millawithana and Dr. Shanika Nandasiri, Co-Chairs of the Conference, for their dedicated efforts in organizing scientific talks and workshops on enhancing functional outcomes in Parkinson's Disease, essentials of geriatric nursing, and promoting continence in older adults.

We also extend our gratitude to the chairpersons, reviewers, and judges of free papers for their valuable contributions. We deeply appreciate the generous support from all our sponsors and the dedication of the council members, organizing committee, the office staff and volunteers.

We are confident that these sessions will provide invaluable intellectual inspiration and tangible benefits to enhance the care of the older adult.
Thank you for being a part of this significant event. We look forward to fruitful discussions and a successful conference.

Dr Hiranthini De Silva

Dr Malsha Gunathilake

MESSAGE FROM THE CHIEF GUEST

On this significant occasion, the 10th Anniversary Annual Academic Sessions of the Sri Lanka Association of Geriatric Medicine, as the Secretary of the Ministry of Health, I am delighted to join you as the Secretary of Ministry of Health in celebrating a decade of dedication, innovation, and progress in the field of Geriatric Medicine.

Over the past ten years, the Sri Lanka Association of Geriatric Medicine has been a beacon of excellence, spearheading efforts to improve the quality of life for our elderly population. This year's theme, "Enhancing the Landscape of Geriatric Medicine," reflects the collective commitment to advancing the care and well-being of older adults in Sri Lanka.

As we gather to commemorate this milestone, it is essential to acknowledge the demographic transition our nation is undergoing. With a steadily increasing elderly population, we are faced with both challenges and opportunities. The need for comprehensive geriatric care has never been more critical. Our goal is to ensure that every elderly individual in Sri Lanka can age with dignity, health, and happiness.

The Ministry of Health recognizes the indispensable role of geriatric medicine in achieving this objective. We are committed to supporting initiatives that enhance geriatric care services, promote research, and foster the education and training of healthcare professionals in this vital field.

The SLAGM has commendably initiated a certificate course to train nurses in geriatric care, a much-needed and a progressive step forward.

As we embark on this journey to enhance the landscape of geriatric medicine, I am confident that the Sri Lanka Association of Geriatric Medicine will continue to lead the way with unwavering dedication and passion. Your contributions have been instrumental in shaping the future of geriatric care in our country, and for that, we are deeply grateful.

In closing, I would like to express my heartfelt appreciation to the president and the council of the Sri Lankan Association of Geriatric Medicine, all the healthcare professionals, researchers, educators, and advocates who have worked tirelessly to improve the lives of our elderly citizens. Your commitment and compassion are the cornerstones for the success of care provision to our elderly citizens.

The 10th annual academic sessions is a testament to the achievements and is a call to action for the future. Together, we can create a healthcare system that not only meets but exceeds the needs of our aging population.

Thank you, and I wish you all a productive and inspiring conference.

Dr P G Mahipala
Secretary of Health
Sri Lanka


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MESSAGE FROM THE GUEST OF HONOUR

My dear friends, fellow geriatricians, and colleagues. It gives me immense pleasure to have the privilege of joining you, as your Guest of Honour, to celebrate a decade of Geriatric Medicine in Sri Lanka. When I was invited to develop a Geriatrics Symposium for the 47th Annual Academic Sessions of the CCP, held jointly with the RCP (London), I was uncertain as to what impact that meeting would have on the future healthcare of older people in this beautiful country.

What has happened, over these last 10years, has been an incredible achievement that you must all be proud of. For me, it has been a great privilege to have remained involved and to assist in the development of the training curriculum and postgraduate examination, as well as participating as external examiner in the examination itself.

Your ability to promote, develop and deliver the specialty of Geriatric Medicine within Sri Lanka, is testimony to your enthusiasm, dedication and commitment. Unlike some other countries that I have worked with, you have recognised and valued the importance of delivering education and training to nursing and allied healthcare professionals as valued members of the multidisciplinary team. I have also witnessed the vigour with which you have engaged with the public regarding healthy ageing and illness in older age.

I have enjoyed many visits here, over the last decade, contributing to the scientific sessions of SLAGM, CCP and SLMA, as well as delivering educational sessions for nurses and the general public. Just before the pandemic, I was fortunate enough to be able to bring my wife along on one of those trips and take her for a tour around the island, although we failed to get to Jaffna. Your hospitality on each of my visits has been incredible and I consider myself very fortunate to have made many lasting friendships. It has also been a delight to witness the metamorphosis of some of you from trainee doctor to Geriatrician.

I believe that Geriatric Medicine has a healthy future here in Sri Lanka and trust that your leaders within SLAGM, CCP, PGMI and SLMA will be tireless in their lobbying of ministers to ensure resources are properly allocated to health and social care of older people. May you continue to go from strength to strength and grow a vibrant and enthusiastic cadre of geriatricians to champion the health and social care needs of Sri Lanka's elders. Always keep in mind that you are developing / promoting services and standards of care that you yourselves may one day need. Altruism is to be respected but making it personal keeps the mind focused!!

My congratulations on all that you have achieved in your first decade and I wish you well for the future. May Geriatric Medicine have a healthy future here in Sri Lanka, indeed all over the world. Thank you for allowing me to participate in the birth and this first decade of Sri Lankan Geriatric Medicine; I consider this to have been one of the highlights of my career and am incredibly proud of what you have achieved.

Let's celebrate in style!!

Prof Duncan Forsyth

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Pre Congress 1

Enhancing Functional Outcomes in Parkinson Disease

26th June,2024 | 8.30am - 1.00pm

1st Floor Auditorium, National Epilepsy Center,NHSL

Programme

9.00 am – 9.10 am	**Introduction to Pre-Congress Workshop** Dr Barana Millawithana, President- SLAGM
9.10 am - 9.25 am	**Understanding Parkinson Disease** Dr Darshana Sirisena,Consultant Neurologist
9.25am- 10.10 am	***Rehabilitation of a patient with Parkinson Disease : A MDT approach*** **An Overview** Dr Chamara Jayathunga , Consultant in Rehabilitation Medicine **Physiotherapist Role** Dr Asha Wettasinghe, Senior Lecturer in Physiotherapy **Speech & Language Therapist Role** Mrs Nina Panterliyon, Speech and Language therapist **Occupational Therapist Role** Dr Nandana Welage, Senior Lecturer / Occupational Therapist
10.10 am – 10.30 am	**TEA**
10.30 am – 12.30 pm	**Case-based MDT Discussions** Facilitators: Consultants in Rehabilitation Medicine. Dr Chamara Jayathunga, Dr Nayomi Senarath, Dr Kalhari Sewwandhi
12.30 pm – 12.50 pm	**Discussion on Key Learning points** Facilitators
12.50pm	**Concluding remarks** Dr Asha Wettasinghe

Pre Congress 2

Essentials for Geriatric Nursing

26th June,2024 | 7.30am - 1.00pm

Auditorium, Post Basic Nursing School, Colombo

Programme

7.50 am – 8.00 am	**Introduction to Pre-Congress Workshop** Dr Barana Millawithana, President-SLAGM
8.00 am - 8.30 am	**Insight into Geriatric care** Dr Nuwan Karunaratne, Consultant Geriatrician-UAE
8.30 am - 9.00 am	**Introduction to Geriatric and Gerontological Nursing** Dr Sarath Rathnayake,Senior Lecturer, Department of Nursing, Faculty of Allied Health Sciences ,University of Peradeniya
9.00 am - 9.20 am	**Scope of Geriatric Nurse in Sri Lankan Health Care** Mrs M B C Samanmalie, Director Nursing (Medical Services) Ministry of Health
9.20 am - 9.50 am	**Ethical and legal aspects in Geriatric Nursing** Prof S S P Warnakulasuriya, Dean, Faculty of Nursing, University of Colombo
9.50 am - 10.20 am	**TEA**
10.20 am- 12.20 pm	***Case-based Discussions* Maintaining Therapeutic Communication with a Geriatric patient** Dr Maliga Wijesiri, Senior Lecturer Department of Nursing and Midwifery, Faculty of Allied Health Science, Sir John Kotelawala Defense University **Preventing Elderly Abuse** Dr Sarath Rathnayake, Senior Lecturer, Department of Nursing, Faculty of Allied Health Sciences -University of Peradeniya **Caring for Caregivers** Prof Nirmala Rathnayake, Professor in Nursing, Department of Nursing , Faculty of Allied Health Sciences, University of Ruhuna
12.20 pm – 12.50 pm	**Challenges in Geriatric Nursing care** Mrs H M C M Herath, Faculty of Nursing, University of Colombo *Concluding Remarks & Lunch*

Pre Congress 3

Promoting Continence in Older Adults

27th June,2024 | 8.30am - 12.00pm

National Epilepsy Center, NHSL

Programme

8.50 am – 9.00 am	**Introduction to Pre-Congress Workshop** Dr Barana Millawithana, President-SLAGM
9.00 am - 9.30 am	**Introduction to Continence Problems in Older Adults** Dr Nishantha Perera, Consultant Geriatrician (AUS)
9.30 am - 10.00 am	**Case Based Discussions Part - 1** Presenter:Dr Sithira Senevirathne
10.00 am–10.20 am	**TEA**
10.20 am – 11.20am	**Case based discussions Part - 2** **Presenters:** Dr Balakrishnan Gowrishanker Dr Prasad Thilakarathna **Facilitator:** Dr Nishantha Perera(AUS),Consultant Geriatrician (AUS)
11.20am – 11.40am	**Management of Feacal Incontinence: A neglected problem** Dr Nishantha Perera, Consultant Geriatrician (AUS)
11.40 am - 12.00pm	**Promoting Continence : Tips to Overcome Challenges** Dr Nishantha Perera, Consultant Geriatrician (AUS)
12.00pm -12.10pm	**Concluding remarks** Dr Sithira Senevirathna

MAIN CONGRESS

Day 1 | 28.06.2024

8.30-9.00 am	**Plenary 1** Developing Geriatric Care: 'Against the Tide' *Dr Dilhar Samaraweera (SL)*
9.00-10.00am	**Symposium 1** **OBSCURED DIMENSIONS OF PARKINSONISM** **When to suspect atypical Parkinsonian disorders** *Dr Tony Thampiyappa (AUS)* **Management of non-motor symptoms in Idiopathic Parkinson disease** *Prof Duncan Forsyth(UK)*
10.00-10.30am	TEA
10.30-11.00am	**Plenary 2** Implementing World Falls Guidelines in Lower And Middle Income Countries *Prof Maw Pin Tan(Malaysia)*
11.00-12.30pm	**Symposium 2** **GENERATING EVIDENCE TO ENHANCE GERIATRIC CARE** **Clinical audits: A valuable tool to improve quality of care** *Dr Anton B Peiris(NZ)* **Filling the gaps in local research** *Prof Sarath Lekamwasam(SL)* **Learning from mortality reviews** *Dr Kithsri Karunatilake(UK)*
12.30-1.00 pm	**Plenary 3** Nocturia in Elderly Dr *Nishantha Perera (AUS)*
1.00-2.00pm	LUNCH
2.00-2.30pm	**Plenary 4** Artificial Intelligence in Geriatric Care *Prof Ashish Goel (IND)*
2.30-4.00pm	**Panel discussion 1** **ESTABLISHMENT AND PROVISION OF GERIATRIC SERVICES: EXCHANGE OF EXPERIENCES** Moderator - Dr Dilhar Samaraweera*(SL)* **Geriatric practice in Malaysia: Issues and challenges** *Prof Maw Pin Tan (Malaysia)* **Ecosystems in Geriatric care: Indian experience** *Dr Prem Narasinham (IND)* **Ambulatory care for the elderly** *Dr Manoshi Weerasinghe(AUS)* **Scope of a rehabilitation specialist** *Dr Kalhari Sewwandhi (SL)*
4.00-4.30pm	**Plenary 5** Which Medications are Still Necessary? *Prof. Duncan Forsyth (UK)*
	TEA

