



SRI LANKAN ASSOCIATION OF GERIATRIC MEDICINE

"Integrating Geriatric care: advancing through
collaboration, innovation and research"

12th Anniversary Academic sessions 2026

12-13th June
The Galle Face Hotel, Colombo

ABSTRACTS & PROCEEDINGS

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MESSAGE FROM THE PRESIDENT



I am honored to welcome you all to the pinnacle academic event of the year, 12th Anniversary Academic Sessions of the Sri Lankan Association of Geriatric Medicine. We have organized an international conference in keeping with this year's theme "Integrating geriatric care: advancing through collaboration, innovation and research".

The program is enriched with two keynote addresses, 4 plenary lectures, 7 symposia, 2 clinical quizzes and a panel discussion covering wide array of topics related to geriatric medicine including innovative care delivery in geriatric medicine and inter-sector collaborations to improve geriatric care in Sri Lanka. Furthermore, there are 2 pre-congress sessions on "Humane approach to geriatric care" and "Cognitive rehabilitation" and a post congress session on "Clinical pearls in Geriatrics; practical insights for clinicians" organized in collaboration with the Sri Lanka Medical Association.

We are honored to welcome all the local and overseas resource persons from 7 countries across the globe who have dedicated their time and expertise to improve the scientific rigor of our conference. We are privileged to have expert reviewers and judges for the competitive grants, abstract presentations, poetry competition contributing to the successful organizing of the event. Since the inception of SLAGM in 2014 we have nurtured the growth of geriatric medicine in our country by fostering postgraduate education, supporting research, conducting medical education programs for medical and allied health professionals. Throughout the years we have worked closely with relevant stake holders specially the Ministry of Health, Post Graduate Institute of Medicine and other professional organizations in conducting training programs and supporting policy making. Continuous professional development is a key to advancement in any specialty. Thus we are indeed proud to organize this conference which would bring together all the medical and surgical specialties, allied health professionals, researches around the world to a platform which would facilitate growth of geriatric medicine in our country.

Organizing continuous medical education programs, including two regional meetings in Rathnapura and Kurunegala and trainee forums, facilitated knowledge sharing among health care professionals interested in geriatric medicine. Senior registrar competition on founder's day provided a platform to present the innovative care delivery approaches in geriatric care in different specialties.

SLAGM takes pride in our publications of care pathways(two launched this year: hip fracture care pathway and syncope care pathway)and bulletins covering important aspects in geriatric medicine. Launching of the Sri Lanka Journal of Geriatrics and Gerontology is a milestone as it provides the platform to publish local research in geriatric medicine. We are happy to say that SLJGG has received commendation from international colleagues in the field and is now available via Sri Lanka Journals online.

Launching of the Research Help Desk and conducting the first ever research workshop under the theme “Advancing Geriatric Research in Sri Lanka” were milestones as we navigate through the journey of supporting young researches in our country as research is a key element in establishing innovative country specific management strategies in geriatric care.

Collaborating with national and international organizations have helped us in our journey to thrive for excellence in geriatric medicine in our country. The networking meeting on geriatric education with the participation of expert from university of Leeds, UK and academics from Universities in Sri Lanka was one such collaborative effort.

Integration of Geriatric care calls for strong community engagement. Through participating in public education programs conducted in collaboration with the Ministry of Health and participating in programs broadcasted in mass media, we hope to empower older adults in common medical problems . Disseminating electronic education materials on falls prevention in all three languages was another initiative. Poetry competition for senior citizens under the theme “New Dawn in Silver Age” helped in engaging with the community this year.

I thank the dedicated secretaries, organizing committee and members of the council,for their untiring efforts, support and commitment to organize this year’s conference.

I would like to invite all of you to engage in scientific discussions, build collaborations and network with peers while gathering knowledge during the next two days of the conference.Together let us strive to integrate geriatric care through meaningful collaborations, fostering innovations and building a strong research culture.

Dr Chamila Dalpatadu

President

Sri Lankan Association of Geriatric Medicine

MESSAGE FROM THE HONORARY JOINT SECRETARIES



It is with great pleasure and pride that we, as Joint Secretaries of the Sri Lankan Association of Geriatric Medicine (SLAGM), extend our warmest welcome to all the participants of the 12th Anniversary Academic Sessions 2026.

Following over a decade of dedicated structural development and clinical expansion, this year's sessions signify an important evolution in our shared commitment to advancing care for older adults across the country. Organized as a core milestone for our medical community, this premier international congress spans two days of highly insightful discussions, cutting-edge clinical research presentations, and robust multidisciplinary exchanges—bringing together a remarkably vibrant and diverse international faculty alongside our leading local experts, consultants, and post-graduate trainees.

The carefully curated scientific programme and selected themes for this session reflect our collective aspiration to drive transformational progress in healthcare delivery through evidence-based practices, specialized clinical workflows, and academic innovation. We remain deeply grateful to the organizing committee, council members, regional and international faculty, peer reviewers, abstract presenters, and all dedicated individuals who have worked tirelessly behind the scenes to bring this grand event to fruition. Your unyielding commitment continues to inspire, guide, and strengthen our primary organizational mission.

We are exceptionally delighted to witness an increasing volume of high-quality research contributions and abstract submissions showcased during this year's academic programme. These scientific papers highlight not only the complex clinical challenges inherent to modern geriatric care, but also the admirable dedication of our medical fraternity in addressing them with clinical precision, resourcefulness, and strict scientific rigour. As we navigate the future of geriatric health management, we hope this academic gathering serves to spark trailblazing ideas, establish highly meaningful collaborations, and create sustainable momentum for the advancement of clinical geriatrics—both nationally within Sri Lanka and across the global medical landscape.

We wish you all an exceptionally rewarding, productive, and enriching academic experience.

Dr. Sithira Senevirathne

Dr. Maheshi Wijayabandara

Honorary Joint Secretaries

Sri Lankan Association of Geriatric Medicine

MESSAGE FROM THE CHIEF GUEST



It is with great pleasure that I extend my warmest greetings to the Sri Lankan Association of Geriatric Medicine (SLAGM) on the occasion of its 12th Anniversary Academic Sessions. Celebrating a great milestone as a professional association dedicated to uplifting care, dignity and well-being of older adults in Sri Lanka.

Sri Lanka as the fastest ageing South Asian country is witnessing a profound demographic shift, thus improving geriatric care is of utmost importance. With nearly one quarter of our population being older adults by 2040 Sri Lanka would face many challenges. However our strong health care system is undoubtedly capable of facing the challenges by redefining our approach to healthcare.

Person centered integrated geriatric care is imperative as the older adults face complex health needs, including chronic conditions, multi-morbidity, functional decline and cognitive impairment. Multidisciplinary approach is mandatory in prevention, treatment, rehabilitation, and palliative support. A strong integration is needed between primary care, hospital care and community-based care. It also demands a health system that is accessible, coordinated, and inclusive across all levels and multi sector collaboration with all stake holders.

Government and the Ministry of Health has taken many steps to ensure health care accessibility to all individuals. Current health care reforms showcase commitment to better health care for older adults in our country. National Policy on Health and Wellbeing (2026–2035) which will be launched this year and the strategic plans of the Ministry of Health is geared to improving health care for our senior citizens.

Inter sector collaborations are the cornerstone in mitigating social isolation, financial insecurity, and issues with infrastructure. These broader challenges demand a collaborative, multi-sectoral response. Together as a nation we must supports its older citizens through medical innovation, progressive public policy, inclusive infrastructure planning and ensuring elder's rights, in order to build a better society with respect and care for the older adults.

The theme of this years academic sessions,"Integrating Geriatric care: advancing through collaboration, innovation and research" is both timely and visionary. It underscores the importance of integrated care in clinical practice, research, innovation, and advocacy to build a bright future for our senior citizens.

12TH ANNIVERSARY ACADEMIC SESSIONS, 2026

I congratulate SLAGM for its unwavering commitment to advancement in geriatric medicine and its continued efforts in fostering knowledge, collaboration, and policy engagement. The associations long standing contributions are instrumental in preparing our healthcare workforce and systems to meet the evolving needs of our senior citizens. I wish the 12th Annual Academic Sessions every success and hope that the insights and dialogue generated here will inspire action and innovation in the field of geriatric medicine.

Thank you.

Dr. Anil Jasinghe

Secretary

Ministry of Health & Mass Media

Sri Lanka

MESSAGE FROM THE SPECIAL GUEST OF HONOUR



It is a great honour to be associated with the 12th Anniversary Academic Sessions of the Sri Lankan Association of Geriatric Medicine (SLAGM), held under the theme “Integrating Geriatric Care: Advancing through Collaboration, Innovation and Research.” I warmly congratulate the President, Council Members, and Organising Committee for their continued leadership in advancing geriatric medicine in Sri Lanka and for their strong partnership with the World Health Organization.

Sri Lanka is at a critical point in its demographic transition, with a rapidly growing population of older persons. This achievement reflects decades of progress in health and social development, yet it also presents significant challenges, including multimorbidity, functional decline, and increasing demand for rehabilitation, long-term and palliative care. Addressing these challenges requires a shift from fragmented, disease-centred models towards integrated, person-centred care across the life course.

The theme of this year’s sessions is therefore timely and highly relevant. Integrated geriatric care, anchored in strong primary health care and delivered through multidisciplinary collaboration, is essential to ensure that older persons can maintain functional ability, dignity and quality of life. Sri Lanka’s adoption and implementation of the WHO Integrated Care for Older People (ICOPE) approach demonstrates that such models are both feasible and impactful when health systems and the health workforce are adequately supported. Collaboration, innovation and research remain central to this agenda. Meaningful partnerships across disciplines and sectors, combined with locally generated evidence and context-appropriate innovations, will be critical to scaling up integrated geriatric services and ensuring equitable access for all older persons.

The World Health Organization remains fully committed to supporting Sri Lanka’s healthy ageing agenda, including the implementation of the Colombo Declaration on Healthy Ageing and the goals of the United Nations Decade of Healthy Ageing (2021-2030). I commend the Sri Lankan Association of Geriatric Medicine for its vision and dedication, and I am confident that these academic sessions will further strengthen collaboration, inspire innovation, and accelerate progress towards healthy ageing for all.

Thank you

Dr Rajesh Sambhajirao Pandav

WHO Representative to Sri Lanka

MESSAGE FROM THE GUEST OF HONOUR



Thank you for the invitation to be part of the 12th Academic Proceedings of the Sri Lankan Association of Geriatric Medicine. It is an honour to be involved and I bring greetings from the Australian and New Zealand Association of Geriatric Medicine to this meeting. There has been a long association between our two societies. I first attended a SLAGM meeting in 2018 and since then your current president Dr Dalpatadu has spent time working with us in Australia and she participated in a number of our Society's activities. It was a pleasure to return to Colombo in 2025 to attend and participate in the 58th Anniversary Annual Academic Sessions of the Ceylon College of Physicians.

These visits to Sri Lanka have shown me that the practice of geriatric medicine across our countries has many similarities. The increase in life expectancy that we are seeing is positive, meaning that many more people live into older age, but it brings challenges as well with increasing requirements for health and social services in this population. We are all grappling with the increase in dementia that we are seeing and the need to provide the medical and medication care, and the other interventions that have been shown to increase quality of life for people with dementia.

We need to work with government to influence policies that benefit our older patients. We need to advocate for more funding for research. We need to work with our colleagues and influence medical practice and hospital environments to be more friendly for older people. There is much for us to do.

I look forward to the academic sessions in the next two days, and to continuing our collaboration in the coming years.

Thank you

Professor Susan Kurrle AO

President, Australian and New Zealand Society for Geriatric Medicine

Curran Professor in Health Care of Older People

Faculty of Medicine and Health, University of Sydney

Clinical Director, Northern Sydney LHD Rehabilitation and Aged Health Network

Senior Staff Specialist Geriatrician

Hornsby Ku-ring-gai and Eurobodalla Health Services

MESSAGE FROM THE GUEST OF HONOUR



It is a great honour bestowed on me by the Sri Lankan Association of Geriatric Medicine to be part of this wonderful initiative to integrate geriatric care through collaboration, innovation and research. Leafing through the program gives me immense pride on what Geriatricians across the Palk Strait have envisaged to make this conference interactive, collaborative and academically stimulating.

Geriatrics brings patients to a platform where their physical problems are addressed. In addition, mental, psychological and social issues are brought to the forefront, and a beautiful tapestry is woven by the multidisciplinary team to ensure that the patient goes home to a safe environment. The carer's needs are addressed as doubts are laid to rest, guilt is set free and changes are made to accommodate the new baseline patients reach following an acute illness. The process is so fulfilling and the smile on each of their faces at discharge costs a million dollars and can launch a whole fleet of ships. Geriatrics bridges gaps in medical care, allied health and community supports and opens lines of communication between individuals and enables one to think laterally, as one coat does not fit all.

I congratulate the organisers for their vision in bringing stakeholders and experts to this beautiful island and allowing us to deliberate how we can make this world a better place for those who have held our hands and guided us as we took our baby steps into the future. I am confident that this conference will contribute meaningfully to shape policies and give insights into bedside care, and research that will uphold the independence, dignity and well being of this vulnerable population. Let each of us strive to work together to create systems of care that are inclusive, accessible, and truly responsive to the needs of older adults as we carry with us a little sunshine to warm their little corners.

Wishing the conference great success.

Thank you

Prof. Surekha Viggeswarpu

MD (Med), FRCP

Immediate Past President, Indian Academy of Geriatrics

Sr Prof, Dept. of Geriatrics

Christian Medical College Vellore

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Dr Dilusha Lamabadusuriya, Dr Malsha Gunathilake, Dr Rochana De Silva

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Sri Lankan Association of Geriatric Medicine

"Integrating Geriatric care: advancing through collaboration, innovation and research"

12th Anniversary Academic Sessions 2026

PRE CONGRESS 1 HUMANE APPROACH TO GERIATRIC CARE - JOURNEY CONTINUES

9th June 2026 - 5th Floor, UCFM Tower

- 8.15 am** Registration
- 8.30 am** Welcome address - *Dr Chamila Dalpatadu*
- 8.40 am** Humanity in Medicine -learning from patients
Prof Saroj Jayasinghe
- 9.10 am** Exercise therapy for older adults- case based demonstration group
activity and discussion - *Prof Chathuranga Ranasinghe*
- 10.00 am** Tea
- 10.20 am** Music and art therapy in geriatric care -practical approach
Prof Shehan Silva
- 10.50 am** Meditation as a therapy in geriatric care
Dr Kumarangie Vithanage
Prof Dilshani Dissanayake
- 11.30 am** Mind body exercises for graceful ageing -lived experiences and
scientific approach (Senior citizens experiences)
Dr Chamila Dalpatadu
Dr Dumitha Govindapala
- 12.15 pm** Panel discussion and Closing remarks
Dr Maheshi Wijayabandara
- 12.35 pm** Lunch

CPD points & certificates will be awarded

**Open to Doctors, Allied Health
Professionals, Students & Trainees**

**Limited to 60 participants
Registration Fee : Rs 1000**



Scan to register

Programme : Dr Maheshi Wijayabandara
Coordinator Consultant Geriatrician



Sri Lankan Association of Geriatric Medicine

"Integrating Geriatric care: advancing through collaboration, innovation and research"

12th Anniversary Academic Sessions 2026

PRE CONGRESS 2 COGNITIVE REHABILITATION

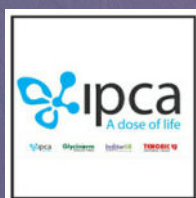
17th June 2026 - 5th Floor, UCFM Tower

- | | |
|----------|--|
| 8.20 am | Registration |
| 8.30 am | Welcome address - <i>Dr Chamila Dalpatadu</i> |
| 8.40 am | Introduction to cognitive rehabilitation - <i>Dr Padma Gunaratne</i> |
| 9.00 am | Case based discussion on practical approach to cognitive rehabilitation
<i>Dr Kishara Goonaratne - Parkinson Disease</i>
<i>Dr Madhushani Dias - Older adults living with cognitive impairment</i>
<i>Dr Gamini Pathirana - Post stroke</i> |
| 10.00 am | Tea |
| 10.15 am | Role of cognitive rehabilitation in the rehabilitation process of a geriatric patient
<i>Dr Chamara Jayathunga</i> |
| 10.45 am | Introduction to cognitive stimulation therapy in dementia -
<i>Dr Malsha Gunathilake</i> |
| 11.15 am | Introduction to CST practical session |
| 12.15 pm | Panel discussion And Closing remarks - <i>Dr Sithira Senevirathne</i> |
| 12.30 pm | Lunch |

CPD points & certificates will be awarded



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Limited to 60 participants
Registration Fee : Rs 1000

Programme - Dr Sithira Senevirathne
Coordinator Consultant Geriatrician



Sri Lankan Association of Geriatric Medicine
"Integrating Geriatric care: advancing through collaboration, innovation and research"
12th Anniversary Academic Sessions
2026

11th -13th June 2026 at Galle Face Hotel, Colombo

Precongress Sessions - 9th & 10th June
 Humane Approach to Geriatric Care
 Cognitive Rehabilitation

Inauguration Ceremony - 11th June

<https://conference.slagm.lk/>

DAY 01 - 12 . 06 . 2026

7.30 am - 8.30 am	Breakfast Session Prevention of Frailty - <i>Dr Kunal Shah</i> <i>Dr Sithira Senevirathne</i>
8.45 am - 9.15 am	Key Note Address Geriatric Rehabilitation Challenges & Way Forward- <i>Dr Lalith Wijayaratne</i>
9.15 am - 9.45 am	Plenary 1 Novel Therapies in Alzheimer's Dementia - <i>Prof Susan Kurrle</i>
9.45 am - 10.15 am	TEA
10.15 am - 11.30 am	Symposium - Cardiac & Metabolic Health Management of Heart Failure :practical approach - <i>Dr Ruwan Ekanayake</i> Management of Complicated Diabetes - <i>Prof Prasad Katulanda</i> Clinical quiz
11.30 am - 12.00 noon	Plenary 2 Management of Severe Hyonatremia - <i>Prof Surekha Viggeswarpu</i>
12.00 noon - 1.30 pm	Symposium - Evidence Based Practice in Geriatric Medicine Update on Management of Incontinence - <i>Dr Chia Chong</i> Diabetes and Frailty - <i>Dr Philip Finny</i> BPSD Management - <i>Dr Kapila Ranasinghe</i>
1.30 pm - 2.30 pm	Lunch
2.30 pm - 4.00 pm	Symposium - Gut & Nutrition Unlocking the Secrets of Longevity - <i>Prof Shahrul Bahyah Kamaruzzaman</i> Nutrition Therapy In Sarcopenia - <i>Prof Ranil Jayawardena</i> Update on Gastrointestinal Malignancies - <i>Prof Kemal Deen</i>
4.00 pm - 5.00 pm	SYMPOSIUM - Innovative Care Delivery in Geriatric Medicine Optimising Terminal Care in Sri Lankan Setting - What Was Done Differently - <i>Dr Sithira Senevirathne</i> Innovative Approach in Delirium Management in Sri Lankan Set up - <i>Dr Maheshi Wijayabandara</i> From Ideal to Feasible: A Pragmatic Cognitive & Social Engagement Programme in Resource-Limited Geriatric Care - <i>Dr Saumya Darshani</i>
7.30 pm	SLAGM Dinner by Invitation

14 CPD Points
 will be awarded

As endorsed by The Australian and New Zealand Society for Geriatric Medicine





Sri Lankan Association of Geriatric Medicine
"Integrating Geriatric care: advancing through collaboration, innovation and research"
12th Anniversary Academic Sessions
2026

11th -13th June 2026 at Galle Face Hotel, Colombo

Precongress Sessions - 9th & 10th June
 Humane Approach to Geriatric Care
 Cognitive Rehabilitation

Inauguration Ceremony - 11th June

<https://conference.slagm.lk/>

DAY 02 - 13 . 06 . 2026

7.30 am - 8.30 am	Breakfast Session Management of Advanced & Complicated Parkinson's Disease - <i>Dr Gamini Pathirana</i> <i>Dr Kishara Gooneratne</i> <i>Prof Priyadarshani Galappaththi</i>
8.45 am - 9.15 am	Key Note Address Novel Approaches to Geriatric Medicine Training - <i>Dr Dilhar Samaraweera</i>
9.15 am - 9.45 am	Plenary 3 Medication Safety /Deprescribing - <i>Dr Kenneth Koncilja</i>
9.45 am - 10.15 am	TEA
10.15 am - 11.30 am	Symposium - Bone Health Management of Hip Fractures: an update - <i>Dr Kunal Shah</i> Multidisciplinary Rehabilitation for Older Adults With Hip Fracture - <i>Prof Ian Cameron</i> Clinical quiz
11.30 am - 12. 00 noon	Plenary 4 Digital Innovations in Geriatric Care: the way forward - <i>Prof Vajira Dissanayake</i>
12.00 noon - 1.30 pm	Symposium - Infections Challenges in Management of Severe Sepsis in Older Adults - <i>Dr Sabin Thapaliya</i> Atypical Clinical Manifestation of Infections in Older Adults - Case based discussion - <i>Prof Surekha Viggeswarpu</i> Antibiotic Use in Older Adults - <i>Prof Chandanie Wanigathunga</i>
1.30 pm - 2.30 pm	Lunch
2.30 pm - 4.00 pm	Symposium - Renal Management of Lower Urinary Tract Symtoms in Older Adults - Case based approach - <i>Prof Neville D Perera</i> Challenges in Management of CKD in Older Adults - <i>Prof Ogochukwu Okoye</i> Advanced Care Planning in ESRF - <i>Dr Victoria Hedges</i>
4.00 pm - 5.15 pm	Panel Discussion - Intersector Collaboration and the way forward WHO, MOH, Helpage, Sarvodaya, NSE
5.15 pm	Award Ceremony

14 CPD Points
 will be awarded

As endorsed by The Australian and New Zealand Society for Geriatric Medicine



POST-CONGRESS WORKSHOP - SLAGM

PRE-CONGRSS WORKSHOP 4 - SLMA

CLINICAL PEARLS IN GERIATRICS: PRACTICAL INSIGHTS FOR CLINICIANS

17th June 2026 - SLMA -Lionel Memorial auditorium

Organized in collaboration with the SLMA

08.15am - 08.30am	Registration
08.30am - 08.50am	Opening Remarks - <i>Dr Chamila Dalpatadu</i> - President - SLAGM - <i>Dr Manilka Sumanatilleke</i> - President - SLMA
08.50am - 09.25am	Deprescribing in Complex Older Patients: Balancing Benefit and Harm Interactive Case - Based Discussion <i>Dr Maheshi Wijayabandara</i> - Consultant Geriatrician, NH - Kandy
09.25am - 10.05am	Falls and Fracture Prevention in older adults: How to identify at risk patients :Bed side assessment and beyond <i>Dr Rasika Munasinghe</i> - Acting Consultant Geriatrician, TH Ratnapura <i>Dr Namal Weerakoon</i> - Acting Consultant Geriatrician ,Ministry of Health
10.05am - 10.20am	Tea Break
10.20am - 11.00am	Practical Management of Urinary Incontinence in Geriatric Care Interactive Case - Based Discussion <i>Dr Saumya Darshani</i> - Consultant Geriatrician, Csth <i>Dr Judith Herath</i> - Acting Consultant Geriatrician, TH Kurunegala
11.00am - 11.30am	Late-Life Depression and Anxiety: Challenges in Diagnosis and Management <i>Dr Malsha Gunathilake</i> - Consultant in Old Age Psychiatry, Csth
11.30am - 12.00pm	Managing BPSD in Dementia: Non-Pharmacological and Pharmacological Strategies <i>Dr Madhushani Dias</i> - Consultant in Old Age Psychiatry, NIMH
12.00pm - 12.30pm	Compassionate Geriatric Palliative and End-of-Life Care - Interactive Case-Based Discussion <i>Dr Sithira Senevirathne</i> - Consultant Geriatrician, NHSL
12.30pm - 12.45pm	Q & A
12.45pm	Vote of Thanks and Conclusion
CPD Points & Certificates will be awarded	

Registration Fee : Rs 1000
Duty Leave & Refresments
will be provided



Scan here to register



Programme Coordinator :
Dr Maheshi Wijayabandara -Consultant Geriatrician
- NH Kandy

SLAGM ORATOR - 2026



Professor Ian Cameron

Ian Cameron is a Consultant Physician in Rehabilitation Medicine and has the Chair in Rehabilitation Medicine, School of Health Sciences, Faculty of Medicine and Health, at the University of Sydney.

He is a clinician researcher. Current research themes are injury, rehabilitation and disability; specifically disability and health in older people, musculoskeletal injury in compensable settings, and catastrophic injury (associated with severe long-term disability).

Ian works as a senior academic with the John Walsh Centre for Rehabilitation Research which is located in the Kolling Institute, Northern Sydney Local Health District and Faculty of Medicine and Health, University of Sydney. This Unit has a focus on injury-related disability and rehabilitation. It conducts clinical, epidemiological and implementation research. It has interdisciplinary staffing and also provides educational programs.

Concurrent with his academic position Ian holds Senior Staff Specialist positions at Hornsby Kuring-gai Hospital and Southern NSW Local Health District.

Ian is Associate Editor of the Journal of Rehabilitation Medicine and Senior Editor of BMC Geriatrics.

He has a number of educational roles in the Rehabilitation Medicine Society of Australian and New Zealand and Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians).

Ian has been a member of Grant Review Panels of the Australian National Health and Medical Research Council, and the New Zealand Health Research Council, over a number of years. A further role is providing expert advice to Australian and State Governments, other semi-government organisations including the NSW Lifetime Care and Support Authority, Area Health Services and other organisations. This advice relates to injury management, rehabilitation programs, and health services for older people and people with disabilities.

SLAGM ORATION - 2026

Prevention and Management of Fall Related Injuries in Older People

Prof Ian D Cameron

MB BS PhD (Medicine) FAFRM (RACP)

Professor of Rehabilitation Medicine, Faculty of Medicine and Health, University of Sydney

Senior Staff Specialist, Northern Sydney Local Health District

Fall-related injuries are a clear and present threat to the independence and quality of life of older people. Fractures have traditionally been considered the major fall related injury. However, traumatic brain injuries are also important and may cause death directly.

The main approaches to preventing these injuries are to assist older people to be stronger and have better balance, and to strengthen bone. However, there are a larger number of additional approaches that can assist in some situations. These include factors related directly to the older person (such as vision, medication use and nutritional status), environmental issues (identification and remediation of hazards), and less recognized issues (such as attenuation of the forces generated by falls through hip protectors and suitable flooring).

Many interventions have shown benefit in multiple well-designed trials. Implementation of proven treatments has been variable and it has been difficult to show a clear benefit at a population level. This may be partly due to complexity and difficulty with implementation and targeting.

The World Falls Guidelines are now several years old and are very widely cited. These have been effective in providing a pragmatic approach to falls injury prevention. However, some interventions, for example strength and balance training, have a much stronger evidence base than others, for example medication optimization. The flow chart included in these Guidelines is a very useful tool but it does require further validation.

There are major challenges to implementation of falls injury prevention programs because they require interdisciplinary collaboration across health services and broader societal support. Progress has been made and, in some countries, falls injury prevention is embedded into routine clinical service provision. This is most often as a refracture prevention service, with emphasis on older people who have had minimal trauma fractures. While that is a secondary (or tertiary) prevention activity, primary prevention is also important particularly in settings with a high prevalence of falls. Notable examples are hospitals and residential aged care facilities.

Prevention and management of fall-related injuries are also correctly considered in broader health related activities for older people. The World Health Organisation's Integrated Care for Older People (ICOPE) program considers health in a broad sense and its implementation will assist in reducing fall-related injuries as well as assisting older people to live fuller and more satisfying lives.

There are many ongoing challenges in reducing the impact of fall-related injuries. Much of the research evidence, and implementation experience, is in high income countries. For some populations, such as older people with severe disabilities or significant dementia, evidence of effectiveness is limited and should be developed further.

References

1. Montero-Odasso, M., van der Velde, N., Martin, F. C., et al. World guidelines for falls prevention and management for older adults: A global initiative. *Age and Ageing*, Volume 51, Issue 9, September 2022, afac205, <https://doi.org/10.1093/ageing/afac205> (accessed 31 May 2026)
2. World Health Organisation. Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed. <https://www.who.int/publications/i/item/9789240103726> (accessed 31 May 2026)

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PRE - CONGRESS- 01

Faculty



Professor Saroj Jayasinghe

MBBS, MD,FRCP,FCCP,PhD

Emeritus Professor in Medicine University of Colombo

Professor Saroj Jayasinghe is a distinguished Sri Lankan physician, academic, researcher, and health policy expert. He serves as Chair Professor of Medicine at the University of Colombo and Honorary Consultant Physician at the National Hospital of Sri Lanka.

Over four decades, Dr. Jayasinghe has made major contributions to clinical medicine, medical education, health policy, social determinants of health, systems science, and medical humanities. He led landmark reforms of undergraduate and postgraduate medical curricula in Sri Lanka and pioneered the integration of ethics, social determinants, complexity science, and medical humanities into medical training. He founded the Department of Medical Humanities at the University of Colombo and has held leadership roles in national and international scientific bodies, including the International Science Council's Urban Health and Wellbeing Programme. His achievements include four Presidential Awards for Scientific Research, numerous conference presentations, numerous influential publications, and authorship of several widely used medical textbooks.



Professor Chathuranga Ranasinghe

MBBS,Diploma in Sports Medicine,FRCP,PhD

Professor in Sport and Exercise Medicine

**Department of Allied Health Sciences, Faculty of Medicine,
University of Colombo**

Professor Chathuranga Ranasinghe is Professor in Sport and Exercise Medicine and Head of the Department of Allied Health Sciences, Faculty of Medicine, University of Colombo. He is the Founder Director of the Centre for Sport and Exercise Medicine.

A pioneer in Sport and Exercise Medicine in Sri Lanka, he has played a leading role in postgraduate training, sports medicine service development, and non-communicable disease prevention. He established the country's first dedicated Centre for Sport and Exercise Medicine and introduced Cardiopulmonary Exercise Testing (CPET) services to both state and private healthcare sectors. He also holds a Diploma in Diplomacy and World Affairs from the Bandaranaike International Diplomatic Training Institute, Sri Lanka.

Professor Ranasinghe serves on several national and international expert committees, including the World Health Organization and the National Olympic Committee of Sri Lanka. His research focuses on sports medicine, exercise science, podiatry, and non-communicable diseases, and he has received numerous national and international awards for his contributions to research, sports medicine, and public health.

PRE - CONGRESS- 01



Professor Shehan Silva

Professor in Medicine and Consultant Physician
Faculty of Medical Sciences, University of Sri Jayawardenapura
MBBS (Sri Jayawardenepura) MD (Colombo) FRCP (London)
FRCP (Edinburgh) FACP Dip MedPract (LSTM UK)
MRCP (Diabetes and Endocrinology)
MRCP (Geriatrics) IFME (Cantab) AFHEA (UK)
PGCert (Med Ed) (Colombo)
PGDip MedLaw & Ethics (NSLIU Bengaluru)

Prof Shehan Silva is a Professor in Medicine at the Department of Medicine of the University of Sri Jayawardenepura and an Honorary Consultant Physician at the Colombo South Teaching Hospital. He also is the President Elect of the Sri Lankan Association of Geriatric Medicine. An honours graduate of the University of Sri Jayawardenepura, Prof Silva was trained also at Addenbrookes Hospital of Cambridge University following the MD Medicine degree from Colombo. He also serves as the deputy proctor of the university. Prof Shehan Silva has interests in internal medicine, geriatrics, medical ethics, professionalism and humanities.



Dr Kumarangie Vithanage

MBBS (Colombo), MD (Medicine), and MRCP (UK)
Consultant Neurologist
Senor Lecturer in Physiology, Faculty of Medicine,
University of Colombo

Dr. K.K. Vithanage is a Consultant Neurologist and Senior Lecturer in the Department of Physiology at the University of Colombo. Her primary research interests include meditation and neuroplasticity, epilepsy, and neuromuscular disorders.

Dr. Vithanage has contributed extensively to clinical and neuroscience research, with publications spanning neurological disorders, envenomation, renal disease, and meditation-related neuroscience. Her research has been presented at national and international scientific conferences, including the World Federation of Neurology.

She is an active member of several professional bodies, including the Sri Lanka Medical Association, Royal College of Physicians, Ceylon College of Physicians, and the International Parkinson and Movement Disorder Society.

PRE - CONGRESS- 01



Prof Dilshani Dissanayake

MBBS, PhD(Neuroscience,Queens' Medical school, SEDA(UK)

Professor in Physiology, Faculty of Medicine, University of Colombo

She is the founder director of the Centre for Research Development and Innovation (CRDI) and the Neurophysiology Research Centre of the Faculty of Medicine, Colombo. She is also the founder director of the Centre for Meditation Research (CMR), University of Colombo. Prof.Dissanayake is a recipient of grants and awards including grants from the World Bank Rekhi Foundation, USA, National Science Foundation and the University of Colombo, Commonwealth fellowship at the clinical neurophysiology unit, Kings College London, UK and presidential awards for research publications. Prof.Dissanayake, with the staff in Physiology, is providing leadership to develop high-end research and service laboratories and centres in the Department of Physiology. She has embarked on examining the physiological and therapeutic implications of Ayurvedic medicine, collaborating with the Faculty of Indigenous Medicine. Prof.Dissanayake is leading multidisciplinary research teams in national and international institutions, including the Harvard Medical School, USA, via the CMR, to assess the effects of meditation on health.



Dr Chamila Dalpatadu

MBBS,MD(Medicine)

Pg Dip in Gastroenterology (Queens Mary University of London)

CTHE(SEDA accredited) FCCP

Consultant Physician, Senior Lecturer in Physiology ,Faculty of Medicine ,University of Colombo

President of the Sri Lankan Association of Geriatric medicine

Board certified specialist in Internal Medicine, Senior Lecturer in Physiology.

American College of Physician's Global Physician Scholar 2023/24 .

Director of the Centre for Ageing Research and ambulatory care, board member of Centre for Meditation Research Faculty of Medicine, University of Colombo. Board member in specialty board of geriatric medicine in PGIM in University of Colombo, course coordinator of the post graduate diploma in geriatric medicine conducted by PGIM and Examiner in MD Geriatric Medicine PGIM. Coordinator of the clinical module in geriatric medicine for undergraduates in the faculty of Medicine, University of Colombo. Founder member of SLAGM, member of CCP, SLMA, PSSSL,ACP and member of Dementia Special Interest Group in the Australian and New Zealand Society for Geriatric Medicine(ANZSGM)

PRE - CONGRESS- 01



Dr Dumitha Govindapala

MBBS,MD,FRCP,FCCP,FACP

Senior Lecturer in Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura

Dr. Dumitha Govindapala currently serves as a Senior Lecturer in the Department of Medicine at the Faculty of Medical Sciences, University of Sri Jayewardenepura, and as an Honorary Consultant Physician at Colombo South Teaching Hospital. She has held several key leadership roles within the Ceylon College of Physicians (CCP), including serving as Honorary Joint Secretary (2018–2019) and Treasurer (2022–2024). She is currently the Convener of the MRCP PACES Steering Committee in Sri Lanka and represents the CCP at the European Federation of Internal Medicine (EFIM). Dr. Govindapala is actively engaged in undergraduate and postgraduate teaching, curriculum development, academic mentorship, and examination administration. She serves on the Boards of Study in Medicine and Clinical Oncology at the Postgraduate Institute of and contributes regularly as an examiner and portfolio assessor.

She is dedicated to supporting the professional development of early-career physicians through education, mentorship, and leadership training. Her work continues to shape the landscape of internal medicine in Sri Lanka, creating meaningful opportunities for young internists to thrive in academic, clinical, and policy spheres.

Her research interests include infectious diseases, liver disease, and non-communicable diseases, with a particular focus on challenges in resource-limited settings. She has contributed to the development of national clinical guidelines and continues to advocate for evidence-based approaches that support prevention, early diagnosis, and improved patient outcomes.

PRE - CONGRESS- 02



Dr Padma Sriyani Gunaratne

MD(SL), FRCP (Edin, Glasg, Lond), FCCP, Hon FRACP, FAAN, FWSO

Dr. Padma Sriyani Gunaratne is a Consultant Neurologist with an interest in Stroke and Geriatric services. She was the President, Sri Lankan Association of Geriatric Medicine from 2018 – 2020. Further, she served as the President, the Association of Sri Lankan Neurologists (2008), President, National Stroke Association of Sri Lanka (2009 – 2012), President, Ceylon College of Physicians (2011) & president, the Sri Lanka Medical Association 2021. She was a member of the Board of Directors of the World Stroke Organization (2008 – 2015) and an executive committee member of the Asia Pacific Stroke Organization (2011- 2014). She is the founder of the Stroke Support Organization for Sri Lankans and the National Stroke Centre, Mulleriyawa. She is a recipient of Presidential award for research in 2009 and 2017. Currently, she serves as a Commissioner of the recently formulated National Commission on Women which is with a mandate to establish mechanisms to safeguard rights and justice for women in Sri Lanka.