MAIN CONGRESS

Day 2 | 29.06.2024

8.00-8.30am Free paper presentation (Emerald Hall)

8.30-9.00 am **Plenary 6** **What's New in Bone Health?**
Dr Kunal Shah(UK)

9.00-10.30am **Panel Discussion 2**
COMPLEXITY OF CLINICAL DECISION MAKING: CONSENT, CAPACITY AND ETHICS
Moderator - Kithsri Karunatilake(UK)
Prof Panduka Karunanayake(SL)
Dr Kapila Ranasinghe(SL)
Dr Chittahari Abhayanayaka(SL)
Mrs N K Manathunga(SL)

10.30-11.00am TEA

11.00-11.30am **Plenary 7** **A New Paradigm in Cancer Care of Older Adults**
Dr Anupa Pillai(IND)

11.30-1.00 pm **Symposium 3**
PROMOTING WELL-BEING IN SILVER AGE
Vaccinations in older adults
Dr Anton B Peiris (NZ)
Dilemma of pharmaco-nutrients in older adults
Dr Evone Jayaweera (SL)
Vitamin D in Geriatrics: A 'seven D' evidence based approach
Prof Nitin Kapoor (IND)

1.00-2.00pm LUNCH

2.00-2.30pm **Plenary 8** **Rapidly Progressive Dementia: An Overview**
Dr Tony Thampiyappa (AUS)

2.30-3.00pm **Plenary 9** **Non-pharmacological Management of Dementia**
Prof Aimee Spector(UK) (Online)

3.00-3.30m **Plenary 10** **Shaping the Postgraduate Training in Geriatric Medicine**
Dr Kunal Shah(UK)

3.30-4.30pm **Perspective**
SHOULD GERIATRICS BE EMBEDDED IN EACH MEDICAL SPECIALTY OR REMAIN AS ITS OWN
Moderator- Dr Barana Millawithana
Prof Duncan Forsyth(UK)
Prof Saroj Jayasinghe(SL)
Dr Nuwan Karunaratne(UAE)

TEA

SLAGM ORATOR - 2024

Professor Udaya K. Ranawaka

MBBS, MD, MRCP, FRCP (Lond), FCCP, FAHA, FAAN

Professor Udaya Ranawaka is Professor in Neurology at the University of Kelaniya, and Honorary Consultant Neurologist and Head of the Stroke Unit at the Colombo North Teaching Hospital, Ragama, Sri Lanka. He is a Fellow of the Ceylon College of Physicians, Royal College of Physicians of London, American Stroke Association and the American Academy of Neurology.

He is a Past President of the National Stroke Association of Sri Lanka, Association of Sri Lankan Neurologists and the Ceylon College of Physicians. He is the Chairperson of the Sri Lanka Clinical Trials Registry and is a Member of the Advisory Group of the International Clinical Trials Registry Platform, WHO.

He has been a National Coordinator/Principal Investigator in several international clinical trials and research collaborations on stroke, and has won over 40 national and international research awards. He has delivered eight named orations and over 130 invited lectures at national and international scientific meetings. He has several book chapters, over 80 peer-reviewed journal publications and over 110 research abstracts to his credit.

SLAGM ORATION-2024

Stroke in old age: Differences, Challenges and Opportunities

Prof Udaya Ranawaka

Stroke is the second leading cause of death and the third-leading cause of death and disability combined worldwide. Stroke incidence increases steeply with age, with a doubling of incidence seen in each decade over the age of 55 years. It is estimated that the world's population of people aged ≥60 years will double and those aged ≥80 years or older will increase 3-fold by 2050. As such, we are likely to witness a dramatic increase in older patients with stroke.

Stroke in old age is different. Older patients with stroke have different presentations, different risk factor profiles, multiple comorbid conditions, more severe strokes and worse functional outcomes. These differences can result in a different set of challenges in acute care and long term management. Atypical presentations lead to delays and missed diagnosis. Multiple comorbidities and frailty become important considerations in drug treatment. Higher stroke severity and disability require more resource-intensive acute care and rehabilitation.

Recent data from the World Stroke Organization indicate that nearly 90% of deaths and disability due to stroke occur in low- and low-middle-income countries. However, there is limited data on stroke in older patients from these countries, especially the South Asian region which contributes more than 40% of the global stroke deaths. 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. There is no data on stroke in old age from Sri Lanka.

This oration is based on one review article and two prospective studies related to stroke in old age in a Sri Lankan tertiary care setting. These are the first studies on stroke in old age in Sri Lanka. The results from the studies highlight the differences in stroke characteristics in older age groups, and the challenges posed in the management of these patients with the resource constraints in the country.

SCIENTIFIC COMMITTEE - AAS 2024

Main Congress		Pre-Congress Workshops	
Chair	Dr Barana Millawithana	Chair	Dr Barana Millawithana
Co-chair	Dr Shanika Nandasiri	Co-chair	Dr Shanika Nandasiri
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Committee Members	Dr Chamila Dalpatadu Dr Dilusha Lamabadusuriya		Mrs Chandrani Herath Prof Nirmala Rathnayake Dr Sarath Rathnayake

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Panel of Judges		
Prof Duncan Forsyth	Prof Kamani Wanigasuriya	Dr Prem Narasinham

Faculty

PRE CONGRESS - 1

DR DARSHANA SIRISENA

MBBS, MD
Consultant Neurologist
Colombo North Teaching Hospital
Ragama, Sri Lanka

DR CHAMARA B JAYATHUNGA

MBBS MD DFSEM(UK)
Consultant in Rehabilitation Medicine
Rheumatology and Rehabilitation Hospital
Ragama, Sri Lanka

DR NAYOMI SENERATH

MBBS. MD.
Consultant Rehabilitation Physician
Teaching Hospital Karapitiya, Sri Lanka

DR ASHA WETTASINGHE

Ph.D.(Col), M.Sc. in Exercise and Sport Sciences(Pera),
BSc.(Hons) in Physiotherapy (Col),CTHE (Col), SEDA (UK)
Senior Lecturer in Physiotherapy
In Charge of Elderly Care Physiotherapy Centre
Department of Allied Health Sciences
Faculty of Medicine,University of Colombo, Sri Lanka

MRS NINA PANTERLIYON

BSc, MSc Clinical and Health Psychology(UK)
Speech and Language Therapist
The National Hospital Sri Lanka.

DR NANDANA WELAGE

HDOT (SL), BSc OT (SL), MSc OT (HK), PhD (AUS)
Senior Lecturer / Occupational Therapist
Department of Disability Studies
Faculty of Medicine
University of Kelaniya, Sri Lanka

PRE CONGRESS - 2

PROF S S P WARNAKULASURIYA

RN,RMN,BscN(Hons),MNSc, PGDCP,PhD,
Dean Faculty of Nursing
University of Colombo, Sri Lanka

PROF NIRMALA RATHNAYAKE

BSc, PhD, RN
Head/Department of Nursing
Faculty of Allied Health Sciences
University of Ruhuna, Sri Lanka

DR SARATH RATHNAYAKE

Senior Lecturer
Department of Nursing
Faculty of Allied Health Sciences
University of Peradeniya, Sri Lanka

DR MALIGA WIJESIRI

Senior Lecturer Dept. of Nursing and Midwifery,
Faculty of Allied Health Science,
Sir John Kotelawala Defense University, Sri lanka

MRS M B C SAMANMALIE

RN, RM, BscN(Hons), MNSc,MPM
Director Nursing (Medical Services)
Ministry of Health, Sri Lanka

H M C M HERATH

Bsc (Hons) Open University of SL,
MSc in Food and Nutrition ,PGDPM, CTHE,MPM,
Lecturer,Department of Clinical Nursing
Faculty of Nursing,
University of Colombo, Sri Lanka

MAIN CONGRESS

Prof Aimee Spector

Prof Aimee Spector, a distinguished academic based in the UK, holds a Doctorate in Clinical Psychology from University College London (2004), complemented by a Doctor of Philosophy earned in 2001 from the same institution. Graduating with a Bachelor of Science from the University of Manchester in 1996, Prof. Spector currently serves as a Professor of Old Age Clinical Psychology at University College London, specializing in the Department of Clinical, Educational & Health Psychology. Her expertise spans the global development and evaluation of intricate interventions tailored for dementia and aging populations.

Dr Anton H Buddhika

Dr Anton H Buddhika Peiris is a geriatrician working in Auckland, New Zealand. He obtained his primary medical degree from Faculty of Medicine, Colombo. He completed specialist training in General Medicine at the Postgraduate Institute of Medicine, Colombo and worked as a general physician in Sri Lanka.

Then he migrated to New Zealand where he obtained his FRACP. He also has had additional training in Palliative Medicine, obtaining a Diploma from Sydney Institute of Palliative Medicine, Australia. His research interests include frailty, prevention of falls, preservation of independence and promotion of knowledge in geriatric medicine.

Dr Anupa Pillai

Dr Anupa Pillai, MBBS, MD Geriatric Medicine, is a distinguished geriatrician with a fellowship in Geriatric Oncology from Tata Memorial Hospital, Mumbai. She is a member of the International Society of Geriatric Oncology and the British Geriatric Society.

She believes in integrated approach in Geriatrics. She has a special interest in Geriatric Oncology and Geriatric Syndromes. She is involved in multiple projects at Tata Hospital and has conducted multiple workshops on importance of Geriatric Assessment in oncology and other disciplines. Dr Anupa has multiple publications in the field of Geriatrics. She is actively involved as a resource person in courses in Geriatrics

Prof Ashish Goel

Prof Ashish Goel, MD, FICP, MPH, holds esteemed positions as a Professor at Dr BR Ambedkar State Institute of Medical Sciences in Mohali, Punjab, and as a visiting professor at the University Respati Indonesia. He also serves on lien as a Professor at the University College of Medical Sciences in Delhi. His significant contributions to medical academia underscore his leadership and expertise in the field.

Dr Chittahari Abhayanayaka

Dr Chittahari Abhayanayaka is a psychiatrist trained at the University of Colombo, Sri Lanka, with an MBBS in 2005 and an MD in Psychiatry in 2015. Since August 2019, she has been actively involved in teaching medical and psychology students, training psychiatry registrars, and lecturing at several universities including Karapitiya, Peradeniya, and Kelaniya. She currently serves as an Acting Consultant Forensic Psychiatrist at the National Hospital, Kandy and the National Institute of Mental Health, continuing her dual focus on clinical practice and academic contributions in Psychiatry.

Dr Dilhar Samaraweera

Dr Dilhar Samaraweera, founder President of the Sri Lankan Association of Geriatric Medicine, holds a distinguished career marked by a multitude of qualifications, including an MBBS from the University of Colombo, an MD in Medicine, and prestigious qualifications such as MRCP (UK), FRCP (London), and FRACP. Presently, Dr Samaraweera serves as a Staff Specialist in General Medicine at Mount Gambier and District Health Services within the Lime Coast Local Health Network in Australia.