Dr Kishara Gooneratne

MBBS,MD,MRCP

Consultant Neurologist

Senior lecturer, University of Moratuwa

Dr. Kishara Gooneratne is a Consultant Neurologist and Senior Lecturer in Medicine at the Faculty of Medicine, University of Kelaniya, Sri Lanka. He completed postgraduate training in Neurology through the Postgraduate Institute of Medicine, University of Colombo, and has previously served as Senior Lecturer in the Faculty of Medicine, University of Moratuwa.

His clinical and academic interests include epilepsy, drug-resistant epilepsy, presurgical epilepsy evaluation, status epilepticus, stroke, syncope, neuromuscular disorders, movement disorders, and medical education. He is actively involved in undergraduate and postgraduate teaching, curriculum development, clinical assessment, and examination work. Dr. Gooneratne has contributed to national academic and professional activities in Neurology and Epileptology, including leadership and organisational roles in the Sri Lanka League Against Epilepsy and the Association of Sri Lankan Neurologists. He has been involved in developing clinical guidelines, care pathways, educational programmes, workshops, and academic sessions relevant to neurological practice in Sri Lanka. His research interests include epilepsy in low-resource settings, epilepsy in pregnancy, drug-resistant epilepsy, stroke, autonomic dysfunction, cognitive impairment, neuromuscular disorders, and health-system approaches to neurological care in Sri Lanka.

PRE - CONGRESS- 02



Dr. Madhushani Dias

MBBS, MD (Psychiatry)

Consultant Old Age Psychiatrist

National Institute of Mental Health, Angoda

Dr. Madhushani Dias is a Consultant Old Age Psychiatrist at the National Institute of Mental Health, Sri Lanka. She is an accredited Cognitive Stimulation Therapy (CST) Trainer in Sri Lanka and has played an active role in advancing the care of older adults through clinical practice, education, and service development. Dr. Dias is the Immediate Past Joint Secretary of the Sri Lankan Association of Geriatric Medicine and has a particular interest in dementia care, cognitive rehabilitation, and the mental health of older people.



Dr Gamini K Pathirana

MBBS, MD, FCCP, FRCP, FAAN

Consultant Neurologist, National Hospital Sri Lanka

Dr. Gamini K. Pathirana is the current president of the National Stroke Association of Sri Lanka and past President of the Association of Sri Lankan Neurologists. He is also an Honorary Senior Lecturer at the Faculty of Medicine, University of Colombo, and a trainer and examiner for postgraduate neurology trainees at the Postgraduate Institute of Medicine. A graduate of the Faculty of Medicine, University of Ruhuna, Dr. Pathirana completed his specialist neurology training in Sri Lanka and at Sir Charles Gairdner Hospital, Perth, Western Australia. His clinical and research interests include stroke neurology, neuro-palliative care, Parkinson's disease and deep brain stimulation, vertigo, and neuro-ophthalmology. Dr. Pathirana was a pioneer in establishing acute stroke reperfusion therapies in Sri Lanka, contributing to the introduction of both intravenous thrombolysis and mechanical thrombectomy services. He has authored and co-authored several publications and textbooks in palliative medicine and continues to play a leading role in neurological education, stroke advocacy, and postgraduate training in Sri Lanka.

PRE - CONGRESS- 02



Dr Chamara B Jayatunga

MBBS,MD,DFSEM (UK)

Consultant in Rehabilitation Medicine

Rheumatology and Rehabilitation Hospital - Ragama

Dr Chamara Jayatunga is a Consultant in rehabilitation medicine and currently works in the Rheumatology and rehabilitation hospital, Ragama. He worked as a speciality doctor in neuro rehabilitation from December 2021 to November 2023 at Royal Berkshire NHS Foundation Trust, Reading, UK. He is a diplomate member of the Faculty of Sports and Exercise Medicine, United Kingdom since October 2023 and a member in multiple expert panels and service development projects related to rehabilitation medicine in Sri Lanka. He is the convenor of the expert committee on rehabilitation appointed by the Sri Lanka Medical Association and the council member of the College of Specialists in Rheumatology and Rehabilitation. (2024 - 2025) and the Sri Lanka Association of Geriatric Medicine.



Dr Malsha Gunathilake

MBBS, MD (psychiatristy) , MRCPsych (UK)

Consultant Old Age Psychiatrist

Colombo South Teaching Hospital

Dr Malsha Gunathilake previously served as the Honorary Joint Secretary of the Sri Lankan Association of Geriatric Medicine and currently holds the position of Secretary of the Sri Lanka College of Psychiatrists. Her contributions include involvement in several research and service development initiatives in the field of Old Age Psychiatry. She is also a Cognitive Stimulation Therapy trainer in Sri Lanka. She has authored multiple book chapters and scholarly articles in peer-reviewed journals.

MAIN - CONGRESS



Dr Lalith Wijyaratne

MBBS, MD, FRCP, FCCP

Founder of Sri Lanka Association of Geriatric Medicine

Consultant Rheumatologist

Dr. Lalith Wijyaratne is a highly distinguished Consultant Rheumatologist and a pioneer in rheumatology and rehabilitation in Sri Lanka with over 43 years of clinical and academic experience.

In 1993, Dr. Wijyaratne became the first physician board-certified as a Consultant in Rheumatology and Medical Rehabilitation by the Postgraduate Institute of Medicine (PGIM), Sri Lanka. A true visionary, he revolutionized local care by introducing methotrexate for rheumatoid arthritis management and establishing comprehensive rehabilitation services for spinal cord injuries and stroke units. Throughout his distinguished career, he served as the Consultant Rheumatologist at major teaching hospitals, including a landmark tenure at the Premier Rheumatology Unit of the National Hospital of Sri Lanka. Beyond clinical practice, he has been a pillar of medical education and research, serving as a senior examiner for MD and MBBS programs, a lead investigator for global clinical trials, and an advisory committee member for drug development. Dr. Wijyaratne's leadership spans several premier medical bodies. He is a past president of the Ceylon College of Physicians, the Sri Lanka Association of Rheumatology & Medical Rehabilitation, and the National Stroke Association, and is the founder of the Sri Lanka Association of Geriatric Medicine.



Professor Susan Kurrle

President, Australian and New Zealand Society for Geriatric Medicine

Professor in Geriatric Medicine, University of Sydney, Australia

Professor Susan Kurrle is a geriatrician practicing at Hornsby Ku-ring-gai Hospital in northern Sydney and in a rural outreach capacity at Batemans Bay and Moruya Hospitals in southern New South Wales. She holds the Currant Chair in Health Care of Older People in the Faculty of Medicine and Health at the University of Sydney. Her research and practice interests centre on dementia, frailty, elder abuse, geriatric outreach services, successful ageing, and intergenerational programs, and her work focuses on translation of research into clinical practice. She is a member of Australian Government Dementia Expert Reference Group, and chairs the Dementia Special Interest Group for the Australian and New Zealand Association of Geriatric Medicine.

MAIN - CONGRESS



Dr Ruvan Ekanayake

MBBS, MD, MRCP(UK), FRCP(Lond), FRCP(Edin), FRCP(Glsg), FCCP, FACC, FESC

Senior Consultant Cardiologist

Dr. Ruvan Ekanayaka is a distinguished Consultant Cardiologist with a prolific career in Sri Lankan medical education, clinical practice, and research. Graduating at the top of his MBBS merit list with multiple gold medals, he went on to complete his MD at the University of Colombo and trained at Guy's Hospital, London, under an open Commonwealth Scholarship. As a leader in his field, Dr. Ekanayaka was the founder Cardiologist at Teaching Hospital Karapitiya, Senior Consultant Cardiologist at the National Hospital of Sri Lanka, and Chairman of the Specialty Board in Cardiology. He formulated the country's postgraduate adult cardiology curriculum and trained 21 board-certified cardiologists. A highly regarded researcher, he has published numerous peer-reviewed papers, served as the Editor-in-Chief of the Sri Lanka Journal of Cardiology, and was the national Principal Investigator for the global Odyssey trial. His scholarly work includes a 10-volume cardiology series, alongside diverse books exploring nutrition, environment, and Sri Lankan sociology. Recognizing his extensive medical and community welfare contributions, he has been honored with three President's Awards for Scientific Research and was named the Most Outstanding Citizen in Healthcare by Lions Club International in 2015.



Vidya Jyothi Professor Prasad Katulanda

MBBS, MD, DPhil (Oxon), FCCP, FRCP (Lond)

Consultant Endocrinologist & Diabetologist, NHSL

Professor in Medicine, Faculty of Medicine, University of Colombo

Professor Prasad Katulanda is a Consultant Endocrinologist and Diabetologist, Senior Lecturer in Clinical Medicine at the Faculty of Medicine, University of Colombo, and an Overseas Honorary Research Fellow at the Oxford Centre for Diabetes, Endocrinology and Metabolism, University of Oxford. He is the Immediate Past President of the Ceylon College of Physicians and past president of Sri Lanka College of Endocrinologists. He has received specialist training in endocrinology and diabetes in Sri Lanka and the United Kingdom and is internationally recognized for his contributions to diabetes, obesity, and non-communicable disease research among South Asian populations. He has authored more than 70 peer-reviewed publications and has received numerous national and international awards for research excellence. Dr. Katulanda has played a leading role in postgraduate medical education, national diabetes prevention initiatives, and the development of evidence-based health policies in Sri Lanka.

MAIN - CONGRESS



Prof Surekha Viggeswarpu

MBBS,MD(Medicine),FRCP

**Senior Professor, Department of Geriatrics, Christian Medical College
Vellore, India**

Immediate Past President, Indian Academy of Geriatrics

Professor Surekha Viggeswarpu is a prominent leader in geriatric medicine. She holds a vital role in medical education as a member of the Core Group for the Medical Education Department at the NMC Nodal Centre in Vellore. Throughout her career, Professor Viggeswarpu has transformed the Geriatric Department at CMC Vellore from an acute care facility into a comprehensive service incorporating preventive, promotive, and rehabilitative care. Her pioneering initiatives include establishing both on-site and distance education fellowships in geriatrics, launching ortho-geriatric and vascular surgery liaisons, and developing outreach peripheral geriatric clinics. A dedicated educator, she initiated recurring clinical masterclasses, CMEs, and nursing education programs, and she previously served as the Editor of the Journal of the Indian Academy of Geriatrics. Her academic contributions include 28 peer-reviewed publications, numerous national and international lectures, and an upcoming illustrated textbook on Indian geriatric dermatology.



Dr Chia Chong

MBBS FRACP

Consultant Geriatrician

Dr. Chia Pei Chong is an accomplished Consultant Geriatrician based in Australia, currently practicing at St. John of God Mt. Lawley in Western Australia, where they were honored as the 2025 Doctor of the Year. A Monash University alumnus, Dr. Chong is a Fellow of the Royal Australasian College of Physicians (FRACP) with specialized subspecialty expertise encompassing wound care, continence, and perioperative medicine. Dr. Chong has built a distinguished record of healthcare leadership, previously serving as Medical Director for South-Eastern Geriatric Health and as the medical lead for Eastern Health's GEM@Home program in Victoria. Beyond clinical practice, she is a prominent figure within the Australia and New Zealand Society of Geriatric Medicine (ANZSGM), serving as a board council member, Chair of the Financial and Administration Committee, and former Chair of the Information Management Committee. As an active researcher and medical educator, Dr. Chong has published numerous peer-reviewed research on immunization of older people, cirrhosis care, and diabetes management.

MAIN - CONGRESS



Dr. Philip Finny

MD (Medicine), DNB (Medicine), DNB (Endocrinology)

Professor & Head - Endocrinology Department,

Believers Church Medical College & Hospital, Thiruvalla, Kerala, India

Dr. Philip Finny is the Professor and Head of the Department of Endocrinology at Believers Church Medical College & Hospital, Thiruvalla, Kerala, India. He completed his undergraduate, postgraduate, and higher specialty training at Christian Medical College (CMC), Vellore, and further enhanced his expertise through an MTI Fellowship of the Royal College at Basildon University Hospital, Essex, UK. Dr. Finny has authored 25 publications in national and international peer-reviewed journals and serves as a reviewer for BMJ Case Reports and the Indian Journal of Endocrinology and Metabolism (IJEM). His academic excellence has been recognized with the Dr. Jacob Memorial Prize for the best MD (Medicine) student at CMC and the Best Poster Award at ESICON 2012. His primary areas of clinical and research interest include metabolic bone diseases, diabetes mellitus in young individuals, and the public health implications of glucocorticoid misuse.



Dr Kapila Ranasinghe

MBBS, MD (Psychiatry)

Senior Consultant Psychiatrist, National Institute of Mental Health

Dr Kapila Ranasinghe is a Senior Consultant Psychiatrist and was the Past President, Sri Lanka College of Psychiatrists in year 2022-2023. He has held several key academic and administrative positions, including Chairman (2019-2021) and Secretary (2013-2015) of the Board of Study in Psychiatry at the Postgraduate Institute of Medicine (PGIM), University of Colombo. From 2017 to 2022, he chaired the Ethical Review Committee of NIMH.

Dr. Ranasinghe has been actively involved in postgraduate education in psychiatry, venereology, sexual medicine, and geriatric medicine. His research interests include neuropsychiatric disorders and couple and sex therapy. He has authored numerous articles, book chapters, and books, and is a recipient of several professional awards for his contributions to mental health in Sri Lanka.

MAIN - CONGRESS



Professor Dr Shahrul Bahyah binti Kamaruzzaman

MBBCh(Wales),MRCP, FRCP (UK), Dip Ger Med , PhD Epi Pop Health (Univ London)

Senior Consultant Geriatrician

Department of Medicine, Faculty of Medicine, University of Malaya

Professor Dr Shahrul Bahyah Kamaruzzaman is a Senior Consultant Geriatrician at the University of Malaya Medical Center(UMMC) where she has practiced for the past 24 years. She was heading the Geriatric unit for several years until she was appointed as Head of Medicine in 2018 and later , Deputy Dean of Postgraduate studies at Faculty of Medicine, Universiti Malaya in 2020 till end of 2025.

Dr Shahrul returned to Malaysia in 2002 from Cardiff, Wales, United Kingdom and served as Senior Lecturer in the country's first Geriatric unit. She played a key role in the training and refining of the geriatric multidisciplinary team as well as the acute geriatric care services at UMMC. In 2010 she was awarded a PhD in Epidemiology and Population Health on frailty in older adults from the London School of Hygiene and Tropical Medicine. Other research interests are in Sarcopenia, falls, dementia and Ageing in HIV populations. She is founding and life member of the Malaysian Society of Geriatric Medicine, immediate past President of the Malaysian Healthy Aging Society and current Deputy President of the Gerontology Association of Malaysia.



Prof Ranil Jayawardena

MBBS(Colombo),MSc(Glasgow),PhD(QUT),HND(UK),Nutr(SLMC),R Nutr(UK),RNutr(Aus)

Professor in Nutrition, Faculty of Medicine, University of Colombo

Professor Ranil Jayawardena is a Senior Lecturer in Physiology at the Faculty of Medicine, University of Colombo, Visiting Fellow at the Queensland University of Technology, Australia. His research focuses on nutrition, obesity, diabetes prevention, cardiovascular health, and public health interventions in South Asian populations. He has published more than 70 peer-reviewed scientific papers, authored several books and book chapters, and has received over 1,400 citations for his research contributions. Dr. Jayawardena is the recipient of numerous national and international awards, including the TWAS/NSF Country Prize for the Most Outstanding Young Scientist and the Top ten outstanding young person's Award for Medical Research. His work has significantly contributed to evidence-based nutrition and non-communicable disease prevention policies in Sri Lanka and the region.

MAIN- CONGRESS



Professor Kemal Deen

MBBS (Pera), MS (Colombo), MD (Birmingham)

FRCS (Glas), F Nat Ac Sci, FCS (Sri Lanka)

Consultant Colorectal and General Surgeon

Emeritus Professor of Surgery, University of Kelaniya, Sri Lanka

He served as Founder Professor of Surgery at the University of Kelaniya and retired as Senior Professor and Chair of Surgery. His research interests include anal sphincter structure and function, optimisation of functional outcomes following rectal cancer and colitis surgery, and restoration of continence. He has authored over 130 peer-reviewed publications and 45 book chapters, holds an h-index of 29, and has delivered more than 400 invited lectures internationally. Editor-in-Chief of the Sri Lanka Journal of Surgery and he continues to contribute to several international editorial boards. President of the College of Surgeons of Sri Lanka, the Sri Lanka Society of Gastroenterology, and the Asian Society of Stoma Rehabilitation. He has held visiting professorships at several international universities and contributed to multiple pioneering national initiatives, including the development of stoma nursing in Sri Lanka, the launch of Sri Lanka's nanosatellite programme during his tenure as Chairman of the Arthur C. Clarke Centre, and the establishment of the University of Moratuwa Medical School.



Dr Sithira Senevirathne

MBBS, MD (Geriatric Medicine), MRCP, MRCP (Geriatric Medicine)

Dr. Sithira Senevirathne is currently serving as the Consultant Geriatrician at the National Hospital of Sri Lanka, Colombo. Demonstrating a profound commitment to holistic elderly care, he supervises the hospital's Geriatric and Palliative Care Units. Nationally and internationally recognized for his leadership, Dr. Senevirathne holds prominent leadership positions, including Secretary of both the Fragility Fracture Network Sri Lanka and the Sri Lanka Association of Geriatric Medicine, as well as board and council roles within the International Association of Geriatrics and Gerontology (IAGG), Asian Falls Network and the Asia Pacific Fragility Fracture Network. Following a clinical fellowship in geriatric and perioperative medicine at Oxford University Hospitals NHS Trust, UK, his specialized clinical expertise spans orthogeriatrics, geriatric palliative, end of life care and falls prevention. An active researcher and advocate for healthy aging, he has authored numerous publications on perioperative delirium, falls and longevity. His ongoing research interests also include oral frailty, longevity and age reversal.

MAIN - CONGRESS



Dr Maheshi Wijayabandara

**MBBS(Colombo),MD(Geriatric Medicine),MRCP(UK),MRCP(London),
MRCP SCE(UK) in Geriatric Medicine and Acute Medicine
Consultant Geriatrician at the National Hospital, Kandy, Sri Lanka.**

Dr Wijayabandara has extensive experience in geriatric care, including specialist registrar training in Geriatric Medicine at Oxford University Hospitals NHS Foundation Trust, United Kingdom. Her research interests include delirium, dementia, orthogeriatrics, and polypharmacy in older adults. She has authored numerous peer-reviewed publications and has received several prestigious awards, including the President's Award for Scientific Research in 2018.

She currently serves as the Honorary Joint Secretary of the Sri Lankan Association of Geriatric Medicine and is a Council Member of the Sri Lanka Medical Association, the Ceylon College of Physicians, and the Kandy Society of Medicine.



Dr Saumya Darshani

**MBBS(Colombo),MD(Geriatric Medicine),MRCP(UK),
SCE(Geriatric Medicine)**

Consultant Geriatric Physician at Colombo South Teaching Hospital

Dr Saumya Darshani is a Consultant Geriatric Physician at Colombo South Teaching Hospital. She currently serves as the Treasurer of the Sri Lanka Association of Geriatric Medicine (SLAGM) and has previously held the post of Joint Secretary. Dr Darshani is committed to advancing geriatric medicine in Sri Lanka through clinical care, academic contributions, and training initiatives. Her professional interests include strengthening elderly care services through multidisciplinary collaboration, with a special focus on orthogeriatric care, incontinence management, falls prevention, palliative and end-of-life care.

MAIN - CONGRESS



Dr Gamini K Pathirana

MBBS, MD, FCCP, FRCP, FAAN

Consultant Neurologist, National Hospital Sri Lanka

Dr. Gamini K. Pathirana is the current president of the National Stroke Association of Sri Lanka and past President of the Association of Sri Lankan Neurologists. He is also an Honorary Senior Lecturer at the Faculty of Medicine, University of Colombo, and a trainer and examiner for postgraduate neurology trainees at the Postgraduate Institute of Medicine. A graduate of the Faculty of Medicine, University of Ruhuna, Dr. Pathirana completed his specialist neurology training in Sri Lanka and at Sir Charles Gairdner Hospital, Perth, Western Australia. His clinical and research interests include stroke neurology, neuro-palliative care, Parkinson's disease and deep brain stimulation, vertigo, and neuro-ophthalmology. Dr. Pathirana was a pioneer in establishing acute stroke reperfusion therapies in Sri Lanka, contributing to the introduction of both intravenous thrombolysis and mechanical thrombectomy services. He has authored and co-authored several publications and textbooks in palliative medicine and continues to play a leading role in neurological education, stroke advocacy, and postgraduate training in Sri Lanka.



Dr Kishara Gooneratne

MBBS,MD,MRCP

Consultant Neurologist

Senior lecturer, University of Moratuwa

Dr. Kishara Gooneratne is a Consultant Neurologist and Senior Lecturer in Medicine at the Faculty of Medicine, University of Kelaniya, Sri Lanka. He completed postgraduate training in Neurology through the Postgraduate Institute of Medicine, University of Colombo, and has previously served as Senior Lecturer in the Faculty of Medicine, University of Moratuwa. His clinical and academic interests include epilepsy, drug-resistant epilepsy, presurgical epilepsy evaluation, status epilepticus, stroke, syncope, neuromuscular disorders, movement disorders, and medical education. He is actively involved in undergraduate and postgraduate teaching, curriculum development, clinical assessment, and examination work. Dr. Gooneratne has contributed to national academic and professional activities in Neurology and Epileptology, including leadership and organisational roles in the Sri Lanka League Against Epilepsy and the Association of Sri Lankan Neurologists. He has been involved in developing clinical guidelines, care pathways, educational programmes, workshops, and academic sessions relevant to neurological practice in Sri Lanka. His research interests include epilepsy in low-resource settings, epilepsy in pregnancy, drug-resistant epilepsy, stroke, autonomic dysfunction, cognitive impairment, neuromuscular disorders, and health-system approaches to neurological care in Sri Lanka.

MAIN - CONGRESS



Professor Priyadarshani Galappaththi

**MBBS(Col),MD(Col),MRCP(UK),DipMedTox(Cardiff),FCCP,
FRCP(London)**

Specialist in General Medicine

**Senior Professor and Chair Professor of Pharmacology, Faculty of
Medicine University of Colombo**

Professor Priyadharshani Galappatthy is a specialist in General Medicine and Senior Professor and Chair Professor of Pharmacology, Faculty of Medicine University of Colombo, Sri Lanka. She served the World Health Organisation (WHO) as a consultant, in the Patient Safety and Quality of Care Unit, WHO Headquarters Geneva, Switzerland contributing to medication safety and patient safety at global level. She also contributes to the 'Patient Safety Pathways' initiative of The Joint Commission International, launched recently. She is a member of the Board of Directors of the National Medicines Regulatory Authority of Sri Lanka.



Dr Dilhar Samaraweera

**MBBS(Col),MD(Medicine),MRCP(UK),FRCPLondon,FRACP
Consultant Physician**

Dr Dilhar Samaraweera is currently working at Mount Gambier Districts and Health Services South Australia as Consultant Physician. He is the Founder President of the Sri Lankan Association of Geriatric Medicine. He was the President of the Association from 2014-2017. He held the posts of Chairman of the Specialty Board in Geriatric Medicine and the Palliative and End of life Care Task Force. He received the award for the most innovative outstation Physician in 2015 by the Ceylon College of Physicians for his work towards development of Elderly Care Services in the country. He won the President's award for scientific research in 2017 for research on genotyping of a rickettsial infection from patients in two geographical areas in Sri Lanka. He initiated and contributed in publishing the first ever guidelines in End-of-Life Care during his tenure as the Chairman of Palliative and End of Life Care Task Force.

MAIN - CONGRESS



Dr Kenneth Koncilja

Assistant Professor of Medicine

Associate Staff physician in Internal Medicine and Geriatrics

Dr. Kenneth Douglas Koncilja is an Assistant Professor of Medicine and an Associate Staff physician in Internal Medicine and Geriatrics at the Cleveland Clinic. An alumnus of Villanova University (BS, Electrical Engineering) and the University of Toledo (MD), he completed his residency at the Cleveland Clinic and a Geriatric Medicine Fellowship at the University of California, San Francisco (UCSF).

A dedicated medical educator, Dr. Koncilja serves as the Director of Education for the Cleveland Clinic Primary Care Institute and the Internship Program Director for Cleveland Clinic Abu Dhabi. At the Case Western Reserve University School of Medicine, he functions as the Clerkship and Discipline Director for Geriatrics and Aging, where he designs innovative training curricula using simulation and escape rooms.

He has authored peer-reviewed articles on medication safety and cognitive screening. Recognized repeatedly in Cleveland Magazine's "Best Doctors" list, Dr. Koncilja is also a prominent media contributor, frequently providing expert commentary to The New York Times, The Washington Post, and Consumer Reports.



Dr Kunal Shah

MA (Cantab) BM BCh (Oxon) MRCP

CCT in Geriatric Medicine & General and Internal Medicine

Consultant Geriatrician

Dr. Kunal Shah is an accomplished Consultant Geriatrician and the current Clinical Lead for Geratology at Oxford University Hospitals NHS. An alumnus of both Cambridge and Oxford Universities, he holds 14 years of consultant experience with specialized expertise in orthogeriatrics, trauma, and peri-operative care for frail older patients.

As a prominent academic and educator, Dr. Shah serves as the medical student teaching lead for his department and is a GMC-approved educational supervisor. He is the co-editor of the Oxford Handbook of Geriatric Medicine (4th Edition, 2026) and has published peer-reviewed research on frailty in intensive care, trauma and hip fracture care. Reflecting his international academic profile, he has delivered specialized guest lectures in numerous international conferences.

MAIN- CONGRESS



Prof Ian Cameron

Professor of Rehabilitation Medicine, University of Sydney, Australia

Professor Ian Cameron is a distinguished clinician-researcher specializing in Rehabilitation Medicine at the University of Sydney, where he holds the Chair in Rehabilitation Medicine within the Faculty of Medicine and Health. Current research themes are injury, rehabilitation and disability; specifically disability and health in older people, musculoskeletal injury in compensable settings, and catastrophic injury (associated with severe long-term disability).

Concurrently, Professor Cameron maintains active clinical practice as a Senior Staff Specialist at Hornsby Ku-ring-gai Hospital and the Southern NSW Local Health District. He holds prominent editorial roles, serving as Associate Editor for the Journal of Rehabilitation Medicine and Senior Editor for BMC Geriatrics.

Additionally, he contributes significantly to medical education and governance, reviewing grants for Australian and New Zealand health research councils and providing strategic expert advice to government and health authorities on injury management and healthcare services for older people and individuals with disabilities.



Vidya Jyothi Professor Vajira H W Dissanayake

**MBBS (Colombo), PhD (Nottingham), FNASSL, FIAHSI, FCMA, FRCP
Senior Professor of Anatomy, Genetics, and Biomedical Informatics
at the Faculty of Medicine, University of Colombo.**

Professor Vajira H. W. Dissanayake is the Senior Professor of Anatomy, Genetics, and Biomedical Informatics at the Faculty of Medicine, University of Colombo. He is also the Chairman of the Board of Management, Chairman of the Specialty Board in Biomedical Informatics, and Chairman of the Specialty Board in Clinical Genetics at the Postgraduate Institute of Medicine, University of Colombo. Prof. Dissanayake is a globally renowned leader in the fields of Genetics, Genomics, Biomedical Informatics, and Bioethics. He has held and continues to hold many leadership and advisory positions in these fields locally and internationally. In recognition of his scientific achievements he was conferred the Sri Lankan national titular honour of Vidya Jyothi in 2019 on the recommendation of the Sri Lanka Medical Association by His Excellency, the President of Sri Lanka.

MAIN - CONGRESS



Dr Sabin Thapaliya

Assistant Professor, Department of Internal Medicine (Infectious Diseases), Maharajgunj Medical Campus/Tribhuvan University Teaching Hospital, Institute of Medicine, Kathmandu, Nepal

Dr. Sabin Thapaliya is an Assistant Professor in the Department of Internal Medicine (Infectious Diseases) at Maharajgunj Medical Campus and Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal. He earned his MD in Internal Medicine from Bangladesh, and had further advanced training, at Harvard Medical School and obtained postgraduate qualifications in respiratory medicine and diabetes. Dr. Thapaliya has held several key clinical and public health positions, including Clinical Specialist for Kala-azar and Communicable Diseases at WHO Nepal and he is a Consultant Physician at Helping Hands Community Hospital. An internationally recognized clinician and researcher, he has received prestigious awards such as the Global Physician Scholar Award from the American College of Physicians and multiple funded observerships at leading institutions, including Johns Hopkins University and Lausanne University Hospital, Switzerland. He has authored more than 20 peer-reviewed publications, contributed book chapters, served as a reviewer for several medical journals, and played a significant role in developing national clinical guidelines and public health policies in Nepal.



Professor Chandanie Wanigatunge

**MBBS Hons (NCMC), MD (Col), FCCP (SL), FRCP (Edin), FRCP (Lond)
Specialist Physician and a Clinical Pharmacologist.
Senior Professor and Chair of Pharmacology of the Faculty of
Medical Sciences, University of Sri Jayewardenepura**

Professor Chandanie Wanigatunge is a Specialist Physician and a Clinical Pharmacologist. She is currently the Senior Professor and Chair of Pharmacology of the Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka. Her research interests include rational use of medicines, antibiotic use and medicines use in older adults. She has published widely and has an H-index of 13. Professor Chandanie was the President of the Ceylon College of Physicians in 2019 and is the incumbent President of the Sri Lanka Association of Clinical Pharmacology and therapeutics. She is actively involved in medicines regulatory activities and is a member of the Safety and Risk Evaluation Subcommittee (SAFRESC) of the National Medicines Regulatory Authority (NMRA).

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Professor Neville D Perera

MS(Col) FRCS(Eng.); FRCS(Ed); CSST in Urology (RCS Eng); Dip Urol (Lond); FCSSL (Hon) ,Dip. Laparoscopic Urology (Strasbourg)

Consultant Urological Surgeon

Professor Neville D. Perera is a pioneering Sri Lankan urologist, educator, and surgical leader with extensive contributions to urology, renal transplantation, and postgraduate medical training.

Prof. Perera served as Senior Consultant Urological Surgeon at the National Hospital of Sri Lanka from 1995 to 2022 and is the Founder of the Institute of Urology and Nephrology established in 2021. He has been Professor in Urology at the Postgraduate Institute of Medicine since 2009 and chaired its Board of Study in Urology for over a decade. Widely recognized for introducing several advanced endourological, laparoscopic, and reconstructive urological procedures to Sri Lanka. He has published over 100 scientific papers, authored two books, supervised 24 specialist trainees, and served as President of both the Sri Lanka Association of Urological Surgeons and the College of Surgeons of Sri Lanka. His work has had a lasting impact on the advancement of urological surgery and specialist training in Sri Lanka.



Professor Ogochukwu Chinedum Okoye

MBBS, MPH, MD, PhD, FMCP, FWACP, FACP, FISN, FHEA

Professor of Medicine in the Delta State University (DELSU)

Consultant Nephrologist at DELSUTH, Nigeria

Prof Ogochukwu Chinedum Okoye is an expert in kidney disease epidemiology, with current research focused on the impact of environmental exposures on kidney health, particularly the emerging global threat of air pollution-associated chronic kidney disease (CKD) and health disparities in vulnerable communities. Professor Okoye was recognized as a Fellow of the International Society of Nephrology in 2023 and in 2024, the American College of Physicians recognized her as a Global Physician Scholar. Prof Okoye has authored more than 80 peer-reviewed articles in the field of nephrology, public health, and medical education. She serves as an Associate Editor of the Tropical Journal of Nephrology, the official publication of the Nigerian Association of Nephrology. She serves her local Nephrology association as the current Treasurer of the Association and the Chair of World Kidney Day Committee. Beyond research, Prof Okoye is a dedicated academic mentor who has trained several nephrologists practicing in Nigeria and abroad; and she coordinates the training of postgraduate students in Clinical Medicine. She is a humanitarian and founded St Linus Renal Care Initiative, a non-profit organization focused on improving the lives of CKD patients in Nigeria and improving kidney health.

MAIN - CONGRESS



Dr Victoria Hedges

BSc, PGDip, BMBCh, MRCP, MRCP (pall med), FRCP

Dr Victoria Hedges is a consultant in Palliative and Supportive Care at Oxford University Hospitals NHS Foundation Trust, UK and serves as the Medical Lead for the Hospital Palliative Care Team, delivering specialist palliative and end-of-life care across four acute hospital sites. In addition, she works within the Oxford Kidney Unit with the Renal Supportive Care Team, providing palliative and supportive care for patients receiving dialysis as well as those managed conservatively. Her clinical and academic interests include specialist palliative and end-of-life care, renal supportive care, pain management, particularly best practice in opioid prescribing, and pragmatic advance care planning. She holds roles in tissue donation, including collaborative work with NHS Blood and Transplant on the hospice eye donation project, and she is the trust End of Life Care Lead.



Professor Saroj Jayasinghe

MBBS, MD, FRCP, FCCP, PhD

Emeritus Professor in Medicine University of Colombo

Professor Saroj Jayasinghe is a distinguished Sri Lankan physician, academic, researcher, and health policy expert. He serves as Chair Professor of Medicine at the University of Colombo and Honorary Consultant Physician at the National Hospital of Sri Lanka.

Over four decades, Dr. Jayasinghe has made major contributions to clinical medicine, medical education, health policy, social determinants of health, systems science, and medical humanities. He led landmark reforms of undergraduate and postgraduate medical curricula in Sri Lanka and pioneered the integration of ethics, social determinants, complexity science, and medical humanities into medical training. He founded the Department of Medical Humanities at the University of Colombo and has held leadership roles in national and international scientific bodies, including the International Science Council's Urban Health and Wellbeing Programme. His achievements include four Presidential Awards for Scientific Research, numerous conference presentations, numerous influential publications, and authorship of several widely used medical textbooks.

MAIN - CONGRESS



Dr Shiromi Maduwage

Consultant Community Physician, Ministry of health

A senior Public Health Specialist (Community Medicine), extensive work experience in public health programmes with a special interest on Elderly & Disability care related to policy, planning, implementation, monitoring & evaluation at National and international level. Expert in implementation of Integration of Care of Older Persons at primary care settings. Under United Nations Decade of Healthy Ageing recognized as one of a first ever healthy ageing 50 world leaders transforming the world to be a better space to grow older. Technical lead in adaptation and preparation of WHO prioritized assistive devices and assistive technology list for the older persons with disabilities. Technical lead in developing Elderly Health Policy 2017 and National policy for elderly 2025. WHO technical advisory group member on integrating the health and care workforce. WHO global technical advisory group member in developing Assistive Products and Assistive Technologies. Author contribution for the WHO Integrated Care for the Older People hand book (second edition) National Focal point for UN Decade of Healthy ageing. A researcher having many publications. Currently working as the Consultant Community Physician / Public Health Specialist in the Ministry of Health, Sri Lanka.



Dr.Vinya Ariyaratne

MD, MSc, MPH

Consultant Community physician

Dr.Vinya Ariyaratne is the President of the Sarvodaya Shramadana Movement. He was the past president of Sri Lanka Medical Association (SLMA) in 2023. He is also a Past President and a Fellow of the College of Community Physicians of Sri Lanka (CCPSL).

Dr.Ariyaratne served as a Lecturer in Community Medicine in the Department of Community Medicine of the Faculty of Medical Sciences, University of Sri Jayewardenepura from 1995-2000. He has extensive experience in public health, community development, disaster management, nutrition, child health, working with war-affected communities and internally displaced persons (IDPs). Being a senior public health specialist, Dr. Ariyaratne is involved in issues related to ageing and elderly care services both at policy and ground levels. Currently he is extensively involved in Ditwah cyclone disaster recovery in Sri Lanka and serves as the Co-chair of the United Nations Humanitarian Country Team (HCT) - Health Cluster.

MAIN - CONGRESS



Dr Nishani Ubeysekara

MBBS, MD, MSc, MBA.