Prof Duncan Ronald Forsyth

Prof Duncan Ronald Forsyth, MB, ChB; FRCP(London); FRCPE; MA, retired in 2022 after 31.5 years at Addenbrooke's Hospital, where he led as Consultant Geriatrician and Clinical Director of Geriatric Medicine. His tenure was marked by pioneering Parkinson's and Stroke services, a specialized delirium ward, and advancements in dementia care. Nationally, Prof Duncan represented the British Geriatrics Society (BGS), co-founding the National Audit of Intermediate Care and advocating for dementia care integration. Internationally, he influenced geriatric medicine in Sri Lanka, Malaysia, Taiwan, and China, advising on delirium guidelines and serving as Adjunct Professor at Sunway University. A prolific author, after his retirement is active with family, cycling, and locum work, embodying a lifelong commitment to enhancing geriatric care.

Dr P M Evone Dinurangani Jayaweera

Dr P M Evone Dinurangani Jayaweera, MBBS, Masters in Human Nutrition, MD in Clinical Nutrition, a board-certified medical consultant in Sri Lanka specializing in Clinical Nutrition. With 12 years of clinical experience and extensive academic qualifications, including a Doctor of Medicine (MD) in Clinical Nutrition with a gold medal for academic excellence. Dr. Jayaweera currently serves as a Consultant Nutrition Physician at the National Hospital Kandy, where she leads the nutrition support team. Dr. Jayaweera's expertise encompasses therapeutic interventions and research, with a focus on nutrition in conditions such as Inflammatory Bowel Disease, Short Bowel Syndrome, oncology, and Critical Care.

Dr Kalhari Sewwandi

Dr Kalhari Sewwandi MBBS (Colombo, 2008) Postgraduate diploma in Elderly Medicine (Colombo, 2015) MD Medicine (Colombo, 2020) recently completed her foreign training in the United Kingdom as a specialty doctor in rehabilitation medicine in Sussex Rehabilitation Centre (2a neurorehabilitation unit) University Hospitals Sussex NHS Foundation Trust. She is currently working as an acting Consultant Rehabilitation Physician in Digana Rehabilitation Hospital.

Dr Kapila Ranasinghe

Dr Kapila Ranasinghe, MBBS, MD Psychiatry, FTTA in General and Old Age Psychiatry, is a distinguished Consultant Psychiatrist at the National Institute of Mental Health, Sri Lanka with extensive training at the Maudsley Hospital, London, specializing in Couple and Sex therapy. and accolades the FSLPsych award, from the Sri Lanka College of Psychiatrists in 2017. He has led in patient care, research, and psychiatric education. His roles include President of the Sri Lanka College of Psychiatrists and leadership positions at PGIM, University of Colombo, where he shapes psychiatric training and ethical standards.

Dr Kithsri Karunatilake

Dr Kithsri Karunatilake, MBBS, MD, MRCP, FRCP, has carved a distinguished path in medicine, focusing extensively on geriatric care. Graduating from the Faculty of Medicine, University of Ruhuna, Sri Lanka in 2002, Dr Karunatilake achieved board certification as a Consultant Physician in General Medicine in 2010 in Sri Lanka.

Since 2019, Dr Karunatilake has contributed significantly to the healthcare of older people at William Harvey Hospital within the East Kent Hospitals University Foundation Trust in the UK. His role as Clinical Audit Lead underscores his commitment to improving healthcare standards and patient outcomes in Geriatric Medicine.

Dr Kunal Shah

Dr Kunal Shah, MA (Cantab), BM BCh (Oxon), MRCP, is a Consultant Geriatrician at Oxford University Hospitals NHS FT, where he has been working since 2011. With a CCT in Geriatric Medicine and General/Internal Medicine, Dr. Shah serves as Clinical Lead and Educational Supervisor, recognized on the GMC supervisors' list since 2011.

Dr Shah specializes in Orthogeriatrics and peri-operative medicine, providing expert care through weekly sessions in the community ambulatory Emergency Multidisciplinary Unit. His role extends to serving as the Geriatrician for the Nuffield Orthopaedic Centre's Hip and Knee team, leading weekly MDT meetings and Pre-Operative assessments.

Dr Shah's extensive expertise, leadership in Geriatric Medicine, and commitment to improving emergency care and peri-operative outcomes for patients in Oxford.

Dr Manoshi Weerasinghe

Dr Manoshi Weerasinghe is a Consultant Physician and Geriatrician at Campbelltown Hospital, where she directs the 'Hospital in the Home' service and co-led the COVID-19 Community Response Medical Team for South Western Sydney. With qualifications from the University of Colombo and extensive training in Specialist Medicine, Endocrinology, and Geriatric Medicine, she is a Fellow of the Royal Australian College of Physicians and a member of the Royal College of Physicians of London. Dr Weerasinghe's research focuses on falls prevention, medication management, and frailty, demonstrating her commitment to advancing geriatric care and patient outcomes.

Prof Maw Pin Tan

Prof Maw Pin Tan is a distinguished leader in Geriatric Medicine and healthcare. She holds a Doctorate of Medicine with commendation from Newcastle University and multiple fellowships, including those from the Royal College of Physicians in London and the Academy of Medicine of Malaysia. Prof. Tan has served as President of the Malaysian Society of Geriatric Medicine and held key positions such as Medical Director at Managed Care Sdn Bhd and the Genting Dementia Day Care Centre. She is an adjunct Professor at Sunway University, an academic editor for PLOS ONE, and a research leader at the University of Malaya's Faculty of Medicine. Prof. Tan has significantly influenced healthcare policies and practices related to ageing and regenerative medicine, with her dedication evident through her editorial roles and memberships in prestigious medical societies, impacting both national and international healthcare.

Mrs Nalani K Manathunga

Mrs Nalani K Manathunga is a distinguished legal professional in Sri Lanka, known for her extensive career in litigation, academia, and leadership. With an LLB from the University of Colombo and a Postgraduate Diploma in International Affairs, she serves as an Attorney-at-Law, Notary Public, and as a company secretary. Since 1994, she has represented major financial institutions in commercial litigations and held key roles in the Galle Law Association and the Bar Association of Sri Lanka. She has chaired committees focused on professional development for women lawyers and has overseen the publication of the Galle Law Journal since 2012. Her international contributions include participation in the Law Asia Conference 2016. Mrs Manathunga's career exemplifies a steadfast commitment to legal excellence and community leadership.

Dr Nishantha Perera

Dr Nishantha Perera is a Consultant Geriatrician and General Physician at Eastern Health, Melbourne, with extensive expertise in managing complex general medicine conditions, geriatric cognitive assessment, dementia, continence, palliative, and perioperative medicine. He holds FRACP in Geriatrics and General Medicine, MD in Internal Medicine, and specialized certifications including Dip Pall Med and Victorian Geriatric Medicine Continence Fellow. Dr Perera is also a skilled educator and examiner, known for mentoring medical students and junior staff at Monash and Deakin Universities.

Dr Nitin Kapoor

Dr Nitin Kapoor is a distinguished Professor and Head of Unit 1 at the Department of Endocrinology, Diabetes, and Metabolism at Christian Medical College, Vellore, India. He holds an MD in Medicine, DM in Endocrinology, and a PhD from the University of Melbourne, Australia, focusing on clinical and genetic indicators of obesity. Dr Kapoor is recognized among the top 2% of influential researchers globally by Stanford University. His extensive achievements include prestigious awards, over 300 peer-reviewed publications, and editor roles for significant endocrinology textbooks and journals. His primary research interests span Obesity & Metabolic Syndrome, pituitary disorders, and Metabolic Bone Disease.

Dr Nuwan Karunaratne

Dr. Nuwan Karunaratne is a Consultant Geriatrician with over 12 years of experience, initially trained in Russia before completing his post-graduate education in the UK. He obtained Membership of the Royal College of Physicians of London in 2005 and dual CCT in General Internal Medicine and Geriatric Medicine in 2011. Dr. Karunaratne worked as a Consultant Geriatrician and Acute Physician in the UK before moving to Abu Dhabi in 2021 to develop Senior Citizens' Health services. Since February 2022, he has led Senior Health at Mubadala Health, Dubai Jumeirah. He is also a Fellow of The Royal College of Physicians in London, member of the British Geriatrics Society, Emirates Medical Association, and inaugural General Secretary of the Emirates Geriatrics Society, focusing on acute senior citizens healthcare, perioperative care, frailty, and palliative care.

Prof Panduka Karunanayake

Prof Panduka Karunanayake, MBBS, MD, PgCertTHE, PgD Appl. Sociol., FRCP, FCCP, is a Specialist Physician in General Internal Medicine at the Faculty of Medicine, University of Colombo, Sri Lanka. He has a keen interest in infectious diseases and is recognized as a SEDA Teacher with accolades including the Faculty's Teacher Excellence Award. Prof Karunanayake has chaired the Infectious & Parasitic Disease Module and served as chief examiner for various medical examinations. His expertise extends to medical ethics, research ethics, and the intersection of medicine with social sciences and humanities. He has held leadership roles including President of the Ceylon College of Physicians and vice-president positions in professional associations.

Dr Naganath Narasimhan Prem

Dr. Naganath Narasimhan Prem is a distinguished Geriatrician with extensive expertise in Elder Care and Geriatric Medicine. He holds MBBS and MD degrees in Geriatric Medicine and serves as the Chief Consultant Geriatrician at Jaslok Hospital in Mumbai, India. Dr. Prem is renowned for founding the Department of Geriatric Medicine at Jaslok Hospital and plays a pivotal role in the Graceful Living Initiative. With over 11 years of experience, he is committed to advancing holistic elderly care through multidisciplinary assessments and interdisciplinary interventions. His specializations include Geriatric Oncology, Dementia, Orthogeriatrics, and Community Geriatrics. Dr. Prem is also actively involved in teaching, academics, and research to ensure evidence-based care for older adults across India.

Prof Saroj Jayasinghe

Prof Saroj Jayasinghe is a renowned physician and academic leader with a diverse international background. He holds MBBS and MD degrees from Colombo, FRCP from London, FCCP, MD from Bristol, and a PhD from Colombo. He served as Consultant at the National Hospital of Sri Lanka until 2021 and worked in the NHS in the UK and Malaysia. Prof. Jayasinghe founded the Department of Medical Humanities at the University of Colombo and established the Medical Education Development and Research Centre (MEDARC). He initiated a pioneering research program on meditation at the Faculty of Medicine University of Colombo reflecting his commitment to advancing holistic approaches to healthcare and education.

Prof Sarath Lekamwasam

Prof Sarath Lekamwasam is an esteemed physician with qualifications including MBBS from Peradeniya, MD from Colombo, FRCP from London, and a PhD from Erasmus University. He currently serves as Chair Professor in the Department of Medicine at the Faculty of Medicine , University of Ruhuna, Sri Lanka. He is recognized as a Fellow of the Ceylon College of Physicians and holds honorary fellowships from the College of Physicians in South Africa, the Royal Australian College of Physicians, the Royal College of Physicians and Surgeons in Pakistan and the Sri Lanka College of Endocrinologists. His expertise spans a wide range of medical disciplines, contributing significantly to healthcare and medical education in Sri Lanka.