**Director, Directorate of Youth, Elderly and Disabled persons
Ministry of Health**

Dr Nishnai Hemantha Ubeysekara obtained her MBBS from The Faculty of Medicine, University of Sri Jayawardenepura, Sri Lanka with a second class in 1998 and the MSc in Community Medicine from the University of Colombo in 2009 and completed the MD Community Medicine in 2017 from the University of Colombo. She has obtained a MBA specialized in Health care management from Cardiff Metropolitan University, Wales, United Kingdom, in 2024. She is currently a board certified Consultant in Community Medicine and a senior grade medical administrator in Ministry of Health. As a medical administrator she served the Ministry of Health as the deputy director of National Hospital, Galle, Deputy Provincial Director of Health Services, Southern Province and currently working as the Director of the Directorate of Youth, Elderly and Disabled persons unit of Ministry of Health.



Dr Yasara Samarakoon

Consultant Community Physician, WHO

Dr. Yasara Manori Samarakoon is a Public Health Specialist and National Professional Officer at WHO Sri Lanka, with over a decade of experience in family health, mental health, noncommunicable diseases, and healthy ageing. She provides strategic technical support to national programmes across the life course, including RMNCAH, nutrition, Gender, Equity and Rights (GER), and ageing. She has played a key role in advancing healthy ageing in Sri Lanka through policy dialogue, development of long-term and community-based care models, and strengthening primary health care responses for older persons, including those with mental health needs and disabilities. She has contributed to over 10 peer-reviewed publications and research studies. Her work emphasizes equity, inclusion, and rights, supporting vulnerable populations, particularly older persons, through evidence-based and multisectoral approaches aligned with universal health coverage.

MAIN - CONGRESS



Mr M.S. Chaminda de Silva

Mr. Chaminda de Silva is an experienced development professional currently serving as the Head of Programmes at HelpAge Sri Lanka. He is also a Member of the National Council for Elders of Sri Lanka, contributing to national-level policy and advocacy on ageing and elder rights. He is presently pursuing his PhD in Demography at the University of Colombo. He holds a Master of Science in Development

Mr. de Silva has worked with leading international and national organizations including United Nations Development Programme, UN-Habitat, Oxfam GB, and Japan International Cooperation Agency under various capacities. He has participated in numerous international and national training programmes, gaining exposure through organizations such as HelpAge International, the United Nations, WorldGranny, and the START Fund. He has also contributed to curriculum development for Elder Caregivers in collaboration with the National Apprentice and Industrial Training Authority and the National Institute of Education.



Mr Chathura Mihidum

BSc, MA

Director, National Secretariat for elders

Mr. Kottage Chathura Mihidum currently serves as the Director of the National Secretariat for Elders (NSE) under the Ministry of Rural Development, Social Security and Community Empowerment. In this role, he provides national-level leadership in policy formulation, Program implementation, and inter-agency coordination to improve the well-being, dignity, and rights of older persons across the country. He also acts as the Secretary to the National Council for Elders, established under the Protection of the Rights of Elders. Under his leadership, the NSE has been strengthened, and has actively advocated for integrating elder concerns into broader national development strategies. A strong believer in innovation and technology as tools for empowerment, Mr. Mihidum is planning programs to introduce digital literacy and ICT-based services to older adults, bridging the gap between generations. Through his leadership, vision, and commitment, Mr. Mihidum continues to drive efforts to ensure that older persons in Sri Lanka are not only protected but also empowered to lead fulfilling and dignified lives in an inclusive, age-friendly society.

POST - CONGRESS



Dr R.M.R.H Munasinghe

MBBS,MD (Geriatric Medicine), MRCP, MRCP Geriatric Medicine

Acting Consultant Geriatrician

Dr R.M.R.H Munasinghe is a Geriatrician with clinical experience in both Sri Lanka and Australia. He graduated with an MBBS from the University of Kelaniya and subsequently obtained his MD in Geriatric Medicine from the University of Colombo. He has also completed the MRCP Specialty Certificate Examination (SCE) in Geriatric Medicine. He is Currently serving as Acting Consultant Geriatrician at Teaching Hospital Ratnapura, Sri Lanka. His areas of interest including the sleep disorders in elderly, cognitive disorders, falls and frailty, community geriatrics, orthogeriatrics, and healthy ageing.



Dr Dhanushka Namal Weerakoon

MBBS, MD Geriatric Medicine, MRCP, MRCP Geriatric Medicine

Acting Consultant in Geriatric Medicine

Dr Dhanushka Namal Weerakoon obtained his MD in geriatric medicine from the university of Colombo and had further training in the Oxford University Hospitals where he gained experience in geriatric medicine, orthogeriatrics, perioperative care of older adults and front-door frailty services. During his training in the United Kingdom, he also completed the Postgraduate Diploma in Geriatric Medicine awarded by the Royal College of Physicians.



Dr Judith Herath

MBBS,MD (Geriatric Medicine)

Dr Judith Herath is an Acting Consultant in Geriatric Medicine currently attached to the Teaching Hospital Kurunegala. She holds an MBBS from the Rajarata University of Sri Lanka and earned her MD in Geriatric Medicine from the Postgraduate Institute of Medicine (PGIM), University of Colombo, in 2022.

Dr. Herath completed her local specialist training across several premier tertiary care centers in Sri Lanka, including the National Hospital of Sri Lanka, Colombo South Teaching Hospital, and Teaching Hospital Peradeniya. She subsequently underwent a two-year overseas training at Bendigo Health in Australia. During this tenure, she acquired clinical expertise in comprehensive geriatric medicine, orthogeriatrics, perioperative care for older adults, and acute front-door frailty services.

POST - CONGRESS



Dr Maheshi Wijayabandara

**MBBS(Colombo),MD(Geriatric Medicine),MRCP(UK),MRCP(London),
MRCP SCE(UK) in Geriatric Medicine and Acute Medicine
Consultant Geriatrician at the National Hospital, Kandy, Sri Lanka.**

Dr Wijayabandara has extensive experience in geriatric care, including specialist registrar training in Geriatric Medicine at Oxford University Hospitals NHS Foundation Trust, United Kingdom. Her research interests include delirium, dementia, orthogeriatrics, and polypharmacy in older adults. She has authored numerous peer-reviewed publications and has received several prestigious awards, including the President's Award for Scientific Research in 2018.

She currently serves as the Honorary Joint Secretary of the Sri Lankan Association of Geriatric Medicine and is a Council Member of the Sri Lanka Medical Association, the Ceylon College of Physicians, and the Kandy Society of Medicine.



Dr Saumya Darshani

**MBBS(Colombo),MD(Geriatric Medicine),MRCP(UK),
SCE(Geriatric Medicine)**

Consultant Geriatric Physician at Colombo South Teaching Hospital

Dr Saumya Darshani is a Consultant Geriatric Physician at Colombo South Teaching Hospital. She currently serves as the Treasurer of the Sri Lanka Association of Geriatric Medicine (SLAGM) and has previously held the post of Joint Secretary. Dr Darshani is committed to advancing geriatric medicine in Sri Lanka through clinical care, academic contributions, and training initiatives. Her professional interests include strengthening elderly care services through multidisciplinary collaboration, with a special focus on orthogeriatric care, incontinence management, falls prevention, palliative and end-of-life care.



Dr. Madhushani Dias

MBBS, MD (Psychiatry)

Consultant Old Age Psychiatrist

National Institute of Mental Health, Angoda

Dr. Madhushani Dias is a Consultant Old Age Psychiatrist at the National Institute of Mental Health, Sri Lanka. She is an accredited Cognitive Stimulation Therapy (CST) Trainer in Sri Lanka and has played an active role in advancing the care of older adults through clinical practice, education, and service development. Dr. Dias is the Immediate Past Joint Secretary of the Sri Lankan Association of Geriatric Medicine and has a particular interest in dementia care, cognitive rehabilitation, and the mental health of older people.

POST - CONGRESS



Dr Malsha Gunathilake

MBBS, MD (psychiatristy) , MRCPsych (UK)

Consultant Old Age Psychiatrist

Colombo South Teaching Hospital

Dr Malsha Gunathilake previously served as the Honorary Joint Secretary of the Sri Lankan Association of Geriatric Medicine and currently holds the position of Secretary of the Sri Lanka College of Psychiatrists. Her contributions include involvement in several research and service development initiatives in the field of Old Age Psychiatry. She is also a Cognitive Stimulation Therapy trainer in Sri Lanka. She has authored multiple book chapters and scholarly articles in peer-reviewed journals.



Dr Sithira Senevirathne

MBBS,MD(Geriatric Medicine),MRCP,MRCP(Geriatric Medicine)

Dr. Sithira Senevirathne is currently serving as the Consultant Geriatrician at the National Hospital of Sri Lanka, Colombo. Demonstrating a profound commitment to holistic elderly care, he supervises the hospital's Geriatric and Palliative Care Units. Nationally and internationally recognized for his leadership, Dr. Senevirathne holds prominent leadership positions, including Secretary of both the Fragility Fracture Network Sri Lanka and the Sri Lanka Association of Geriatric Medicine, as well as board and council roles within the International Association of Geriatrics and Gerontology (IAGG), Asian Falls Network and the Asia Pacific Fragility Fracture Network. Following a clinical fellowship in geriatric and perioperative medicine at Oxford University.

Hospitals NHS Trust, UK, his specialized clinical expertise spans orthogeriatrics, geriatric palliative, end of life care and falls prevention. An active researcher and advocate for healthy aging, he has authored numerous publications on perioperative delirium, falls and longevity. His ongoing research interests also include oral frailty, longevity and age reversal.

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SPEAKER ABSTRACTS

MAIN CONGRESS DAY 01

BREAKFAST SESSION

Prevention of Frailty

Dr Kunal Shah

Frailty in Clinical Practice

This session will introduce the pathophysiology of frailty and how scientific discoveries are allowing us to develop biological clocks. Data from these studies are changing our view on ageing mechanisms and will allow the scoping for potential therapeutic targets. It will then review the clinical concepts of frailty and how patients with frailty may present to the hospital clinician. Using case examples, the session will discuss how to use the Comprehensive Geriatric Assessment methodology to treat reversible causes of frailty to improve patient outcomes. The cases will explore how frailty is not a fixed entity but can be improved on. When it cannot be treated, frailty assessment and scoring can be used to help prognosticate and suggest when to switch to a palliative approach. The end of the session will focus on how we can prevent frailty from occurring in the first place. The session will end with time for questions from the audience to our speakers.

Dr Sithira Senevirathne

Unveiling Frailty: From Multisystem Pathophysiology to Proactive Prevention

Frailty is a distinct geriatric syndrome characterized by a profound decline in physiological reserve across multiple organ systems, leaving older adults highly vulnerable to minor stressors. Rather than a consequence of chronological aging alone, it represents a state of accelerated biological vulnerability that significantly increases the risk of falls, hospitalization, institutionalization, and mortality.

Pathophysiology: At its core, the pathophysiology of frailty is driven by "inflammaging"—a chronic, low-grade systemic inflammatory state marked by elevated pro-inflammatory cytokines (IL-6, TNF- α , CRP). This cellular stress, compounded by mitochondrial dysfunction and hormonal dysregulation (declining anabolic hormones versus elevated cortisol), shifts the body into a persistent catabolic state. The clinical manifestation is predominantly driven by sarcopenia, the loss of muscle mass and quality which triggers a vicious cycle of decreased metabolic rate, reduced physical activity, and chronic undernutrition.

Prevention: Preventing and reversing frailty requires shifting from reactive care to early, multi-component interventions. Evidence-based strategies must prioritize progressive resistance and balance training to combat muscle wasting, alongside targeted nutritional optimization (high-protein intake and Vitamin D). Furthermore, proactive deprescribing to eliminate harmful polypharmacy, combined with aggressive management of comorbidities, is essential to halt the frailty cascade and preserve functional independence.

KEYNOTE ADDRESS

Geriatric Rehabilitation in Sri Lanka - Challenges and the Way Forward **Dr Lalith Wijayaratne**

Sri Lanka is undergoing a rapid demographic transition with a steadily increasing elderly population. While improvements in healthcare have resulted in increased life expectancy, they have also led to a growing burden of frailty, disability, falls, stroke-related impairment, osteoarthritis, sarcopenia, cognitive decline, and dependency among older adults. These changes present major challenges to the healthcare system, social services, families, and caregivers.

Geriatric rehabilitation has therefore become an increasingly important component of elderly care, with emphasis shifting from disease-centred management toward preservation of functional independence, mobility, quality of life, and dignity. However, the development of geriatric rehabilitation services in Sri Lanka faces numerous obstacles including limited infrastructure, shortages of trained personnel, inadequate community-based rehabilitation services, financial constraints, and the increasing burden placed upon caregivers.

At the same time, advances in rehabilitation medicine, multidisciplinary models of care, community rehabilitation strategies, and healthy ageing initiatives provide important opportunities for improving outcomes among older persons in resource-limited settings.

Addressing these challenges will require coordinated efforts in healthcare planning, workforce development, policy implementation, public health strategies, and research relevant to local needs. Strengthening geriatric rehabilitation services will be essential to ensure healthy ageing and sustainable healthcare delivery in Sri Lanka over the coming decades.

PLENARY I

Novel Therapies in Alzheimer's Dementia **Professor Susan Kurrle**

Whilst medications may be considered the most effective way of treating Alzheimer's Disease and indeed other dementias such as vascular dementia and dementia with Lewy Bodies, it is important to consider other therapeutic modalities with good evidence for effectiveness and for improving quality of life for people with dementia and their carers and families. This presentation will briefly review the current medications for Alzheimer's disease including the cholinesterase inhibitors and memantine, and discuss the recently available monoclonal antibodies against amyloid (donanemab and lecanemab). It will also review the evidence for other therapeutic interventions for Alzheimer's disease including exercise and reablement, and describe emerging therapies such as cognitive stimulation therapy, and occupational therapy interventions.

SYMPOSIUM I -CARDIAC AND METABOLIC HEALTH

Management of Heart Failure

Dr Ruwan Ekanayake

Heart failure (HF) is a significant health problem amongst the elderly. Co morbidities such as hypertension, diabetes, valvular lesions and coronary arterial disease are correctable causes of HF. However pathological processes coming into operation during aging contribute in many ways towards the causation of HF. Acute Decompensated Heart Failure (ADHF) is a common cause for emergency admissions. IV diuretics, vasodilators and inotropic drugs are of value to give rapid symptom relief but not survival benefit. Chronic heart failure is managed with the five pillars of therapy proven to improve prognosis. They are ACE/ARB, beta blockers, mineralocorticoid antagonists, neprilysin inhibitors and the SGLT2 inhibitors. Recent work confirms benefits of digoxin, vericiguat and semaglutide but with no demonstrable effect on survival. The type of heart failure most seen in the elderly is the preserved ejection fraction category. The SGLT2 inhibitors alone are useful in HFpEF. Amyloid heart disease constitutes an important etiological subcategory as specific therapy is available. A recent advance is the recognition that CA 125 is an efficient marker of the severity of heart failure. All elderly heart failure patients must have their anemia corrected. Vaccination against influenza in particular is recommended, Guide line determined treatment would invariably lead to polypharmacy. Treatment induced side effects such as electrolyte imbalances, deterioration of renal function, hypotension and acid base disturbances need to be mentioned. Hence reducing doses whenever unwelcome features are imminent would be prudent.

Management of Complicated Diabetes in Older Adults

Vidya Jyothi Professor Prasad Katulanda

The prevalence of diabetes mellitus is increasing rapidly across South Asia, alongside a significant demographic transition towards an ageing population. Consequently, healthcare professionals are increasingly faced with managing older adults with long-standing diabetes complicated by multiple comorbidities, functional decline, frailty, cognitive impairment, cardiovascular disease, chronic kidney disease, and polypharmacy. Traditional glucose-centric approaches are often inadequate in this population and may expose patients to substantial risks, particularly hypoglycaemia, falls, disability, hospitalization, and loss of independence. Older South Asians present unique challenges due to their distinct metabolic phenotype characterized by increased visceral adiposity, reduced skeletal muscle mass, greater insulin resistance, earlier onset of diabetes, and a higher burden of cardiovascular and renal complications. Furthermore, sarcopenia and frailty are highly prevalent and significantly influence treatment goals and therapeutic choices. In this setting, individualized care that prioritizes functional status, quality of life, preservation of independence, and prevention of adverse outcomes becomes paramount. Management of older adults with diabetic complications should be according to specific evidence and guidelines with particular emphasis on the South Asian population. Areas such as comprehensive geriatric assessment, individualized glycaemic targets, frailty and sarcopenia assessment, cognitive dysfunction, deprescribing strategies, management of diabetes in chronic kidney disease and cardiovascular disease, prevention of hypoglycaemia, and the role of newer therapies such as SGLT2 inhibitors, GLP-1 receptor agonists, continuous glucose monitoring, and simplified insulin regimens are very important to consider. Aspects such as diabetes management in frail elderly individuals, nursing-home residents, and those receiving end-of-life care are important. Shifting from a disease-focused model to a patient-centred approach, recognizing that in older adults with diabetes, successful management is measured not only by glycaemic control but also by maintaining function, dignity, safety, and quality of life.

PLENARY 2

Management of Severe Hyponatremia

Professor Surekha Viggeswarpu

Physiological changes, altered antidiuretic hormone regulation, impaired renal function, decreased thirst perception, and medication use secondary to multimorbidity contribute to hyponatremia being the most common electrolyte imbalance seen in older persons. Subtle and non-specific clinical manifestations camouflage the picture. These include confusion, fatigue, disturbances in gait and an increase in falls. These add to the legion of problems seen in the older person, leading to an increase in morbidity and mortality. Cognitive impairment and a decrease in bone density may be the result of chronic hyponatremia.

Initial assessment requires an accurate assessment of the patient's volume status. Investigations unravel the underlying etiology of the hyponatremia. Treatment is individualised, depending on the drugs the patient is on, and their volume status. Rapid correction of the hyponatremia has deleterious consequences – osmotic demyelination syndrome.

Take home message - Suspect hyponatremia at the earliest, and correct the underlying cause with tailored, individualised treatments. This is crucial to improve outcomes in this vulnerable population.

SYMPOSIUM 2 - EVIDENCE BASED PRACTICE IN GERIATRIC MEDICINE

Update on Management of Incontinence in older people and nocturia

Dr Chia Chong

Urinary incontinence is a common geriatric syndrome affecting up to one-third of community-dwelling older adults and more than half of those residing in long-term care facilities. It is associated with impaired quality of life, falls, depression, caregiver burden, and increased risk of institutionalization. Despite its prevalence, incontinence is frequently under-reported and undertreated, often being mistakenly regarded as a normal consequence of ageing. This presentation aims to provide geriatricians with an evidence-based overview of continence care in older adults, integrating the underlying science of lower urinary tract function with practical approaches to assessment and management.

Diabetes and Frailty

Dr Philip Finny

The presentation, "Diabetes and Frailty," introduces a transformative clinical paradigm that prioritizes individualised frailty status over chronological age in the management of Type 2 Diabetes. Traditionally, diabetes care has followed a strictly progressive "age-based" model; however, for the frail elderly, this often leads to over-treatment and the persistence of legacy regimens that offer little benefit while posing significant risks.

The presentation outlines a structured four-step approach: Assess, Aim, Arm, and Adapt. Clinicians are encouraged to categorize patients into Mild, Moderate, or Severe frailty levels, as frailty is the ultimate predictor of mortality and prognosis. Central to this new model is the setting of individualised glycaemic targets, which intentionally relax HbA1c goals (ranging from <7.5% for mild frailty to <8.5% for severe cases) to prioritize the avoidance of metabolic emergencies, particularly hypoglycaemia.

A critical component of this strategy is the active de-escalation of therapy. The "Geriatric Glycaemic Toolkit" highlights the dangers of legacy agents like Sulphonylureas and Thiazolidinediones, which carry high risks of hypoglycaemia and fractures in this population. Instead, the model advocates for simplifying regimens using safer, modern agents such as DPP-4 inhibitors and ultra-long-acting basal insulin analogues.

Beyond pharmacology, the presentation emphasizes a holistic foundation consisting of nutrition to combat sarcopenia, functional exercise, and regular polypharmacy reviews. By shifting the focus from "adding" to "skillfully subtracting" medications, healthcare providers can reduce mortality, prevent falls, and fundamentally restore patient dignity. Success relies on regular reassessment, especially within three months of major clinical events or medication changes.

Management of Behavioural and Psychological Symptoms of Dementia (BPSD) Dr Kapila Ranasinghe

Background:

Behavioural and Psychological Symptoms of Dementia (BPSD) encompassing agitation, psychosis, depression, anxiety, sleep disturbance, and apathy. It affects up to 90% of individuals with dementia at some point during their illness. These symptoms are the primary driver of caregiver burden, premature institutionalisation, and accelerated cognitive decline. Despite their clinical significance, BPSD remains under-recognised and undertreated in routine geriatric and psychiatric practice in Sri Lanka.

Objectives:

This lecture aims to provide a clinically applicable framework for assessing BPSD using validated tools; present the evidence base for non-pharmacological interventions as the cornerstone of management; and delineate the indications, risks, and monitoring requirements for pharmacological therapy, including antipsychotics, antidepressants, and cholinesterase inhibitors.

Content Summary:

A structured approach to BPSD management is presented across four domains: (a) comprehensive assessment including the Neuropsychiatric Inventory (NPI) and the ABC behavioural analysis model; (b) person-centred, non-pharmacological strategies with evidence for reducing agitation, wandering, and sleep disruption; (c) pharmacological management aligned with current NICE and international guidelines, including guidance on antipsychotic prescribing with emphasis on cerebrovascular risk and mortality; and (d) special considerations in Sri Lankan and South Asian clinical contexts, including the role of family caregivers, limited specialist resources, and culturally specific presentations.

Conclusions:

Effective BPSD management requires a systematic, multimodal approach anchored in person-centred care. Non-pharmacological interventions should be first line for most presentations. When pharmacotherapy is required, it must be targeted, time-limited, and regularly reviewed. Upskilling geriatricians, psychiatrists, and primary care physicians in BPSD assessment and management is essential for improving dementia care outcomes in Sri Lanka.

Keywords: dementia; BPSD; agitation; antipsychotics; non-pharmacological; person-centred care; Sri Lanka

SYMPOSIUM 3 -GUT AND NUTRITION

Unlocking the Secrets of Longevity

Professor Shahrul Bahyah Kamaruzzaman

Background:

Interventions that preserve function are central to extending the healthspan to reduce the risk of chronic disease and disability as we age. This talk will discuss how the interaction of Muscle health, gut microbiome integrity, and nutrition may influence longevity.

Objective:

To synthesize evidence on interventions targeting muscle, gut, and diet that influence longevity-related outcomes in older adults.

Methods:

Narrative synthesis of cohort studies, randomized controlled trials, and mechanistic research addressing sarcopenia, microbiome composition, dietary patterns, and targeted interventions relevant to geriatric populations.

Results:

Sarcopenia is consistently associated with increased morbidity, loss of independence, and mortality. Progressive resistance training combined with sufficient protein intake and emphasis on leucine-rich sources increases muscle mass and strength and improves functional performance; these improvements are linked in longitudinal studies to reduced hospitalization and improved survival. Age-related declines in gut microbiome diversity correlate with systemic low-grade inflammation ("inflammaging"), impaired metabolic regulation, and altered neuroimmune signalling. Diets high in dietary fiber, polyphenols, and fermented foods promote beneficial taxa and short-chain fatty acid production. Trials of prebiotics and probiotics demonstrate modulation of inflammatory markers and gut barrier function, though clinical endpoint results are heterogeneous and require larger, longer studies. Nutritional patterns that are predominantly plant-forward yet supply adequate high-quality protein, vitamin D, B12, calcium, and omega-3 fatty acids are associated with lower chronic disease burden and better cognitive and physical outcomes. Caloric moderation and time-restricted feeding demonstrate metabolic benefits in non-frail cohorts but may risk undernutrition in frail elders.

Conclusions:

Interventions that address resistance exercise, individualized protein-adequate diets, and strategies to preserve microbiome diversity could promote functional longevity in older adults. Implementation should include routine screening for sarcopenia and malnutrition, personalized exercise and dietary prescriptions, and multidisciplinary support. Further large-scale randomized trials are needed to define optimal microbiome-targeted therapies and best-practice implementation in older populations.

Nutrition Therapy in Sarcopenia

Professor Ranil Jayawardena

Sarcopenia, the progressive loss of skeletal muscle mass and function, presents a major global epidemiological challenge. As populations age, this debilitating condition increasingly drives physical disability, frailty, and diminished quality of life, making it a critical public health priority. Addressing this complex problem requires a multifaceted clinical approach focused on metabolic and structural recovery. Current evidence strongly supports targeted nutritional therapies as the frontline defense against muscle wasting. Optimizing daily protein intake and utilizing specialized oral nutritional supplements (ONS) provide the necessary metabolic substrates to stimulate muscle protein synthesis. Furthermore, the integration of advanced therapeutic supplements, such as beta-hydroxy-beta-methylbutyrate (HMB), plays a vital role in slowing muscle proteolysis and preserving lean mass. However, nutritional interventions alone are often insufficient to fully reverse functional decline. The therapeutic efficacy of these dietary strategies is profoundly enhanced when combined with structured resistance exercise. Physical training acts as a powerful physiological catalyst, optimizing nutrient utilization and accelerating muscle remodeling. Ultimately, a dual paradigm that seamlessly couples targeted clinical nutrition with tailored resistance exercise represents the most robust, evidence-based strategy to combat sarcopenia, restore functional independence, and significantly improve patient outcomes worldwide.

Update on Gastrointestinal Malignancies

Professor Kemal Deen

Large Bowel Cancer – The Rising Menace of the Decade

Large bowel cancer is the third most common cancer worldwide and the second leading cause of cancer-related mortality. In Sri Lanka, it has emerged as the third most common malignancy, with incidence increasing by approximately 8–9% annually. Although traditionally a disease affecting individuals in the fifth decade of life and beyond, emerging evidence predicts that by 2030, nearly half of all large bowel cancers will occur in younger adults.

The aetiology of large bowel cancer is multifactorial, involving genetic predisposition and lifestyle-related factors such as obesity, processed food consumption, physical inactivity, sleep deprivation, stress, and possibly environmental pollutants. Carcinogenesis is thought to begin with chronic inflammation of the colonic epithelium and impaired programmed cell death, leading to abnormal cellular accumulation, adenoma formation, and eventual progression to carcinoma through a sequence of genetic alterations. Importantly, the adenoma–carcinoma sequence is typically slow, evolving over 5–10 years, making large bowel cancer one of the most preventable malignancies.

Screening strategies are therefore centred on early adenoma detection and removal. Colonoscopy remains the gold standard owing to its combined diagnostic and therapeutic capability. However, population-wide colonoscopic screening is resource intensive. Alternative stool-based screening methods, particularly those detecting human haemoglobin, offer cost-effective risk stratification and help identify individuals who would benefit most from colonoscopic evaluation.

This presentation will examine the rationale, implementation, and implications of large bowel cancer screening, and discuss its impact on reducing disease incidence and mortality.

SYMPOSIUM 4 - INNOVATIVE CARE DELIVERY IN GERIATRIC MEDICINE

Optimising Terminal Care in Sri Lankan Setting - What was done differently

Dr Sithira Senevirathne

Sri Lanka faces a rapidly aging population alongside an exponential rise in chronic non-communicable diseases. Historically, acute-care models and aggressive medical interventions took precedence, leaving terminal and end-of-life care fragmented. Clinicians frequently faced moral, legal, and ethical dilemmas in this area.

To optimize care uniquely within this socio-cultural and economic landscape, the need of structuring a suitable palliative and end of life care model is challenging. Rather than introducing resource-heavy Western models, the strategy leveraged existing public health infrastructure. Furthermore, protocols were adapted to align clinical guidelines with Sri Lankan legal frameworks and spiritual preferences. Developing palliative care services at the National Hospital of Sri Lanka, training the doctors, nurses and educating the public were pivotal in developing palliative services.

By utilizing existing resources, standardizing ethical protocols, and emphasizing family-centered community networks, it's important to further develop a model of care that is suitable and sustainable in the Sri Lankan setting.

Innovative Approach in Delirium Management in Sri Lanka Set up **Dr Maheshi Wijayabandara**

Delirium is a common yet frequently under-recognized geriatric syndrome associated with increased morbidity, prolonged hospitalization, functional decline, institutionalization, and mortality among older adults. In Sri Lanka, rapid population ageing, increasing multimorbidity, and resource constraints present unique challenges to the timely recognition and management of delirium. Innovative approaches tailored to local healthcare settings are therefore essential to improve outcomes.

Recent advances in delirium care within Sri Lanka emphasize screening using brief validated tools such as the 4AT, multidisciplinary collaboration, early identification of precipitating factors, and the implementation of standardized care pathways. Non-pharmacological interventions remain the cornerstone of management, focusing on orientation, sensory optimization, improving hydration and nutrition, pain control, sleep regulation, and family engagement.

Furthermore, increasing emphasis on staff education, caregiver involvement, and development of geriatric services has strengthened delirium prevention and management across acute care settings. These context-specific innovations demonstrate the feasibility of delivering high-quality delirium care despite limited resources. Continued collaboration, research, and capacity building are vital to establishing sustainable delirium care models that address the growing needs of Sri Lanka's ageing population

From Ideal to Feasible: A Pragmatic Cognitive & Social Engagement Programme in Resource-Limited Geriatric Care

Dr Saumya Darshani

Social isolation, loneliness, cognitive decline, and reduced social engagement are increasingly prevalent among older adults and contribute significantly to poor health outcomes, depression, and dementia. While structured cognitive stimulation and psychosocial interventions have demonstrated benefits, implementing such programmes in resource-limited healthcare settings remains challenging due to workforce shortages, competing clinical demands, limited funding, and infrastructural constraints.

This presentation describes the development of a pragmatic Cognitive and Social Engagement Programme within a tertiary care geriatric service in Sri Lanka. The programme was designed using a “feasible over perfect” approach, emphasizing sustainability, low-cost interventions, task-sharing, volunteer engagement, and community participation. The intervention incorporated group exercise, cognitive stimulation activities, music, art, reading, creativity-enhancing tasks, facilitated conversations, shared storytelling and idea exchange, activities promoting social connectedness and belonging, and celebration-based events adapted to local resources and the interests of older participants.

The session will discuss lessons learned during the initial implementation phase, including challenges related to staff commitment, programme continuity, participant retention, and the need for structured training. It will also highlight ongoing efforts to strengthen the programme through multidisciplinary collaboration, volunteer involvement, occupational therapy guidance, and improved participant engagement strategies.

This experience demonstrates that meaningful cognitive and social engagement initiatives can be developed even in resource-constrained settings through creativity, collaboration, and incremental improvement. The model may offer a practical framework for other geriatric services seeking to address the growing burden of loneliness, cognitive impairment, and social isolation among older adults.

SPEAKER ABSTRACTS

MAIN CONGRESS DAY 02

BREAKFAST SESSION

Management of Advanced and Complicated Parkinson's Disease

Dr Gamini Pathirana

Dr Kishara Gooneratne

Professor Priyadarshani Galappaththi

Managing later-stage, complicated Parkinson's disease (PD) requires shifting focus from motor control alone to addressing multifactorial issues like recurrent falls, gait difficulty, psychosis, and cognitive decline. This session outlines a case-based clinical approach tailored for a resource-conscious, family-centered healthcare environment.

A central clinical principle is that late-stage complications should not be managed by reflexively escalating PD medications. Instead, clinicians must prioritize a comprehensive "five-minute danger screen" and strict medication reconciliation to identify drug-induced contributors. Polypharmacy, specifically the burden of anticholinergics, dopamine agonists, sedatives, and inappropriate antihypertensives frequently exacerbates orthostatic hypotension, sedation, confusion, and visual hallucinations. Furthermore, standard dopamine-blocking antiemetics and antipsychotics must be strictly avoided as they severely worsen parkinsonism.

Practical management relies on combined medical and non-pharmacological interventions. Gait freezing and falls are addressed through structured, home-based cueing techniques, wide U-turns, and simple environmental modifications, such as improving night lighting and removing loose mats. When managing distressing psychosis or dementia, the framework emphasizes treating acute delirium triggers and educating caregivers to validate and redirect rather than confront hallucinations.

Ultimately, advanced PD care is optimized through multidisciplinary collaboration and explicit caregiver engagement. Providing families with a single, simplified written medication chart, a structured fall diary, and clear safety triggers maximizes home safety, reduces caregiver burnout, and prevents avoidable hospitalizations.

KEYNOTE ADDRESS

Novel Approaches to Geriatric Medicine Training **Dr Dilhar N Samaraweera**

Globally, training approaches across all medical specialties are evolving with advances in technology and the emergence of artificial intelligence (AI). Geriatric Medicine is a uniquely complex specialty that addresses frailty, multimorbidity, delirium, dementia, ethical dilemmas related to loss of capacity, decision-making regarding accommodation, and end-of-life care. It requires comprehensive geriatric assessment and a holistic approach to patient care. Although healthcare environments and infrastructure have rapidly evolved, the fundamental nature of the human body has remained unchanged. However, increasing life expectancy has led to a growing burden of age-related syndromes affecting both the ageing brain and body.

Training in Geriatric Medicine must therefore focus not only on medical management, but also on the physical, psychosocial, ethical, and cultural dimensions of ageing. The emergence of AI has challenged the traditional boundaries of many medical specialties. Nevertheless, the objective should be to train doctors who are enhanced by AI rather than dependent on it. AI can effectively support learning, teaching, and clinical practice as a tool analogous to a calculator or junior assistant, while clinicians continue to serve as decision-makers, ethical authorities, and interpreters of complex clinical contexts.

The new 2024 Royal Australasian College of Physicians Advanced Training Curriculum in Geriatric Medicine is structured around curricular standards supported by integrated learning, teaching, and assessment programs. These standards are summarised into 26 learning goals that define what trainees need to "be" (competencies), "do" (Entrustable Professional Activities), and "know" (knowledge guides), with assessment occurring throughout training. Contemporary approaches to Geriatric Medicine training require a paradigm shift: from knowledge acquisition to clinical judgement, from competency to capability, and from individual patient care to broader clinical governance and system stewardship.

PLENARY 3

Less Is More: Navigating the Challenges of Deprescribing for Older Adults in International Healthcare

Dr Kenneth Koncilja

With the increasing prevalence of chronic conditions among older adults, polypharmacy has become a pressing concern in geriatric medicine. The presentation will focus on deprescribing as a vital approach towards enhancing medication safety for older adults, particularly in home care and ambulatory settings. This session will explore the complexities of polypharmacy, review diverse International clinical cases, and provide evidence-based strategies for deprescribing tailored to the unique challenges faced in Sri Lanka. Attendees will gain insights into implementing a formal deprescribing protocols to optimize medication regimens, ensuring the delivery of safe, personalized care to older patients.

SYMPOSIUM I - BONE HEALTH

Management of Hip Fractures: an update

Dr Kunal Shah

This presentation offers a strategic overview of the rapidly evolving landscape of hip fracture care, synthesizing critical clinical updates and trial data released between 2024 and 2026. The discussion begins by situating the topic within global healthcare trends, analysing the increasing clinical burden and the introduction of new quality benchmarks from international organizations. These standards set the stage for a deep dive into preoperative systems and logistics, specifically focusing on multidisciplinary units and the implementation of standardized protocols for managing patients on Direct Oral Anticoagulants (DOACs).

The central portion of the talk examines current surgical strategies. By reviewing results from major recent trials, we will evaluate the choice of implants and fixation methods specifically tailored for the geriatric population, including the shift toward "cemented-first" paradigms. Hand-in-hand with these surgical innovations, the presentation addresses neuro-cognitive protection and pain management. This includes a dedicated look at patient safety through updated delirium prevention bundles and the transition toward motor-sparing regional anesthesia techniques that facilitate earlier mobilization.

Finally, the talk explores the transition from acute care to long-term recovery through multidisciplinary pathways. This includes an analysis of integrated rehabilitation models, standardized physiotherapy timelines, and the emerging role of digital health platforms in postoperative monitoring. The session concludes with a summary of secondary prevention strategies, focusing on the latest recommendations for initiating bone-protection therapies to prevent future fractures.

Multidisciplinary Rehabilitation for Older Adults With Hip Fracture

Professor Ian D Cameron

1 John Walsh Centre for Rehabilitation Research, Northern Sydney Local Health District, St Leonards, NSW, Australia

2 Faculty of Medicine and Health, University of Sydney, St Leonards NSW, Australia

Objectives

There is an extensive evidence base supporting some aspects of rehabilitation for older adults with hip fractures. The aim of this presentation is to provide an overview of the topic with an emphasis on clinical recommendations.

Material and Methods

A narrative review of rehabilitation after hip fracture, utilising Cochrane Reviews, clinical practice guidelines and case studies is presented.