Dr Tony Tampiyappa

Dr Tony Tampiyappa, originally from London, trained at Guys and St. Thomas' Hospital before moving to Australia in 2004. He completed his fellowship in Geriatric Medicine at Prince Charles Hospital in Brisbane and further specialized in Movement Disorders, Rehabilitation, and Stroke Medicine with a fellowship at St. George's Hospital, London in 2010. Dr Tampiyappa has established a multidisciplinary movement disorder service on the Sunshine Coast in Queensland and is actively involved in managing a private neurorehabilitation facility, focusing on comprehensive patient care and rehabilitation.

SPEAKER ABSTRACTS

Congress Day 1

Plenary -1

Developing Geriatric Care 'Against the Tide'

Dr Dilhar Samaraweera

Ageing is a global phenomenon, the development of geriatric care in South East Asia differs significantly from that of developed countries with greater resources. Resource limitations and the impact of global recession pose challenges to the advancement of geriatric care in this region. Notably, Sri Lanka has one of the fastest ageing populations in South East Asia. The Integrated Care of Older Persons (ICOPE) framework by the World Health Organization (WHO) offers a pathway for development of geriatric care, eliminating the need to reinvent the wheel with a tailored program for Sri Lanka.

ICOPE outlines five key steps in geriatric care:
Screen for losses of intrinsic capacity within the community.
Conduct Person-Centered Assessments in Primary Care.
Develop Personalized Care Plans.
Establish Referral Pathways and Monitor Care Plans.
Engage Communities and Support Caregivers.

It's crucial to assess our progress in these key 5 steps. While significant strides have been made, identifying and addressing the existing gaps in care is essential. Health Care priorities often align with popular demand and economic benefits rather than actual needs of an ageing population. If these needs remain unmet, the ageing population could be a significant burden on the economy of the country.

Consequently, the development of geriatric care in Sri Lanka has consistently faced challenges. Effective implementation of the five steps requires the development of multidisciplinary teams, training professionals, and maximizing the use of existing personnel and resources. Community geriatrics remains a challenging aspect in our country. Options such as hospital-at-home programs, virtual wards, community nurse visits, and day treatment centers could be explored to address these challenges effectively.

The responsibilities of a Geriatrician should be equally divided between hospital and community geriatrics. In Sri Lanka hospital Geriatrics is yet to recognize the effectiveness of acute geriatric care units in reducing functional decline and hospital readmissions. Referrals to a Geriatrician should be initiated by the Emergency Department and admitting Medical Officer. The role of a geriatrician should extend beyond that of a Rehabilitation Consultant. Hospital geriatric services should be developed to encompass both the acute care of older adults and post-acute rehabilitation.

SYMPOSIUM 1

OBSCURED DIMENSIONS OF PARKINSONISM

When to suspect atypical Parkinsonian Disorders

Dr Tony Thampiyappa (AUS)

Despite advances in biomarkers and imaging Parkinson's Disease remains a largely clinical diagnosis.
Atypical Parkinsonian syndromes are often missed in the early stages and overlap syndromes are far more common than previously suspected.
This session will focus on symptoms and clinical signs through case studies and videos to help clinicians identify the pathognomic features of atypical syndromes.

Management of non-motor symptoms in Idiopathic Parkinson disease

Prof Duncan Forsyth (UK)

Parkinson's can be an extremely debilitating condition, placing immense strain on both the person living with Parkinson's and their family. Motor difficulties are easy to recognise and have been well researched. On the other hand, non-motor symptoms may be less visible and have commanded less research interest, despite the enormous impact that they can have on function and quality of life. The neuropsychiatric manifestations are so prevalent and have such impact that many refer to Parkinson's as a psychiatric disorder masquerading as a movement disorder! Dementia and psychosis in Parkinson's are more likely to result in institutionalisation than motor problems. Autonomic dysfunction may add to falls risk and limit the use of dopaminergic therapies. Bladder instability coupled with bradykinesia increases risk of incontinence. Speech and swallowing disorders respectively, reduce communication and increase the risk of both aspiration and malnutrition. Sleep disturbance undermines the individual's subsequent performance the next day and can be draining for their carer too. Other than hearing, there is hardly a bodily function that is not affected by Parkinson's, meaning that all the skills of the Geriatrician and multidisciplinary team may be called upon to provide optimal management of this (potentially) dreadful condition. Be not afraid of the potential complexity of Parkinson's but embrace it as the holistic clinicians that you are!!

Plenary 2

Implementing World Falls Guidelines in Lower And Middle Income Countries

Prof Maw Pin Tan(Malaysia)

The World Guidelines for Falls Prevention and Management for Older Adults were published and launched simultaneously in Age and Ageing and the European Geriatric Medicine Society Annual Meeting respectively on 30 September 2022. Low- to Middle-Income Countries was assigned its own working group which comprised three experts from Malaysia, two from Brazil and one from Columbia. A scoping review was conducted to inform the recommendations. Though many recommendations were submitted initially, it was felt that they were not different from those provided by the other working groups, and instead specific mention of potential differences associated with LMICs were then highlighted within the relevant recommendations. The implementation of the world falls guidelines within LMICs now forms the next challenge. Specific regional efforts are currently being established in Asia which brings together both high income countries and LMICs within the region. However, with limited resources and capacity, while plans to evaluate the level of implementation of the guidelines are in place and they have yet to be carried out.

Symposium 2

GENERATING EVIDENCE TO ENHANCE GERIATRIC CARE

Clinical audits: A valuable tool to improve quality of care

Dr Anton B Peiris(NZ)

Various tools exist to evaluate the quality of patient care, aiming to gather insights and navigate toward clinical excellence.

The clinical audit is one of them which involves measuring a clinical outcome or a process against well-defined evidence-based standards. When conducted methodically, it identifies changes for care improvement and provides vital information for health policy planning and financing.

Though clinicians have been involved in evaluating care delivery against established standards throughout history, the modern era of the clinical audit originates in the late 80's in the NHS. Then, in the late 90's, it was formally integrated as part of the clinical governance process.

Over the last three decades, clinical audits have made their way into numerous aspects of the clinical care spectrum ranging from direct patient services to individual professional development activities.

Clinical audits can significantly benefit any clinical service to reach excellence and geriatric medicine is no exception.

Establishing a culture of utilising clinical audit in a developing healthcare system is a challenge, requiring a strategic approach. Some of these strategies include adopting a multidisciplinary approach, involving all stakeholders (including service recipients), setting up objective and achievable goals focusing on high-impact areas backed by data, and the ability to convince leadership to gain support. It is vital to handle audit findings with transparency and accountability while providing due recognition for achievements, and support where improvements are needed.

Filling the gaps in local research

Prof Sarath Lekamwasam(SL)

It is well known that key determinants related to health and patient care have a geographical variation. This geographical variation related to patients, diseases, management and health economics need to be taken in to consideration in designing national policies and management guidelines related to health. Decisions and policies not backed by local data are generally ineffective and costly.

Policy makers as well as clinicians need local data to make rational decisions. Such local data need to be scientifically robust and regularly updated. In Sri Lanka, a huge gap in local research related to all aspects of health is clearly evident. This is partly due to the inertia of the sectors who are supposed to generate new knowledge and evidence.

Most of the governing bodies of doctors including the Sri Lankan Medical Council have clearly indicated that doctors should contribute to the advancement of science in order to enhance the quality of patient care. Despite that only 3% doctors are actively involved in research and disseminating the findings in an acceptable manner. This gap in local research needs to be addressed and remedial measures should be taken. People engaged in research should be rewarded and more facilities should be provided to continue their work. Policy makers as well as professional organization should consider this as a priority area.

Learning from mortality reviews

Dr Kithsri Karunatilake(UK)

Mortality reviews is an essential component of clinical governance in health care all over the world. Sri Lanka has achieved vast improvement in maternity and child care due to compulsory maternal mortality reviews. This is supported by excellent community health care teams, hospital teams and ministry of health partnership over the years. However, this learning is not much focused on deaths in other specialties.

Learning from mortality reviews is an essential component of improving healthcare quality and patient safety. In the context of the National Health Service (NHS) in the UK, the use of Structured Judgement Reviews (SJR) has become the standard method for conducting mortality reviews. This method offers a systematic, objective, and comprehensive approach to evaluating in-hospital deaths, ensuring that each case is examined thoroughly and consistently. The importance of SJRs in mortality reviews cannot be overstated, as they provide numerous benefits to healthcare organisations and staff.

They provide a methodical approach to identifying and addressing systemic issues, enhancing professional development, promoting accountability, and informing evidence-based practices. Through these comprehensive reviews, healthcare organisations and staff can continuously improve the quality and safety of patient care, ultimately reducing mortality rates and improving overall health outcomes.

The presentation will include case review which will help understanding the process and importance of conducting SJRs. It will be a challenging task to apply this in the Sri Lankan setting but a modified practical approach of mortality review will benefit all staff and organisations improve future health care in the country.

Plenary 3

Nocturia in Elderly

Dr Nishantha Perera (AUS)

Nocturia, is a common and bothersome clinical entity in the elderly population. It has gained recognition as an important health complaint due to its significant impact on quality of life and health economy. Exploration of its pathophysiology, multifactorial aetiology and clinical subtypes in the elderly has provided meaningful infrastructure to clinicians for the effective management of this condition. Nocturnal polyuria (NP) constitutes significant proportion of the four clinical types of nocturia in elderly. Management of nocturia requires a more holistic approach with the ultimate aim of improving QOL with minimal adverse effects.

Overall, current nocturia treatment in the elderly is based on sparse high-quality data. Initial behavioural treatment and optimization of co-morbidities responsible for nocturia are mainly supported by consensus opinion. In terms of pharmacotherapy, relatively strong evidence (level 2) is noted for mid-afternoon diuretics following exclusion of other causes for NP. Desmopressin has the strongest evidence (level 1) to treat NP, but it is not indicated for patients older than 65 years of age due to risk of hyponatraemia. Other pharmacological and surgical options have shown variable success, but the evidence is not strong enough to establish strong recommendations.

Provision of support to caregivers is an important aspect in management of nocturia.
Further high-quality research studies are required in pathophysiology, evaluation, and treatment of nocturia in the elderly to improve our knowledge on effective treatments of this bothersome condition.

Plenary 4

Artificial Intelligence in Geriatric Care

Prof Ashish Goel (IND)

Artificial intelligence (AI) is a term in vogue at the present times and its applications are being explored in every walk of human life including healthcare. Over the last few decades, it has been noticed that healthcare seekers are aging faster than the society in general. The proportion of older persons among healthcare seekers is increasing more rapidly than their proportion in the general population. Consequently, any advances made in healthcare delivery need to be sensitive and inclusive of their needs to enable easy adaptation and adoption.
AI strategies have been applied for assisting (social, physical, psychological), stratified care (integration of personalized and precision medicine), rehabilitation, monitoring (chronic diseases, falls), developing risk prediction models (frailty, dementia, falls), generating alerts (connecting individuals to health facilities and caregivers) or reminders (meal intake, sleep, exercise) and strengthening clinical decision support systems for the older persons.

Machine learning (ML) and Deep Learning (DL) technologies have enabled big data analysis to identify patterns and predict health outcomes which have been exploited for early detection and management of age-related diseases. Deep learning, particularly through convolutional neural networks, enhances the precision of diagnostic tools such as MRI and CT scans, facilitating the early identification of disease conditions.