Results

After hip fracture, or other significant fracture, a multidisciplinary approach, progressive resistance exercises, and balance training are strongly recommended. Early ambulation, weight-bearing exercise, activities of daily living training, ongoing home-based rehabilitation, management of comorbidities and complication prevention, and nutritional support are also suggested. Prevention of subsequent fractures should also be addressed.

Conclusions: Exercise programs provide the basis for restoring mobility after significant fractures. The older patient will often have other health conditions that also require careful management.

References

Cameron ID, Kurrle SE, Sherrington C. Preventing falls and fall-related injuries in older people. *Med J Aust*. 2024 Aug 5;221(3):140-144. doi: 10.5694/mja2.52374.

Min K, Beom J, Kim BR et al. Clinical Practice Guideline for Postoperative Rehabilitation in Older Patients With Hip Fractures. *Ann Rehabil Med*. 2021 Jun;45(3):225-259. doi: 10.5535/arm.21110. Epub 2021 Jun 30.

PLENARY 4

Digital Innovations in Geriatric Care: the way forward

Professor Vajira Dissanayake

Population ageing is accelerating globally, with Sri Lanka experiencing a rapid demographic transition toward an older population. This shift presents urgent challenges for health systems traditionally designed to manage acute rather than chronic, complex, and multimorbid conditions. Digital innovations offer a transformative opportunity to redesign geriatric care toward more proactive, personalized, and integrated models.

This presentation explores the emerging role of digital health technologies in enhancing the quality, accessibility, and efficiency of care for older adults. Key innovations include telemedicine and remote monitoring systems that enable continuous care beyond institutional settings; wearable devices and Internet of Things (IoT) solutions that support real-time health tracking and early detection of deterioration; and artificial intelligence-driven decision support tools that aid clinicians in managing multimorbidity, polypharmacy, and frailty. Additionally, electronic health records and interoperable data systems facilitate coordinated, patient-centered care across multiple providers.

Importantly, digital solutions must be adapted to the specific needs of older adults, addressing issues of usability, accessibility, and digital literacy. Ethical considerations—including data privacy, equity of access, and avoidance of technological exclusion—are central to implementation. In resource-constrained settings such as Sri Lanka, scalable and cost-effective innovations, aligned with national digital health strategies, are critical.

The way forward requires a multidisciplinary approach integrating clinicians, technologists, policymakers, and communities. Capacity building, regulatory frameworks, and investment in digital infrastructure will be essential to ensure sustainable adoption. Digital innovations, if thoughtfully implemented, have the potential to shift geriatric care from reactive to preventive, from fragmented to integrated, and from institution-centered to person-centered systems.

SYMPOSIUM 2 -INFECTIONS

Challenges in Management of Severe Sepsis in Older Adults

Dr Sabin Thapaliya

Severe sepsis in the elderly is an increasingly important cause of morbidity, mortality, and functional decline, driven by demographic aging, immunosenescence, multimorbidity, polypharmacy, frailty and healthcare- associated exposures. The definitions, diagnosis and management of sepsis are evolving and older adults remain vulnerable despite advances in diagnosis and resuscitation. Clinical recognition is often delayed because fever, tachycardia, and leukocytosis may be absent or muted, while delirium, falls, lethargy, anorexia, and incontinence may be the dominant manifestations. Diagnostic uncertainty is further compounded by baseline frailty, communication barriers, colonization versus infection dilemmas, and the lack of a single reliable biomarker.

Management in elderly patients requires careful balancing of timely source control, prompt antimicrobials, hemodynamic optimization, and avoidance of iatrogenic harm. Standard sepsis protocols must be adapted to physiological reserve, renal function, frailty, and goals of care rather than applied rigidly. The commonly used prognostic scores, capillary refill time and other bedside markers as well as the general resuscitation strategies have limitations in the elderly. Beyond acute survival, the burden of post-sepsis syndrome, cognitive decline, physical disability, and re-hospitalization is substantial, making rehabilitation, nutrition, infection prevention, and caregiver support and education essential components of care. A geriatric-centered, suspicion-driven, and compassionate approach is necessary to improve outcomes in severe sepsis among older adults.

Atypical Clinical Manifestation of Infections in Older Adults

Professor Surekha Viggswarpu

Classic signs and symptoms of infection live under the cloak of age-related physiological changes, immunosenescence and multimorbidity which are rampant in the older person. Localized pain, fever and a raised leucocyte count may frequently be missing in the narrative of an older patient with a raging infection. Other uninvited guests include polypharmacy and cognitive impairment. So, pneumonia, urinary tract infection, skin infection and sepsis may play hide-and-seek with delirium, anorexia, falls and functional decline.

Subtle changes from baseline function need to be flagged immediately. Tailored diagnostic strategies, focussed care and appropriate management by a multidisciplinary team in a geriatric care unit result in better outcomes in these set of patients.

Clinical scenarios depicting the varied presentations are highlighted to increase awareness among health care personnel about the mask infections put on, the charade they play and the way they change their colours like a chameleon and their avatars too!!!

Antibiotic Use in Older Adults

Professor Chandanie Wanigathunga

The rational use of antibiotics in older adults is essential to optimise therapeutic outcomes, reduce adverse drug reactions, and limit the emergence of antimicrobial resistance. Age-related physiological changes significantly influence the pharmacokinetics and pharmacodynamics of antimicrobial agents. Reduced renal clearance, diminished hepatic metabolism, altered gastrointestinal absorption, decreased serum albumin levels, and changes in body composition affect antibiotic distribution, metabolism, and elimination. These alterations may lead to subtherapeutic efficacy or drug accumulation and toxicity if standard dosing regimens are used. In addition, pharmacodynamic changes such as altered receptor sensitivity and immunosenescence can modify both the effectiveness and tolerability of antibiotic therapy in older individuals.

Older adults present unique challenges that require individualised antibiotic prescribing. Polypharmacy, multiple chronic comorbidities, frailty, malnutrition, and cognitive impairment increase the risk of drug–drug interactions, medication nonadherence, and adverse effects. Careful antibiotic selection should therefore consider infection severity, probable pathogens, organ function, local antimicrobial resistance patterns, and patient-specific factors such as functional status and life expectancy. Dose adjustments of renally excreted antibiotics are particularly important as many older adults have reduced renal function. Older adults are also more susceptible to antibiotic-related complications, such as nephrotoxicity, hepatotoxicity, QT prolongation, delirium, and prolonged hospitalisation.

Broad-spectrum and prolonged antibiotic use should be avoided whenever possible, with preference given to targeted, narrow-spectrum therapy guided by culture results and antimicrobial stewardship principles. Regular review of treatment response, de-escalation strategies, and monitoring for toxicity are essential to ensure safe, effective, and rational antibiotic use in the geriatric population.

SYMPOSIUM 3 - RENAL

Management of Lower Urinary Tract Symptoms in Older Adults

Professor Neville D Perera

Lower Urinary Tract Symptoms in Older Adults: A Case-Based Approach to Assessment and Management for Multidisciplinary Healthcare Professionals

Neville D Perera, Consultant Urological Surgeon

Abstract

Lower urinary tract symptoms (LUTS) are highly prevalent among older adults and represent a major cause of morbidity, impaired quality of life, sleep disturbance, social isolation, and healthcare utilization. While the causes of LUTS differ between men and women, the symptom complex frequently arises from a combination of age-related physiological changes, aging bladder and sphincter dysfunction, pelvic floor disorders, neurological disease, bladder outflow obstruction (BOO) and complications such as urinary tract infection, compounded by other comorbidities such as renal and cardiac dysfunction.

Given the multifactorial nature of LUTS in older adults, accurate diagnosis and individualized management based on clinical and laboratory investigations remain challenging for the clinician.

This educational session is to utilize a case-based discussion format featuring representative male and female patients commonly encountered by Geriatric and other non-urological specialists, primary care physicians, nursing, allied health practitioners. The cases illustrate the classification of storage, voiding, and post-micturition symptoms; differential diagnosis; comprehensive clinical assessment; appropriate investigations; identification of red-flag features; and individualized treatment planning.

It also provides a practical, patient-centered framework for the assessment and management of LUTS in older adults through the use of clinically relevant case scenarios, highlighting contemporary evidence-based recommendations.

Keywords: Lower urinary tract symptoms, LUTS, older adults, geriatric urology, overactive bladder, benign prostatic hyperplasia, urinary incontinence, multidisciplinary care, case-based education.

Challenges in Management of Chronic Kidney Disease in Older Adults

Professor Ogochukwu C A Okoye

Renal physiological and structural changes that occur with aging may increase the risk for chronic kidney disease (CKD). Some of these structural changes are similar to hypertensive nephropathy and presents a diagnostic dilemma. In addition, medical comorbidities such as cardiovascular disease, diabetes, obesity, and pulmonary diseases, are more common in older adults, thereby amplifying CKD risk and posing challenges with management.

Important challenges with CKD management in the older population include medication-related problems, choice of renal replacement modalities, frailty and psychosocial problems. The best approach to care should be multidisciplinary, individualised and prioritise shared decision making.

Advanced Care Planning and Supportive Care for Patients with End Stage Kidney Disease

Dr Victoria Hedges

Renal supportive care (RSC) is an essential component of high-quality care for patients with advanced kidney disease, particularly those unlikely to benefit from dialysis or approaching the end of life. The structure, principles and clinical application of renal supportive care within the Oxford Kidney Unit provides a framework for palliative and renal services to collaborate and improve patient-centred outcomes across the disease trajectory.

The Oxford RSC service supports patients across multiple dialysis units and hospitals, integrating specialist palliative medicine physicians, nephrologists, dialysis teams and renal supportive care nurses. Core elements of the service include early patient identification, comprehensive symptom assessment, prognostication, advance care planning, and close liaison with renal teams, general practitioners and community services. Screening tools such as symptom scores, frailty assessment, clinical judgement, and the Surprise Question are used to identify patients who may benefit from supportive care interventions, whether on dialysis or managed conservatively.

Key clinical challenges include recognising when dialysis will not be beneficial, and thus supporting patients in conservative kidney management, and identifying patients who may need to withdraw from dialysis. This involves complex decision-making for patients with significant comorbidities, functional decline, frequent hospital admissions and cognitive impairment. Prognostic indicators such as declining performance status, increasing symptom burden, recurrent admissions, and absence of reversible pathology are used alongside clinical signs of active dying.

End-of-life care, including following dialysis withdrawal, focuses on symptom control and medication management in advanced kidney disease. This often includes the administration of subcutaneous medications for pain, breathlessness, agitation, nausea and respiratory secretions. In summary, renal supportive care and advance care planning help to recognise patients with unmet symptom needs, initiate timely conversations, and deliver holistic care aligned with patient goals and values.

The Pfizer logo is centered within a white rectangular box. It features a stylized 'P' composed of two interlocking, three-dimensional bands, one light blue and one dark blue. To the right of the 'P' is the word 'fizer' in a bold, dark blue, sans-serif typeface. The entire logo is set against a background with a light blue to purple gradient.

SEARLE

ABSTRACTS

FREE PAPER PRESENTATIONS

ORAL PRESENTATIONS

OP 01 - Association between nutritional intake and sarcopenic obesity among elderly patients with osteoarthritis: Evidence from a Tertiary Care Centre in Sri Lanka

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Background:

Knee osteoarthritis (KO) is a debilitating chronic disease that could be associated with sarcopenic obesity (SO). Further, poor nutrition contributes to SO in elderly. However, literature on the association between SO and nutrient intake among elderly patients with KO is very sparse.

Aims:

The study aimed to assess the association between nutrient intake and SO among elderly patients with KO attending the Rheumatology Clinic at The National Hospital, Galle.

Methods:

A descriptive cross-sectional study was conducted among 169 patients with KO. Data was collected using an interviewer-administered questionnaire. Anthropometric measurements, including body composition were obtained. Sarcopenic obesity was defined according to ESPEN guidelines. 24-hour nutrient intake was analysed using NutriSurvey software. Data was analysed using descriptive statistics and Fisher's Exact Test.

Results:

Mean age was 65.7 years, with the majority (88.2%) being females. Among the participants, 43.2% had SO. Daily mean energy intake was 33.74 kcal/kg, and the main energy source was carbohydrate (66.5%), with an average sugar intake of 17.42 g. The average protein intake was 37.6 g/day, and the majority (90.5%) showed inadequate intake. A significant association was observed between protein intake and sarcopenic obesity. The average fibre intake was 4.6 g/day. The average daily calcium and vitamin D intakes were 221.9 mg and 3.53 µg, respectively, with the majority having inadequate intake. However, there was no significant association between SO and calcium and vitamin D intake. The average daily intake of retinol, vitamin C, B6, and B12 was 180.68 µg, 18.51 mg, 1.15 mg, and 1.82 µg respectively. The average daily intake of iron, sodium, potassium, magnesium, and zinc was 6.6 mg, 2787.0 mg, 1142.5 mg, 204.5 mg, and 5.34 mg, respectively. Rates of poor micronutrient intake were high.

Conclusions:

Intake of protein, micronutrients, and fibre was considerably low. Notably, SO showed a significant association with protein intake. Elderly patients with KO are recommended to consume a nutrient-dense diet with adequate protein.

Acknowledgement:

Faculty research grant 2024

Declaration: Artificial Intelligence tools were not used in the preparation of the abstract.

OP 02 - The Prevalence and Associations of Oral Frailty Among Older patients: A Cross-Sectional Study From National Hospital Colombo, Sri Lanka.

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Background:

Oral frailty, characterized by a gradual decline in oral functions like chewing, swallowing, and speech, is an underrecognized major geriatric problem. Despite Sri Lanka's rapidly aging population, data regarding its prevalence and clinical impact remain scarce.

Aims:

To determine the prevalence of oral frailty and its associations with demographic factors and other geriatric syndromes among older adults.

Methods:

A cross-sectional observational study was conducted among 400 adults aged ≥ 60 years attending medical and geriatric clinics at the National Hospital of Sri Lanka. Data were collected via interviewer-administered questionnaires, including the Oral Frailty Index-8 (OFI-8), which is culturally validated to the Sinhala and Tamil languages, Clinical Frailty Scale (CFS), and Mini-Cog assessment. Statistical analysis was performed using SPSS version 23. The relationship between the continuous variables was calculated using Pearson's correlation coefficient. Associations between categorical variables were evaluated using the Chi-square test.

Results:

The mean age was 74.79 ± 6.99 years, with a female predominance (60.3%, n=241). The study population showed a high prevalence of non-communicable diseases, with hypertension being the most common comorbidity (61.3%). Notably, 89.4% of participants had multiple comorbidities (≥ 2). The prevalence of oral frailty (OFI-8 score ≥ 4) was 54.8%. Specific symptoms were prevalent, with 28.7% of participants reporting choking while consuming liquids. Regarding frailty, 37.3% were classified as CFS ≥ 5 . In regard to other prevalent geriatric syndromes, 60.3% experienced polypharmacy, 32% reported falls within the past year, 31.4% had possible cognitive impairment (Mini-Cog < 4), and 20.3% urinary incontinence. Statistical analysis revealed that oral frailty (OFI-8) was significantly associated ($p < 0.05$) with clinical frailty status, history of falls, polypharmacy and urinary incontinence.

Conclusion:

Oral frailty is highly prevalent among older adults and is closely linked to physical frailty, cognitive decline, and fall risk. Given its significant prevalence and association with other geriatric syndromes, integrating oral frailty assessment into routine comprehensive geriatric assessments may facilitate early detection and intervention to improve quality of life.

Declaration: No artificial intelligence (AI) tools were used in the preparation of this abstract.

OP 03 - The Mediating role of self-efficacy in the relationship between functional mobility and health-related quality of life among residents of selected elderly homes in the Kurunegala district

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Background:

As populations age, improving health-related quality of life (HRQoL) is crucial for preserving autonomy. While functional mobility is vital in maintaining independence, self-efficacy motivates older adults to remain active. Sri Lanka, with a rapidly growing elderly population, lacks sufficient data on whether self-efficacy affects the relationship between mobility and HRQoL among institutionalized older adults.

Aims:

To examine the mediating role of self-efficacy in the relationship between functional mobility and health-related quality of life among residents of selected elderly homes in Kurunegala district.

Methods:

A cross-sectional study was conducted among individuals aged ≥ 60 years at selected elderly homes in Kurunegala, using non-probability convenience sampling method. Self-efficacy and functional mobility were evaluated using General Self-efficacy (GSE) scale and Timed Up and Go (TUG) test, respectively. The HRQoL was measured using the SF-36 Health Survey. Mediation analysis was performed using PROCESS macro (Model 4) in SPSS with 5000 bootstrap samples.

Results:

One hundred twelve older adults ($n=112$; age 75 ± 8.05 years), including 71 (63.4%) females, were recruited in the study. Functional mobility significantly predicted self-efficacy ($\beta = -0.1667$, $p = 0.0006$). Self-efficacy significantly predicted Physical Component Summary (PCS) ($\beta = 0.7651$, $p < 0.001$) and Mental Component Summary (MCS) of quality of life ($\beta = 0.3722$, $p = 0.0109$). Mediation analysis showed a significant indirect effect of functional mobility on PCS through self-efficacy (Effect = -0.1276 , 95% CI $[-0.2541, -0.0343]$), indicating partial mediation. For MCS, the indirect effect through self-efficacy was significant (Effect = -0.0621 , 95% CI $[-0.1369, -0.0012]$), while the direct effect was not significant, suggesting possible full mediation.

Conclusion:

Self-efficacy was associated with a mediating effect on the relationship between functional mobility and health-related quality of life among older adults. These findings highlight the importance of promoting both psychological resilience and physical function to enhance overall well-being in this population. Adjustment for potential confounders is recommended in future studies.

Declaration: AI was used only for language editing.

OP 04 - Investigating the Effectiveness of Cyclic Neuromuscular Electrical Stimulation with Routine Exercises in Recovery of Upper Extremity Functions in Patients with Early Sub-Acute Stroke: A Randomized Controlled Trial

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Background:

Stroke is a major cause of long-term disability worldwide, and upper extremity hemiparesis is a common impairment that limits daily activities and quality of life. The early sub-acute phase, between 7 days and 3 months after stroke, is considered an important period for rehabilitation because of increased neuroplasticity and recovery potential.

Aim:

This study aimed to evaluate the effectiveness of cyclic Neuromuscular Electrical Stimulation (NMES) combined with routine exercises compared with routine exercises alone in improving upper extremity recovery among patients with early sub-acute ischemic stroke.