Looking ahead, AI's integration with IoT devices promises continuous health monitoring for seniors by evaluating data from wearable technology and home sensors, thus elevating their quality of life. AI applications can prevent falls by assessing gait and balance, and offering interventions when necessary. Additionally, advanced Large Language Models (LLMs) such as ChatGPT and Gemini are set to enhance patient communication, streamline documentation, and aid in complex medical decision-making.

While implementing AI in healthcare presents challenges including data privacy, informed consent, and potential algorithmic bias. Transparency in AI's decision-making processes is key to gaining trust. The adoption of AI in clinical settings demands substantial investment in infrastructure and training. Applicability is limited by biases in training data and tendencies to fabricate information. Complexity involves ambiguity in accountability, and challenges in user acceptance and adoption. Nevertheless, AI's integration into geriatric care is vital for fostering a healthier, safer, and more compassionate environment for our aging society.

Panel Discussion 1

ESTABLISHMENT AND PROVISION OF GERIATRIC SERVICES: EXCHANGE OF EXPERIENCES

Geriatric practice in Malaysia: Issues and challenges

Prof Maw Pin Tan (Malaysia)

The Department of Statistics of Malaysia declared in 2022 that Malaysia had achieved ageing nation status with 7% of its population aged 65 years and over in 2020. However, despite some commitments towards the expansion of geriatrics services, it has not kept pace with our accelerated population ageing. The total number of geriatricians in Malaysia with its 2 million older persons has just exceeded 50, but its increase is lagging behind nearly all other medical subspecialties in Malaysia. The major expansion in geriatrics medical services, however, can be seen with the increase in private and public sector geriatrics services throughout the country, which is now also being complemented by multidisciplinary teams comprising allied health professionals as well as primary care and emergency physicians with special interest in geriatric medicine. There is increasing pressure for our 32 medical colleges to deliver geriatrics undergraduate training with the development of a geriatric medicine curriculum.

However, like many other countries in the developed world, the current healthcare crisis is now attributable to a relentless increase in number of older patients presenting to the emergency department, as well as long waiting lists for outpatient geriatrics services. The mindset of many lawmakers, however, has yet to move on from blaming adult children for abandoning their older parents in hospital. With the focus is now on the delivery of Malaysia's commitment towards the UN Decade of Healthy Ageing and WHO's integrated care for older persons, a whole of government and whole of society approach is urgently needed to see to the much needed acceleration in expansion of geriatrics services throughout Malaysia.

Ecosystems in Geriatric care: Indian experience

Dr Prem Narasinham (IND)

Geriatric care is defined by having a holistic and comprehensive approach to care of older adults. It has different levels of care from hospital ,home and even community-based care .The goal being establishing a continuum of care. The COVID 19 pandemic presented unique challenges and the solutions found strengthened the ecosystem of eldercare. The ecosystem of geriatric care now includes Day Care, Assisted Living ,Geriatric friendly hospitals and elder care communities .This works as a short in arm for the already existing hospital and home-based care. The advent of technology has made it easier to provide services to different types of older adults. The role of AI in elder care has also been explored aggressively. The presence of loneliness in older adults has also increased the need for professional companions for them. There are multiple stakeholders now involved in providing various services for the comprehensive care of older adults. All the services have to be in synergy to provide the best possible care for older adults .The focus is on maximising quality of life. The more collective the effort ,the stronger the ecosystem in geriatric care will be. A collective collaborative goal-oriented approach is the need of the hour in elder care. In India eldercare is touted to be a big industry and there are exciting times ahead

Ambulatory care for the elderly

Dr Manoshi Weerasinghe(AUS)

Care of the elderly is complex and multifaceted. The traditional approach to care for the elderly is now moving away from a brick-and-mortar Hospital. Ambulatory care settings have delivered safe and effective complex medical treatments, allowing geriatric patients to remain in their own environments and avoiding hospital-acquired complications. Campbelltown Hospital's Ambulatory care service provides many therapies for adults, including the geriatric population. Acute and subacute geriatric care delivery can be established in Sri Lanka by integrating existing services and new models of care in the Healthcare framework.

Scope of a rehabilitation specialist

Dr Kalhari Sewwandhi (SL)

Geriatrics and rehabilitation medicine are two important fields that could collaborate with each other to develop an age-friendly health care system for Sri Lanka as it faces population aging. Since both fields are new to the country, the newly trained clinicians may face some common and unique challenges in establishing and delivering services in their respective specialty. Sharing experiences is an important exercise that could enable both parties to find innovative solutions to common problems in the Sri Lankan healthcare system.

Additionally, geriatric rehabilitative services could be led either by a geriatrician or a rehabilitation physician depending on the circumstances and the nature and the complexity of the disability. Most rehabilitation physicians serve older people with disabling conditions including brain injuries, spinal cord injuries, and amputations.

The two fields have much to learn from one another. Mutual understanding and collaboration between geriatricians and rehabilitation physicians can improve patient outcomes and develop the health care system to cater future needs of the country.

Plenary 5

Which Medications are Still Necessary ?

Prof Duncan Forsyth (UK)

Many of you will be familiar with the phrases "I can't drink as much as I could when I was younger" and "it takes me longer to recover from a hangover and they tend to be more severe." These simple observations reflect the changes in pharmacokinetics and pharmacodynamics with ageing. So, doses of medication that may have been appropriate when the individual was aged 50yrs may be a relative overdose aged 70-80yrs, requiring reduction in both dose and/or dosing frequency. As a child grows all parents know that dosing of paracetamol needs adjusting, the same is true (in reverse) for older adults as they age and shrink and when they become frail. The risk of drug-drug interactions or indeed any adverse drug reaction increases with advanced age and also with frailty. Medication review should be considered at every consultation but especially if there is a significant change in physical wellbeing or at the point of any increase in care needs (a proxy for frailty) and if the individual has to move in to a care home, e.g. perhaps the main function of antidementia drugs is to keep the individual in their own home, so are they of continued benefit if the individual is institutionalised?! If a person is identified as nearing the end of life, are prophylactic medications still relevant, e.g. statins, calcium and vitamin D?

Congress Day 2

Plenary 6

What's New in Bone Health?
Dr Kunal Shah (UK)

Bone health and Orthogeriatrics are important fields of expertise within Geriatric Medicine that has important implications to the patient of mobility, independence, and quality of life. This talk will explore the benefits of collaborative working with Orthopaedic Surgeons and Anaesthetists in looking after patients with fragility fractures using the hip fracture as a paradigm. It will show that by providing great care, morbidity and mortality has been reduced. New horizons in osteoporosis management, including advances in pharmacological treatments are important in the prevention of further fractures. By incorporating these evidence-based guidelines into the organization of Orthogeriatrics, healthcare professionals can improve the health outcomes of older adults with fractures. This talk aims to provide Sri Lankan doctors with actionable insights into optimizing orthogeriatric care and bone health. By incorporating these advances into the organization of orthogeriatrics, healthcare professionals can improve the health outcomes of older adults with hip fractures.'

Learning Objectives:

1. Understand the benefits of collaborative Orthogeriatric care for patients with femoral fractures
2. Know the most recent UK guidelines for promoting bone health in patients who have sustained a fracture.
3. Implement evidence-based interventions for optimal patient care.
4. Glimpse what is to come in the pharmacological management of osteoporosis

Plenary 7

A New Paradigm in Cancer Care of Older Adults
Dr Anupa Pillai (IND)

India's population is aging, with the number of people aged 60 and over projected to reach 340 million by 2050. This is expected to lead to an increase in the number of older adults with cancer. Geriatric oncology is a rapidly growing field in India . Effective management of older cancer patients requires careful coordination and planning among various specialists and stakeholders to achieve treatment goals and maintain quality of life. Therefore, a MDT led by a geriatrician and oncologist should be the foundation of any GO unit. Collaborative efforts clear goal setting, and task delegation under effective leadership will help ensure individualized care for the heterogeneous older population to avoid over or under treatment.

Geriatric oncology is slowly being recognized as a separate sub-speciality and more geriatric oncology centres and clinics are being set up in major cities in India that should be the way forward. The past decade has seen significant progress in GO in India, with the establishment of GO units, training of healthcare providers, and increased awareness through early detection programs, collaborations with international organizations. An integrated multidisciplinary approach is needed to ensure that older adults with cancer receive the quality care they deserve.

Symposium 3

PROMOTING WELL-BEING IN SILVER AGE

Vaccinations in older adults

Dr Anton B Peiris (NZ)

The Asia-Pacific (APAC) population is ageing at an unprecedented pace compared to the rest of the world. This results from increased life expectancy and reduced birth rate.
Sri Lanka was the first South Asian country to reach this demographic transition and is leading the way. By 2041 one in four Sri Lankans will be above 60 years.

A multitude of problems arise in an ageing society, including intensified demand for the country's healthcare system. One important strategy to combat this is disease prevention. Ageing is associated with immune system dysregulation due to immune senescence and "inflammageing", increasing the risk of disease occurrence, severity and complications.

Vaccination is proven to reduce morbidity and mortality in older adults by reducing the above risks and by promoting herd immunity. Many healthcare systems worldwide have specific immunisation schedules for older adults based on individual clinical contexts. However, vaccines against influenza A&B, COVID-19, shingles, and pneumococcal pneumonia are most common. Other vaccines are available for specific circumstances such as travel, immunodeficiency and waning childhood vaccine protection.

Some potential challenges and considerations related to adult immunisation include limited uptake due to concerns about vaccine safety and effectiveness, dissemination of misinformation, limited access due to financial and logistical issues, cultural barriers and reduced engagement secondary in to cognitive impairment or isolation. Addressing these challenges can help improve vaccination rates and protect the health of older adults.

Dilemma of pharmaco-nutrients in older adults

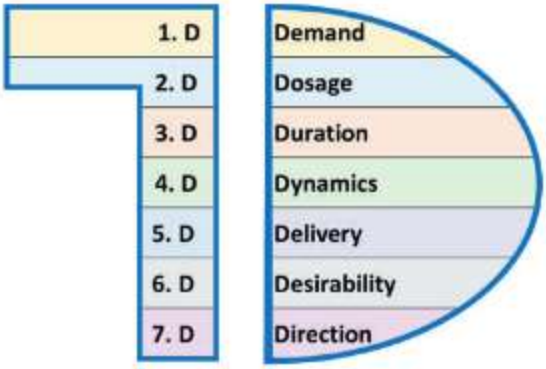
Dr Evone Jayaweera (SL)

"The determination of whether to prescribe vitamins, minerals, and other dietary supplements is increasingly complex with old age. This complexity is exacerbated by the limited availability of assays to measure blood levels of these nutrients accurately. While many individuals receive sufficient quantities of these elements through their diet, the requirement for supplemental nutrients may increase with age, specific health conditions, and cultural practices. However, it is crucial to recognize that an excess of vitamins and minerals can be detrimental to health."

Vitamin D in Geriatrics: A 'seven D' evidence based approach

Prof Nitin Kapoor (IND)

While vitamin D deficiency is highly prevalent in the South Asian region, there are limited simple,easy-to-use clinical algorithms that are available that can be applied to the geriatric population. In this session, the speaker proposes a simple, easy-to-follow 7D approach for addressing vitamin D management in the elderly. The 7 D approach comprises the demand for vitamin D in view of its problem statement in the geriatric population. The Dosage and Duration of therapy should be initiated and continued. The associated comorbidities should determine its dynamic usage in a given patient. The formulation to be used(Delivery), the treatment targets (Desirability), and the current research gaps(direction) are also covered in this lecture.



A 2023 consensus resulting from the 5th International Conference on "Controversies in Vitamin D"held in Italy suggested that vitamin D supplementation should be combined with calcium to reduce fractures in the older population. It has been seen that a daily low dose of vitamin D can lower the chances of falling, particularly in elderly individuals. There is a consensus amongst experts that serum 25(OH)D levels under 25–30 nmol/L (10–12 ng/mL) must be prevented and treated. The findings of the Vitamin D Assessment (ViDA) study have shown that 1,00,000 IU of vitamin D administered monthly did not lead to a rise in fractures or falls. Vitamin D levels are also associated with a seasonal variance, it is suggested that many elderly may not achieve optimal serum vitamin D levels during the summer months. On the other hand, some individuals may achieve the targeted levels in the summer months but may not sustain optimal vitamin D levels during the winter months. It is important to achieve a rapid correction of vitamin D deficiency in osteosarcopenic patients who are starting therapy with a potent antiresorptive or anabolic agent. Divided daily doses with maintenance doses to achieve targeted vitamin D levels are required in these patients. Individuals visiting clinics for osteoporosis falls and fragility fractures are recommended to achieve a serum 25(OH)D level of at least 30 ng/Ml. A consensus from the European Menopause and Andropause Society (EMAS) is that in elderly people, diet is inadequate in achieving desired vitamin D levels. EMAS group recommends a daily dose of 600 IU, which can be increased to 700IU/day from age 71 years.

Plenary 8

Rapidly Progressive Dementia: An Overview

Dr Tony Thampiyappa (AUS)

These group of disorders is often devastating to patients and their families. A handful of them may result in favourable outcomes with early identification and treatment.
In this session the audience will be exposed to the more common rapidly progressive dementias through case studies and imaging to help diagnose this challenging group

Plenary 9

Non-pharmacological Management of Dementia

Prof Aimee Spector(UK) (Online)

With pharmacological treatments for dementia not being suitable or available to everyone; and with notable side-effects for some; the implementation of non-pharmacological interventions has become more of a global focus. This is particularly important given the biopsychosocial nature of dementia; and the potential improvements in quality of life that many treatments may offer, in addition to cognitive benefits.

This talk will provide an overview of some of the main non-pharmacological (or 'psychosocial') interventions available. The key focus will be on Cognitive Stimulation Therapy, due to its robust global evidence base. It is the only non-pharmacological intervention recommended by UK Department of Health guidelines and now part of standard care delivered in UK memory services. We have recently launched a Sinhala CST manual, enabling the widespread use of CST across Sri Lanka.

Plenary 10

Shaping the Postgraduate Training in Geriatric Medicine

Dr Kunal Shah(UK)

As the world's geriatric population grows, so does the need for specialised training for doctors caring for this group. This talk will discuss the evolving paradigm of geriatric medicine postgraduate education, focusing on the UK experience and what the Sri Lankan graduate should expect. It will highlight obstacles to effective training, and suggest forward-thinking approaches to enrich learning experiences. The future of training will need to focus on interdisciplinary approaches, and increased collaborative working with allied health practitioners. Advances in technology, such as telemedicine and virtual reality, will also play a role in enhancing the training experience. The goal is to create a nurturing training environment that prepares the doctors of the future to excel in geriatrics, addressing the intricate demands of an ageing society.

Learning Objectives:

1. Understand the current and future landscape of geriatric medicine in the UK.
2. Identify challenges faced by Sri Lankan IMGs in geriatric training.
3. Explore innovative educational strategies to overcome these challenges.
4. Prepare for demographic changes and technological advancements in geriatric care.

Perspective

SHOULD GERIATRICS BE EMBEDDED IN EACH MEDICAL SPECIALTY OR REMAIN AS ITS OWN

Prof Duncan Forsyth, Prof Saroj Jayasinghe, Dr Nuwan Karunaratne

Sri Lanka has the most rapidly increasing proportion of older adults in south Asia; it is estimated that by 2049, 1 in 5 will be over 60 years of age. Feminisation of ageing and the faster growing proportion of very elderly (above 80y) are some unique challenges facing Sri Lanka.

Despite resource constraints, Geriatricians provide excellent services that include holistic comprehensive geriatric assessment and care, guidance on healthy aging, as well as providing inputs in end-of-life care. Through interdisciplinary team working, and close collaboration with other specialties, Geriatricians are able to facilitate the delivery of holistic person - centred and individualised care. However, the number of Geriatricians required to provide care to the rising number of older people is grossly inadequate. Therefore, all clinicians need to be capable of providing the fundamentals of holistic care of frail older people, irrespective of their specialty.

Panellists will discuss how the skill sets of Geriatricians can be utilised innovatively to develop Geriatric services in Sri Lanka and upskill the health care workforce to ensure optimum care for these complex and vulnerable patients.

FREE PAPER PRESENTATIONS

Oral Presentations

ABSTRACTS

OP01 Serum ferritin level as a severity marker in patients with ischemic stroke using modified Rankin Scale

[1]Anand P. Ambali, [1]Santhosh B T

Objectives
To know the association between serum ferritin levels and ischemic stroke severity using the modified Rankin Scale (mRS).

Method
In a cross-sectional study, that included 68 patients above the age of eighteen years, admitted with history, clinical findings, and radiological evidence for ischemic stroke and presented within 24 hours of onset of symptoms to BLDE (DU) Shri B M Patil Medical College Hospital and Research Centre, Vijayapura, serum ferritin levels was assessed and correlated it to stroke severity using the mRS. The exclusion criteria were the patients who had a history of recent infections like pneumonia, urinary tract infection, malignancy, anemia, current parenteral iron supplementation, and history of ischemic and hemorrhagic stroke in the recent past. Data were analyzed using SPSS 21.0 statistical software (SPSS Inc, Chicago, Illinois, USA). Descriptive analysis and Spearman's coefficient were applied, and results were plotted in a scatter graph. This study was approved from the Institutional Ethics Committee.

Results
In our study, among the 68 patients, the majority (26.5%) were between 70 to 79 years of age. The oldest patient was a 97-year-old male, and we had male predominance (54.4%). The most common territory of stroke was in the Middle Cerebral Artery territory (85%) followed by Anterior Cerebral Artery territory (5.9%), Posterior Cerebral Artery territory (4.4%), more than one territory (1.5%) and Posterior Inferior Cerebellar Artery (1.5%). The mRS was applied to assess stroke severity in all the patients presenting within 24 hours of the onset of symptoms and correlated with serum ferritin level. The results were plotted using a scatter diagram, which showed ferritin was in an increasing trend as the mRS grading was increasing, which signifies the higher the ferritin, more the severity of the stroke with a significant p-value.

Conclusions
The present study illustrated that the higher the serum ferritin level, more severe was the disability of stroke. It was concluded that evaluating serum ferritin levels in patients presenting with ischemic stroke at admission will help predict the severity.

Keywords Ischemic stroke, mRS, Serum ferritin, and severity marker

1 Department of Geriatrics, Postgraduate Department of Medicine BLDE (DU) Shri B M Patil Medical College Hospital and Research Centre, India

OP02 Association between sarcopenia and exercise adherence among older adults with type 2 diabetes mellitus, attending National Hospital of Sri Lanka: a descriptive cross-sectional study

[1]Kariyawasam KHKC,[1] Liyanage JVW,[1]Katulanda P,[2] Wettasinghe AH

Introduction and Objectives
Sarcopenia is one of the common disabling complications among older adults with type 2 diabetes mellitus (T2DM). Evidence suggests that sarcopenia can be treated with exercise interventions. This study aims to determine the prevalence of sarcopenia and association between sarcopenia and exercise adherence among older adults with T2DM in a Sri Lankan setting.

Methods
A descriptive cross-sectional study was conducted among 203 patients aged ≥55 years, having T2DM ≥3 years and capable of ambulating household distances with or without any assistive device. Participants were recruited from Diabetes clinics of National Hospital of Sri Lanka. Sarcopenia and exercise adherence were screened using the SARC-CalF, a self-administered questionnaire followed by calf circumference measurement, and Exercise Adherence Rating Scale (EARS), respectively. Data were analyzed using SPSS version 23.0.

Results
Mean age of the sample was 65.49 (±6.91) years. Out of the 203 participants, 71.9% were female. Eighty-two patients (40.4%) had sarcopenia, with 38.6% (n=22) of males and 41.1% (n=60) of the females. Among 203 participants, only 44.3% engaged in regular exercises. Mean exercise adherence score based on EARS was 43.12 (±9.20). Exercise adherence of patients with and without sarcopenia was compared using independent sample T test. There was no statistically significant relationship between exercise adherence and sarcopenia (p>0.05).

Conclusion
Nearly half of the T2DM participants were found with sarcopenia and the prevalence is higher in females. This study reveals a non-significant relationship between sarcopenia and exercise adherence. Further studies with larger sample sizes are needed to explore this relationship.

1 Department of Clinical Medicine, Faculty of Medicine, University of Colombo, Sri Lanka.
2 Department of Allied Health Sciences, Faculty of Medicine, University of Colombo, Sri Lanka.

OP03 Exploring the potential of user-centric telemonitoring for elderly care in low-resource contexts in Sri Lanka

[1]Jayakody DH, [2]Silva S

Introduction and Objectives:
Effective elderly care is hindered by inadequate healthcare infrastructure, limited resources including qualified staff, and low literacy rates in Sri Lanka. Telemonitoring is an alternative which remotely monitors the elderly in such contexts. This study aimed to analyze the perception level of elders and identify the factors contributing to the adoption of such monitoring systems in Sri Lanka.

Method:
Quantitative data was collected utilizing a structured questionnaire via convenience sampling amounting to a sample of 156. Qualitative data collection was conducted by interviewing 7 doctors engaged in elderly care for more than 5 years via convenience sampling. Correlation analysis was conducted to analyze the relationship between the identified factors. Simple linear regression analysis was used to analyze the impact between variable and non-variable factors. Multiple regression analysis was conducted to examine the most influential factor, which is "Perceived use."

Results:
Perceived use (R=0.769), subjective norms (R=0.697) , effort expectancy (R= 0.671), facilitating conditions (R=0.704), and social influence (R=0.711) were found to have a positive correlation with behavioral intention of the elderly to use remote health monitoring systems. Each of these predictor variables had a statistically significant ($p<0.05$) influence on behavior intention. Perception towards and factors influencing adoption of monitoring systems were analyzed. Moreover, through thematic analysis, the researcher identified that telemonitoring is a suitable concept for eldercare in Sri Lanka.

Conclusions:
Based on the positive correlations discovered the researcher recommends telemonitoring systems be developed in a user-friendly manner. Future research is warranted for comprehensive needs assessments, technical factors evaluation, efficacy analysis through qualitative research and trials and rural community readiness to ensure successful implementation.

1 Ministry of Health, Sri Lanka
2 University of Sri Jayewardenepura, Sri Lanka

OP04 Translation and cultural adaptation of the Cognitive Stimulation Therapy (CST) for dementia in a Sinhala speaking population in Sri Lanka

[1]Gunathilake IAGMP, [2]Dias DVM, [2]Medagedara AU, [1]Sigera PNA, [2]Priyangani MGN, [1]Nadeeshan SHAR, [1]Ranasinghe RAKC, [1]Nugahapola NWWM , [1]Akmeemana LDD, [2]Ranasinghe K

Introduction & Objective:
CST is an evidence based non- pharmacological treatment for people with mild to moderate dementia. This study aimed to culturally adapt, translate, and test the feasibility and acceptability of delivering cognitive stimulation therapy (CST) for dementia in a Sinhala speaking population in Sri Lanka.

Methods:
The formative method for psychotherapy adaptation, which comprised five stages was employed to adapt CST. Expert-led two focus group discussions were used to initial adaptation of the original CST manual. The adapted programme underwent testing in four pilot groups of individuals with mild to moderate dementia (The CST programme has been developed for people with mild to moderate dementia) at day centers of Colombo South Teaching Hospital and National Institute of Mental Health. During the programme, the participants were on their routine medications for dementia. Each group had 14 sessions conducted by two trained facilitators over 7 weeks at each site. The feedback from participants, caregivers, and facilitators following pilot studies informed the adaptation process and provided insight into the programme's acceptability and feasibility. Sinhala versions of the Montreal Cognitive Assessment (MoCA) and World Health Organization Quality of Life (WHOQOL) instruments were employed to assess cognitive function and quality of life, respectively.

Results:
Content and activities from the original manual were substituted with culturally appropriate alternatives. The participant pool comprised 23 individuals, with 13 females and 10 males, averaging 74.06 years in age. Attendance averaged at 88.8%. Pre-programme mean scores for total MoCA and WHOQOL were 16.06 and 94.7, respectively, increasing to 17.86 and 96.67 post-programme completion. Due to sample size limitations, statistical analysis was not feasible. Participant feedback favoured morning sessions exclusively, with a preference against double sessions in a single day. Most participants preferred spending 2-3 hours per session over a 45-minute duration. Attendance reminders (telephone call)issued a day before sessions were found to enhance participation rates. At the conclusion of the program, 82.5% of participants reported high overall satisfaction, while the remaining participants indicated moderate satisfaction.

Conclusion:
Feedback from participants and caregivers indicated that the adapted CST programme was well-received and feasible in Sri Lankan setting. However, a large-scale clinical trial is warranted to evaluate the efficacy and cost-effectiveness of CST across diverse settings in Sri Lanka.

1.Colombo South Teaching Hospital, Sri Lanka
2.National Institute of Mental Health, Angoda, Sri Lanka

OP05 - Predictors and outcomes of peri operative delirium in elderly women with fragility hip fractures receiving treatment at a tertiary care institute.

[1] Senevirathne SAA,[2] Samaraweera DN, [1] Amarasinghe NK

Introduction & Objectives
Perioperative delirium is common after hip fracture. This study assesses the predictors and outcomes of delirium, following hip fracture.

Method
This case control study was done in Colombo South Teaching Hospital. Data was collected using an interviewer administered questionnaire. Cases were defined as patients with perioperative delirium (diagnosed using Confusion assessment method score) and patients without delirium were included as the control group. Data was collected while inpatient, 1 month after the surgery and analyzed using SPSS 23.

Results
A total of 104 patients were included (52 in each group). The average study participant was 78.4 years old and had 0.8 average falls a year. 36.7% had five or more medical co-morbidities and 64.4% had polypharmacy. The majority were indoor falls (n = 69, 66.3%). The average time taken to reach the hospital was 75.5 hours, the time from the admission to the ETU to the orthopedic ward was 85.5 hours and the time to surgery from admission was 111.4 hours. High pre-operative pain and having one or more falls during the last year were significantly associated with the development of delirium. The cases were observed to have lower Barthel index score and lower level of mobility after 1 month.

Conclusions
Perioperative delirium is strongly associated with pre-operative pain and having one or more falls during last year. Perioperative delirium led to poor functional outcomes after 1 month. A significant waiting time for surgery and late admissions were noted and are potential areas to study in future.

1 National Hospital Sri Lanka
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OP06 Outcome of an awareness programme on common mental illnesses and maintaining mental well-being among older adults in a suburb community, Colombo, Sri Lanka

[1] Gunathilake IAGMP,[1] Perera MSP, [1] Prageeth MAU,[1] Wijesiriwardane RM, [1] Colambage H, [1]de Silva PTP,[2] Gankanda WI

Introduction & Objectives:
The global prevalence of mental disorders among adults aged 60 and over is estimated at 14%. Enhancing mental health literacy among older individuals is important for the prevention, early detection, and treatment of mental illnesses. In the absence of organized initiatives to enhance awareness of mental well-being and illnesses among elders, this study aimed to assess the impact of an awareness programme on mental health literacy among older adults.

Methods:
A total of 73 older adults from an elder's club in the Dehiwala divisional secretariat area participated in the programme. The intervention comprised two case-based discussions on dementia and depression, mini lectures on dementia, depression, and strategies for maintaining mental well-being during old age, followed by practical sessions on relaxation exercises. The programme spanned 90 minutes in its entirety. Pre- and post-tests were administered to gauge knowledge pertaining to mental health issues in old age. Statistical analysis was performed using paired T-tests in SPSS.

Results:
Participants had a mean age of 69 years, with the majority being female (n=57; 78%). A substantial proportion (n=62; 84.9%) had attained education up to grade 6 or above. Analysis revealed statistically significant differences in mean knowledge scores between pre- and post-tests (Mean difference = 50.1932, p = 0.025), indicating a significant positive impact of the awareness programme on enhancing knowledge about mental health among older adults.

Conclusions:
The findings indicate that the awareness programme had a significant positive effect on improving knowledge about common mental health issues and promoting mental well-being among older adults. This programme demonstrates its feasibility and effectiveness in a lower-middle-income country such as Sri Lanka. Long-term studies are warranted to ascertain the sustainability of these effects, while large-scale randomized controlled trials would further evaluate its effectiveness.

1 Colombo South Teaching Hospital, Sri Lanka
2 Base hospital, Negombo, Sri Lanka

OP07 Prevalence and Risk Factors of Cognitive Impairment in Older Indian patients with Cancer

[1] Gaurav Sharma, [1]Prasun Chatterjee, [1]Avinash Chakrawarty,[1]AB Dey

Introduction & Objectives:
Cognitive impairment (CI) is a crucial aspect to be considered when treating older adults with cancer since it potentially plays a role in decision-making and has implications for quality of life. In this study, we evaluate the cognitive impairment in treatment naïve and treatment receiving older adults and associated risk factors.

Methods:
This observational cross-sectional study was conducted in the Medical Oncology outpatient department between November 2020 and May 2022. Patients >60 years with histopathology-proven cancer were included (n=81) and further stratified into treatment receiving (n=21) and treatment naïve(n=60) groups. Cognition was assessed with the Clinical dementia rating (CDR) scale. The evaluation also included characteristics of cancer (tumor location, histopathology, metastasis to the Brain, treatment Cycle) and Geriatric assessment tools (Lawton instrumental activities of daily living, Charlson Comorbidity Index, geriatric depression scale, clinical frailty scale, ECOG performance status scale).

Results:
The mean age of the population was 67.2, (65.43% male). The most common malignancy was Lung Cancer (53.09%). The prevalence of CI was 35.8%. More than half (53%) of the receiving treatment group had a CDR of more than 0. Among the risk factors, presence of brain metastasis (OR: 6.52; p-value 0.028), comorbidities (CCI >8) (OR: 3.55, p-value 0.018), poor PS (3-4) (OR: 5.03, p-value 0.002), frailty (OR:12.00, p-value 0.027), and depression (OR: 2.71, p-value 0.045) were associated with CI.

Conclusions:
The prevalence of cognitive impairment among older Indian patients with cancer is high, and nearly half the patient's receiving chemotherapy have impaired cognition. Geriatric syndromes such as comorbidities, poor functionality, depression, and frailty are important risk factors that influences changes in the cognition and is important to be screened such to modify or plan treatment.

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Poster Presentations

PP01 Status, determinants and risk factors of all-cause dementia in South Asia: Findings from a preliminary analysis of global health data

[1]Palliyaguru DL,[1]Palliyaguru N, [2]Teixeira CVL, [3]Armstrong NM, [4]Liyanage S, [5]Senarath U [5]Arambepola C, [6]Jayasinghe S, [7]Dalpatadu C

Introduction and Objectives:
South Asia is one of the most populous regions of the world. At present, South Asians make up more than 25% of the world's population but little effort has been dedicated to studying trends and etiological factors driving aging and aging-related conditions in this part of the world. Even less characterization has been done on brain-related conditions, particularly all-cause dementia in South Asia.

Method:
To address this, we examined data from the US Census Bureau, World Health Organization Global Dementia Observatory and the Global Burden of Disease (GBD) 2019 Study, and conducted a comparative analysis of population statistics, dementia as a priority health area, and dementia incidence rates, death rates and disability-adjusted life years (DALYs) in 8 South Asian countries – Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Results:
Our analysis reiterated that there are limited resources dedicated to dementia in this region. Sri Lanka and Afghanistan had the highest dementia crude rates and age-standardized rates, respectively. The burden of dementia in some South Asian countries was comparable to estimated global averages, and was largely driven by population aging. Analyses of available data on known biological, behavioral, environmental and disease risk factors, highlighted the role of metabolic risk factors such as high fasting blood glucose.

Conclusions:
High rates of dementia in Sri Lanka warrants careful analysis of risk factors. There is a need for follow-up longitudinal studies focusing on brain aging and dementia taking into account cultural, economic and public health dynamics that may be uniquely applicable to countries in South Asia.

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6 Department of Clinical Medicine, Faculty of Medicine, University of Colombo, Sri Lanka
7 Department of Physiology, Faculty of Medicine, University of Colombo, Sri Lanka

PP02 A retrospective descriptive study of elderly deaths autopsied at the Department of Forensic Medicine, University of Peradeniya, Sri Lanka

[1] Ekanayake EMKB, [2] Gowrishanker B, [3] Abeykoon WDSE, [4] Gunawardane DA, [1] Vadysinghe AN

Introduction and Objectives:
Understanding the trends in causes and circumstances of deaths in elderly paves way for targeted health interventions. The objective of this study was to analyze the demographic profile, cause and circumstance of deaths among elderly received for autopsies in a Sri Lankan population.

Method:
Documents of cases aged 60 and above, autopsied at the Department of Forensic Medicine, University of Peradeniya from January 2020 to March 2024 were included.

Results:
This study consisted of 304 cases with 191 (62.8%) males. The mean age was 72.4 years, and 195 (64.1%) of cases were from the age group of young-old (60-74 years), followed by 81 (26.6%) in middle-old age group (75-84 years) and 28 (9.2%) in oldest old age group (85-99 years). Natural diseases attributed to 269 (88.5%) cases while 35 (11.5%) died of unnatural circumstances. Of the natural diseases, the commonest causes derived from the cardiovascular system (137, 45.1%) with ischemic heart disease and acute myocardial infarction attributing to 69 (22.7%) and 33 (10.9%) deaths, respectively. Respiratory system contributed to 51 (16.8%) deaths with 32 (10.5%) cases of pneumonia. Sepsis with multi-organ involvement attributed to 36 (11.8%) deaths. Among the unnatural deaths, accidents (23, 7.6%) and suicides (11, 3.6%) accounted for majority of cases. Falls (12, 3.9%) and road traffic accidents (8, 2.6%) were the most common, while poisoning (6, 2.0%) and hanging (5, 1.6%) were the most common methods of suicide. Sex showed a statistically significant association with organ system involved in natural deaths (p=0.036).

Conclusions:
This study highlights that natural diseases, especially related to cardiovascular and respiratory systems, predominantly contribute to deaths among elderly and with accidents and suicides account for the most of unnatural deaths.
Keywords: Aged; Autopsy; Cause of death; Elderly; Myocardial ischaemia

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2 Teaching Hospital, Peradeniya, Sri Lanka
3 Department of Family Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka
4 Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Sri lanka

PP03 The relationship between knee osteoarthritis and ischemic heart disease among patients attending National Hospital of Sri Lanka

[1] Dehigahawatta HDUO, [2]Ratnatunga S

Introduction and Objectives:
Osteoarthritis is worldwide highly prevalent type of arthritis and the knee is the commonest affected joint from all. As well, ischemic heart disease (IHD) is a major contributor to disability among other cardiovascular diseases. A growing amount of research indicates that osteoarthritis may be regarded as a cardiovascular risk factor. This study was aimed to assess the relationship between knee osteoarthritis and IHD among patients attending National Hospital of Sri Lanka (NHSL).

Method:
A case control study was conducted with 80 patients, aged between 50-75 years in NHSL. Among them 40 patients who have been diagnosed with a previous IHD from Cardiology and Medical clinics were selected as the case group and 40 patients who haven't been diagnosed with a previous IHD from Medical clinics were selected as the control group. Diagnosis of knee osteoarthritis and IHD in both case and control groups was established by a valid diagnosis made by a medical professional. An interviewer administered questionnaire was used to collect the relevant data. Data were analyzed using descriptive statistics and Chi-square test.

Results:
Most of the study population was female (55%) in both cases and controls. The history of knee osteoarthritis in patients with IHD and their controls differ significantly: the percentage of those that were knee osteoarthritis was higher in cases (37.5%) than in controls (15.0%). (OR=3.4; 95% CI 1.156-9.996. p=0.022)

Conclusions:
Patients with knee OA were at a significantly higher risk of getting an IHD, proving a statistically significant relationship between knee osteoarthritis and IHD among patients attending NHSL

Key words: Osteoarthritis, ischemic heart disease

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2Department of Psychiatry, Faculty of Medicine, University of Colombo, Sri Lanka

PP04 Prevalence of polypharmacy among patients managed in a tertiary care hospital in Sri Lanka and its associations with chronic disease conditions

[1] Wickramasinghe MKII, [1] De Saram EMTK, [1] Fernando KRK, [1] Peiris HHI , [1] Arangala DMP , [1] Mettananda KCD

Introduction and Objectives
Polypharmacy is a global health problem. However, the prevalence of polypharmacy in Sri Lanka is not well known. Therefore, we studied the prevalence and associations of polypharmacy in patients managed in a tertiary care hospital in Sri Lanka.

Method
We conducted a cross-sectional study of all medical/specialty clinics of Colombo North Teaching Hospital from 15 August 2020 to 15 February 2021. Fifty patients from each clinic were randomly selected. Data were collected using an interviewer-administered questionnaire. Polypharmacy was defined as being on five or more medications regularly during the month before enrolment. Data were analyzed using SPSS Version 22.

Results
A total of 504 patients; 215(42.7%) males, mean age 59.7+14.3 years were enrolled from 4 general-medical and 8 speciality clinics. The prevalence of polypharmacy was 69.8%. Of the participants 159(46%) were on complementary medicines. Prevalence was not different between general-medical (71.3%) and speciality clinics (69.2%), p=0.67. Prevalence of polypharmacy in patients of 60 years or older was 77.3% and was significantly different to patients younger than 60 years; 58.4%, p<0.0001.

Polypharmacy was associated with diabetes (OR 3.3, p=0.0001), hypertension(OR 2.5, p<0.001), chronic kidney disease (OR 3.9, p<0.0001) and ischaemic heart disease (OR 3.3, p<0.002) but was not associated with gender (OR 1.1, p=0.776), dyslipidaemia (OR 1.2, p=0.407) or stroke (OR 1.2, p<0.521). Of the patients on polypharmacy (n=352),168 (47.7%) had no complains but others were worried about possible damage to kidney and liver (46(13.1%)), high cost (21(6.0%)), intolerable side effects (22(6.3%)), the nuisance taking several tablets daily (16(4.5%)). Seventy two (20.5%) had more than one worry.

Conclusion
Polypharmacy is a common problem in this hospital-based urban/ semi-urban cohort of Sri Lankans and is more with old age, diabetes mellitus, hypertension, kidney disease and ischemic heart disease.

1 Department of Pharmacology, Faculty of Medicine, University of Kelaniya

PP05 Instrumental activities of daily living in elderly people with type 2 diabetes mellitus

[1] Noordeen MF, [1]Wettasinghe AH

Introduction and Objective:
This study was designed to evaluate the instrumental activities of daily living (IADL) in elderly people with type 2 diabetes mellitus (T2DM).

Method:
A descriptive, cross-sectional study was conducted by recruiting elderly people, who were more than 65 years, with T2DM for more than five years. They were selected from the diabetes clinics, National Hospital, Sri Lanka. Demographics and diabetes-related medical indicators were recorded using an interviewer-administered questionnaire. "Lawton-Broady IADL Questionnaire" was used to assess IADL.

Results:
The study sample comprised of 60 elderly people with T2DM. Mean age of the study sample was 71.8±4.0 years, while the age range was 66-81 years. The mean IADL score was 6.38. The majority of elders were dependent in their IADL (71.7%, n=43). There was a significant negative relationship with age and independency of IADL (p=0.001). Males (36.67%, n=11) were more independent in IADL compared to females (20.0%, n=6), although the relationship was not statistically significant (p=0.412). The association of independency in IADL with both marital status (p=0.029) and education level (p=0.002) were statistically significant. The majority of people had issues in their ability to handle finances (55.0%, n=33) and telephone usage (41.67%, n=25). There were no significant associations between IADL score with gender (p=0.126), ethnicity (p=0.184), employment status (p=0.216), BMI categories (p=0.475) and diabetic neuropathy status (p=0.687).

Conclusion:
Elderly people with T2DM were significantly dependent in their IADL and the level of independency declined with advancing age. Married people and people with higher education were significantly independent in their IADL. Males were more independent in IADL than females. The ability to use a telephone and the ability to manage finances were the highest affected domains of IADL in T2DM patients.

Key words: Instrumental activities of daily living, elderly, type 2 diabetes mellitus

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PP06 The impact of mindfulness meditation on balance, cognitive functions quality of life and risk of falls in Parkinson's disease: A Systematic Review

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Introduction and Objectives:
A surge of scientific interest in the effects of mindfulness meditation can be seen in the recent years. This systematic review aims to evaluate the impact of mindfulness meditation on balance, cognitive function, quality of life and risk of falls in individuals with Parkinson's disease (PD).

Method:
We conducted a comprehensive literature search using several databases, including PubMed, Web of Science, PEDro, Scopus, and Cochrane Library. Additionally, we searched ClinicalTrials.gov to identify ongoing trials and OpenGrey for unpublished trials, from inception to August, 2023. Our search terms included specific keywords related to the population (PD), intervention (mindfulness meditation), and outcomes (balance, gait, functional mobility, risk of falls, cognitive function, quality of life, and disease severity) to ensure a thorough search.

Results:
Fourteen studies (6 RCTs, 3 pilot studies and 5 ongoing trials), with 258 participants were selected from initially identified 463 records. Studies have observed a positive impact of mindfulness meditation on cognitive function and quality of life. However, there were no significant effects found for balance, functional mobility, disease severity and gait velocity after participating in 8 or 12-week mindfulness meditation programs. Additionally, none of the included studies utilized the risk of falling as an outcome measure.

Conclusions:
Mindfulness meditation is found to have a positive effect on cognitive function and quality of life in individuals with PD. However, larger scale studies with minimum risk of bias are needed to draw more robust conclusions, especially the effects of meditation on balance, gait, mobility and risk of falls.

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PP07 Determinants of oral health seeking based on Anderson behaviour model among elderly population in the Colombo district

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Introduction and objective:
Rapidly ageing Sri Lankan population experience impacts of oral health, while low oral heath seeking was reported by senior citizens aged ≥ 60 years. Determinants of seeking care were assessed with Anderson behavoiur model based on personnel; predisposing, enabling, and need factors and service-related factors. Aim of this study was to identify determinants of oral health seeking among elderly population in Colombo district.

Method:
A cross-sectional study was conducted among 902 elders in households with multi-staged cluster sampling, with probability proportionate to the size of the population in rural, urban and CMC regions in Colombo district, using an interviewer-administered questionnaire. Two prediction models were developed for personnel and service-related determinants using multivariate binary logistic regression in SPSS. In-depth interviews were conducted for qualitative analysis. Ethical clearance was obtained from the ERC of Faculty of medicine, Colombo University

Results:
Out of 902 elderly sample, mean age was 69.8 years ± SD 7.33, with 56.8% females, while 20.5% (95% CI; 18.0-23.3) had visited a dental clinic in previous year. Factors identified in Anderson behaviour model by multivariate binary logistic regression with p value <0.05and Adjusted ORs. Predisposing factors: rural residents (OR= 0.15) and educational status < O/L (OR= 0.63), young - elderly (OR=2.19), Dental insurance (OR=37.14), was the enabling factor. Need factors were poor perceived oral health status (OR= 2.33), having >20 teeth (OR=1.74) having an OHIP-14 impact (OR =1.49) and disability on entering (OR = 0.37). Service-related factors; High satisfaction with previous experience (OR=2.78), high accessibility (OR=3.73) and availability of doctors (OR=4.42). Senior citizens not accompanied by person (OR = 0.34), financial constraints (OR = 0.32), waiting in the queue (OR = 0.45), and waiting list (OR = 0.22), had lesser tendency to seek care. In addition to the factors identified in quantitative study, in depth interviews revealed need for priority for elders with elderly friendly oral care.

Conclusions:
Multifactorial determinants based on Anderson behaviour model for oral heath seeking could be focused on planning elderly-friendly oral health care.

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ACKNOWLEDGEMENTS

SPEAKERS, MEMBERS OF THE SCIENTIFIC AND ORGANISING COMMITTEES, THE COUNCIL, PAST PRESIDENTS, ABSTRACT REVIEWERS, JUDGES OF FREE PAPER PRESENTATIONS, CHAIRPERSONS AND MODERATORS

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Mr Dinesh Pathirana from Designsolv
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SERVICE PROVIDERS

Conference venue & services - Management & staff of Courtyard by Marriott, Colombo
Designer of the Mace - Dr M A Achala Sampath Wijesinghe
Mace carrier - Mr Samararathne
Printers - Anim8.lk
Travel Agent- Classic Lanka
Photography- Mr Amal Ranawaka

"ENHANCING THE LANDSCAPE OF GERIATRIC MEDICINE"

SLAGM 2024

Designed and compiled by Dr Suvini Gunasekera

Conceptualizing and designing of conference theme by Dr P W Kavith Keshan