Methods:

A single-blind randomized controlled trial was conducted among 62 patients with early sub-acute ischemic stroke. Participants were randomly assigned to a treatment group receiving cyclic NMES with routine exercises (n = 31) or a control group receiving routine exercises alone (n = 31) using sealed-envelope randomization. The sample size was calculated using G*Power software. The Action Research Arm Test (ARAT) was used as the primary outcome measure. Both groups completed 15 supervised treatment sessions over three weeks. Outcome measures included upper-limb motor function, sensorimotor recovery, functional independence, muscle strength, and joint mobility, assessed using the ARAT, Functional Motor Assessment-Upper Extremity (FMA-UE), Modified Barthel Index (MBI), Manual Muscle Testing (MMT), and Active Range of Motion (AROM). Assessments were performed before and after intervention by a blinded assessor and analyzed using mixed-design ANOVA.

Results:

Both groups showed significant improvements in all outcomes after treatment ($p < 0.001$) with moderate-to-large effect sizes. However, no significant differences were found between groups for ARAT, MBI, AROM, or MMT. The NMES group demonstrated slightly higher scores in some FMA-UE domains, although interaction effects were not significant.

Conclusion:

Both interventions improved upper-extremity recovery in early subacute stroke patients. Cyclic NMES showed slight advantages in selected sensorimotor domains but did not produce significantly greater improvements than routine exercises alone within the three-week intervention period. The short three-week intervention window, small sample size, and lack of medium-term follow-up were limitations of the study.

Declaration: I declare that 25% of AI used in language editing and structural assistance.

OP 05 - Strengthening Geriatric Education in Physiotherapy: Development and Pilot Testing of a Competency-Based Curriculum in the University of Colombo, Sri Lanka

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Background:

Rapid population ageing in Sri Lanka has increased the burden of chronic disease, frailty, and functional decline, highlighting the need for a healthcare workforce with geriatric-specific competencies. Current undergraduate physiotherapy education lacks organised training in geriatric assessment, interdisciplinary care, and clinical decision-making skills. The Capacity for Active Ageing (CAPAGE) project, a European Union co-funded initiative, aims to strengthen geriatric education through competency-based and contextually relevant curricula across health professional programmes in Sri Lanka.

Aim:

To describe the development and evaluate the implementation of two undergraduate geriatric physiotherapy courses designed within the CAPAGE project.

Methods:

A multi-phase descriptive study was conducted to identify core competencies through needs analysis, literature review, and expert consultation. Two courses were developed: a 2-credit Geriatric Assessment for Physiotherapy module and a 3-credit Clinical Practice in Geriatrics for Physiotherapy module. Content was refined through double-blind expert review. Pilot testing involved 13 undergraduate students and included lectures, practical sessions, and a case-based discussion. Evaluation was performed using a five-point Likert scale questionnaire, which was developed by the quality assurance group of the CAPAGE project, with descriptive analysis of both quantitative and qualitative feedback.

Results:

Expert review refinement included the integration of standardized functional, quality-of-life and psychological assessment instruments, and inclusion of acute care considerations. Pilot testing showed high levels of student satisfaction, with no negative ratings across core domains. Over 90% (n=12) of students strongly agreed on the clarity of learning outcomes and the achievement of intended objectives in lectures, while practical and case-based sessions achieved 100% positive engagement. Content relevance and academic depth were rated highly satisfactory (>77% agreement), with minor suggestions for improving teaching resources.

Conclusions:

The courses were well-received and showed strong alignment with student learning needs and geriatric core competencies. This curriculum represents a feasible, evidence-informed model

for integrating geriatric education into undergraduate physiotherapy programmes, particularly in low- and middle-income settings with similar healthcare, socioeconomic, and demographic contexts.

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OP 06 - Missed in plain sight: high prevalence of undetected isolated systolic hypertension among older adults without prior diagnosis in a nationwide Sri Lankan study

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Background

Hypertension is a leading modifiable risk factor for cardiovascular disease, with a disproportionately high burden in low- and middle-income countries (LMICs). Isolated systolic hypertension (ISH), the most common subtype among older adults, is frequently underdiagnosed despite being strongly associated with stroke, heart failure, cognitive decline, and cardiovascular mortality. Evidence on undetected ISH in routine outpatient settings in LMICs remains limited. This study aimed to determine the prevalence and associated factors of undetected ISH among older adults attending tertiary care clinics in Sri Lanka.

Methods

A multicenter cross-sectional study was conducted among 1,007 adults aged ≥ 65 years without a prior diagnosis of hypertension and not on antihypertensive medications, attending outpatient medical clinics for other medical comorbidities of ten tertiary care facilities from all nine provinces in Sri Lanka. Participants were recruited using systematic random sampling. Data were collected using interviewer-administered questionnaires, anthropometric measurements, and standardized blood pressure (BP) assessments. ISH was defined as systolic BP ≥ 140 mmHg with diastolic BP < 90 mmHg. Associations between ISH and explanatory variables were assessed using chi-square tests and independent t-tests, while multivariate logistic regression identified independent predictors.

Results:

The mean age of participants was 67.5 ± 6.8 years, and 52.9% were female. The prevalence of undetected ISH was 28.9%, indicating that nearly one in three older adults without a prior hypertension diagnosis had elevated systolic BP. The independent predictors of ISH included Sinhala ethnicity (OR 2.94, 95% CI: 2.02–4.28), absence of family history of coronary artery disease (OR 3.57, 95% CI: 1.90–6.69), absence of family history of stroke (OR 1.77, 95% CI: 1.11–2.81), absence of vascular comorbidities (OR 1.37, 95% CI: 1.01–1.85), and higher BMI (OR 1.04 per kg/m^2).

Conclusions:

Nearly one third of older adults attending tertiary care clinics in Sri Lanka have undetected ISH despite regular healthcare contact. The higher prevalence among individuals without established cardiovascular risk factors suggests missed opportunities for early detection. This missed opportunity within routine care pathways highlights an urgent need for systematic changes to

prevent avoidable cardiovascular outcomes in ageing populations.

Key words: Isolated systolic hypertension; Low- and middle-income countries; Multimorbidity; Older adults; Outpatient care; Prevalence; Sri Lanka

AI declaration: I hereby declare that no AI tools or AI-assisted technologies were used in the preparation, writing, analysis or submission of this abstract.

OP 07 - Association between falls and fear of falling among post-stroke survivors attending selected hospitals in Western Province, Sri Lanka

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Background and aims:

Stroke often causes long-term physical and mental impairments, increasing fall risk and compromising mobility, independence, and psychological well-being. This study aimed to assess falls and fear of falling along with their association among post-stroke survivors attending selected hospitals in Western province, Sri Lanka.

Methods:

A cross-sectional study was conducted at National Hospital of Sri Lanka, Rheumatology and Rehabilitation Hospital Ragama and Colombo South Teaching Hospital from October to November 2025 involving post-stroke survivors aged 40 years or above. Demographic, stroke-related and falls-related data were collected using an interviewer-administered questionnaire. Fear of falling was assessed using 10-item Iconographical Falls Efficacy Scale (10-item Icon-FES).

Results:

A total of 96 post-stroke individuals (58 males, 38 females) with a median age of 58 years (IQR: 50–65) were recruited. Among all participants, 56.3% (n = 54) experienced at least one post-stroke fall, with a median of 1 fall (IQR: 0–2). The median 10-item Icon-FES score was 24 (IQR: 18–30), with 72.9% (n = 70) reporting high concern and 27.1% (n = 26) low concern for falling. Fear of falling exhibited a significant moderate negative correlation with post-stroke duration ($r = -0.344$, $p = 0.001$). A statistically significant association was observed between fall status and fear of falling among post-stroke survivors ($p = 0.009$).

Conclusion:

The majority of participants experienced falls and high concern for falling. Fall status was significantly associated with fear of falling. These findings underscore the importance of early identification of individuals with fear of falling when developing preventive and therapeutic rehabilitation programmes to enhance patient outcomes.

Declaration: AI tools were used only for language editing purposes during the preparation of the abstract.

OP 08 - Attitudes and Intentions towards Advance Care Planning and End of Life decisions Among Community-dwelling Older Adults in Colombo District

Wikramaarachchi R.D¹, Barthelot D.E¹, Fernandez M.G.C.S¹, Kularathna K.A.I¹, Munasinghe J.A.I.D¹, Prasangi M.P¹, Sanjeewa B.H.H.S.R¹, Thennakoon T.M.C.K¹, Nelum K.I.T¹, Priyadarshani U.G.N², Warnakulasuriya S.S.P²

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Background:

Advance Care Planning (ACP) and end-of-life (EOL) decision-making support individuals in expressing future healthcare preferences. Understanding older adults' attitudes and intentions toward ACP and EOL decisions is essential for the planning of future care of older adults. However, evidence regarding the attitudes related to ACP among older adults remains limited in the Sri Lankan context.

Aims:

This study aimed to assess the attitudes and perceived intentions regarding ACP and EOL decisions among community-dwelling older adults in the Homagama Divisional Secretariat area, Colombo district, Sri Lanka

Methods:

A descriptive cross-sectional study was conducted among 422 older adults selected through Cluster sampling from ten Grama Niladhari divisions. Data were collected using a content-validated, pretested, interviewer-administered questionnaire. Attitude and perceived intention scores were calculated, and scores above the median were categorized as favorable attitudes and intentions. Data were analyzed using descriptive statistics in SPSS version 27, with statistical significance set at < 0.05.

Results:

The mean age of participants was 69.96 (SD ± 5.9), with predominance of females (68.3%) and married individuals (79.4%). Median attitude and intention scores were 68 (IQR 65-71), and 57 (IQR 54-60), respectively. Positive attitudes and positive perceived intentions towards ACP and EOL decision-making were observed in 43.1% and 45.4% of participants, respectively. A majority valued social support (93.9%), preferred home-based care at the end of life (63.8%), and did not favor life-prolonging treatment (66%). Quality of Life (95.7%) and spiritual support (90.5%) were identified as key priorities. Most participants (71.8%) expressed willingness to discuss future medical care with family members, while approximately half (49.5%) indicated limited societal openness and inadequate awareness (50%) regarding ACP.

Conclusion:

The findings indicated that a substantial proportion of participants exhibited unfavorable attitudes and limited perceived intentions towards ACP and EOL decision making. The findings highlight the need for healthcare professionals to initiate discussions on ACP among older adults. Needs to develop culturally appropriate geriatric policies and guidelines, and further qualitative studies are recommended for ACP discussions among Sri Lankan older adults.

Keywords: Advance Care Planning (ACP), attitudes, community-dwelling older adults, End of Life (EOL) decisions, perceived intentions, Sri Lanka

Declaration: Artificial Intelligence (AI) tools (ChatGPT, Grammarly) were used solely for language editing, grammar correction, and improving the structure and readability of this abstract. No AI tools were used for data generation, data analysis, interpretation of results, or scientific decision-making. The authors take full responsibility for the accuracy, integrity, and content of the submitted work.

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ABSTRACTS

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PP 01 - Beyond Psychosis: Auditory Charles Bonnet Syndrome Presenting with Musical Hallucinations

Kulathunga M.M¹, Herath H.M.C.J.C², Ekanayake E.M.C.S³, Abeywardena G⁴
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Introduction:

Auditory Charles Bonnet syndrome (also referred to as auditory release hallucinosis or musical ear syndrome) is a rare and underrecognized condition characterized by complex auditory hallucinations, particularly musical phenomena, in individuals with hearing impairment. Due to its phenomenological overlap with primary psychiatric disorders, it is frequently misdiagnosed, leading to unnecessary treatment and stigma.

Case:

We report a 67-year-old woman with a background of hearing impairment who presented with a two-year history of recurrent auditory hallucinations of singing voices, predominantly male and in her native language. The hallucinations were structured, non-commanding, and occurred daily, with greater prominence in the mornings. The content was occasionally familiar, resembling songs from her childhood. The voices did not converse with her, comment on her actions, or reflect her thoughts. There were no associated delusions, thought disorder, or behavioral disturbances. There was no history of psychiatric illness. Medication review and substance use history did not identify any potential hallucinogenic contributors. Cognitive functions were clinically intact (MMSE 29/30), and neurological examination was unremarkable, with no evidence of delirium, seizure disorder, or neurodegenerative disease. Insight was partially preserved, with the patient attributing the experiences to her hearing difficulty. Routine investigations, including full blood count, erythrocyte sedimentation rate (ESR), thyroid-stimulating hormone (TSH), and metabolic screening, were within normal limits. Pure tone audiometry revealed bilateral sensorineural hearing loss, more pronounced on the left side. She was commenced on a hearing aid, following which the frequency and intensity of the hallucinations markedly reduced over the subsequent few weeks.

Conclusion:

This case highlights auditory Charles Bonnet syndrome as an important non psychiatric cause of auditory hallucinations in individuals with hearing impairment. Recognition of this condition is crucial to avoid misdiagnosis and unnecessary pharmacological treatment. Management should focus on optimization of hearing, with medications reserved for selected cases. Increased clinical awareness is essential to improve early detection and patient outcomes.

Declaration: Artificial Intelligence (AI) tools were used solely for language refinement and structural editing during the preparation of this abstract. No AI tools were used for data generation, analysis, or scientific interpretation. The authors take full responsibility for the content of the submission.

PP 02 - Fish protein consumption and sarcopenia risk among older adults in coastal and non-coastal communities

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Sarcopenia, the progressive age-related decline in muscle mass and function, poses a growing public health burden in ageing populations. Fish protein, rich in essential amino acids, omega-3 fatty acids, vitamin D, and calcium, has been proposed as a dietary strategy for sarcopenia prevention. Geographic differences in fish accessibility between coastal and non-coastal communities may influence sarcopenia risk. The aim of this study was to examine the relationship between fish protein consumption and sarcopenia risk among older adults in coastal and non-coastal communities.

A community-based comparative cross-sectional study was conducted among 126 community-dwelling older adults aged ≥ 65 years from Negombo (coastal, $n=63$) and Lunugala, Bibile, Uva Province (non-coastal, $n=63$), recruited using stratified random sampling. Both groups were comparable in mean age (71.7 ± 5.1). Sarcopenia was assessed using Asian Working Group for Sarcopenia (AWGS) criteria, incorporating appendicular skeletal muscle mass index (ASMI) measured by bioelectrical impedance analysis (BIA), handgrip strength, and gait speed. Anthropometric measurements including weight, height, mid-upper arm circumference (MUAC), and calf circumference were obtained. Dietary intake was evaluated using the multiple-pass 24-hour dietary recall method and lifestyle factors and habitual fish consumption was recorded as part of the socio-demographic questionnaire. Participants with serious chronic illness, physical dependency, and use of nutritional supplements were excluded. Coastal adults had significantly higher skeletal muscle mass ($p=0.008$), handgrip strength ($p=0.039$), and gait speed ($p=0.001$). Severe sarcopenia prevalence was higher among non-coastal adults (30%) than coastal adults (10%), while non-sarcopenia was more prevalent in the coastal group (37%) compared to non-coastal (14%). Coastal older adults consumed fish daily (76.2%) and derived $>60\%$ of dietary protein from animal sources, predominantly fish. Median fish protein intake was significantly higher in the coastal group (coastal: 18.4 g/day; non-coastal: 4.2 g/day; $p<0.001$). Non-coastal participants consumed fish mainly 2–3 times per week (31.7%) or rarely (36.5%), relying more on freshwater and dried fish, whereas coastal adults primarily consumed fresh marine fish.

After adjusting for physical activity level in the analysis, fish protein intake showed significant positive correlations with ASMI ($r=0.688$, $p<0.001$), muscle strength ($r=0.527$, $p<0.001$), and physical performance ($r=0.593$, $p<0.001$). Logistic regression revealed that higher fish protein intake was significantly associated with reduced odds of sarcopenia (OR=0.986; 95% CI: 0.975–0.997; $p=0.004$). Higher fish protein consumption is associated with improved muscle mass, strength, and physical performance among older adults, with significantly lower sarcopenia risk observed in the coastal community. Observed differences between coastal and non-coastal groups may reflect not only dietary patterns but also broader lifestyle factors, including the higher physical activity demands of fishery-based livelihoods. These findings highlight the potential protective role of regular fish intake as a dietary strategy for sarcopenia prevention in ageing populations. Limitations include the cross-sectional design, which precludes causal inference, different species and preparations of fish may have varying protein quality and fish consumption may vary depending on season or availability.

Keywords: coastal communities, fish protein, handgrip strength, older adults, sarcopenia

Declaration: Artificial Intelligence (AI) tools were used only for language improvement and grammatical editing purposes in the preparation of this abstract. The intellectual content, analysis, and final responsibility remain with the authors.

PP 03 - Prevalence of controlled blood pressure and associated factors among older adults with hypertension

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Background:

Hypertension is a leading cause of cardiovascular morbidity in the elderly. Identifying associations of blood pressure control helps guide targeted interventions to older adults. Data from Sri Lankans is sparse.

Aims:

To determine the associations of good blood pressure (BP) control among older adults in Sri Lanka.

Methods:

The Ministry of Health, Sri Lanka, is conducting a protocol-based BP control program among outpatients seeking treatment for hypertension at selected primary, secondary, and tertiary healthcare facilities in Sri Lanka and data are entered using a digital app. We extracted BP data of Sri Lankans 65 years or above by the 31 st of December 2025, saved in the ministry server. Controlled BP was defined as BP $\leq$ 140/90mmHg. Associations of controlled BP were identified using multivariable logistic regression.

Results:

Of the 352,286 total sample, 49.3% (n=173,964) were older adults. Of them, 39574 had follow-up data of 6 months or more and were included in the analysis. Of them, 45.5% had controlled BP. Controlled BP was positively associated with being treated at secondary/tertiary care facilities (OR 1.196, $p \leq 0.001$), and with the presence of diabetes (OR 1.402, $p \leq 0.001$), while it was negatively associated with increasing age (OR 0.986, $p=0.004$) and the presence of ischemic heart disease(IHD) (OR 0.861, $p=0.036$). No significant association with gender was observed.

Conclusions:

Measures to control BP in older adults need augmentation especially in primary healthcare facilities. Patients with diabetes had controlled BP, probably due to physicians and patients placing greater emphasis on BP control, while BP control was poor in patients with IHD, reflecting the consequences of poor BP control. These findings highlight the importance of improving awareness of good BP control in old age among both physicians and patients.

Declaration: No Artificial Intelligence tools were utilized in the preparation of this abstract.

PP 04 - Vertebral Discitis As The Initial Manifestation of Infective Endocarditis : A Diagnostic Challenge in Geriatric Medicine

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Introduction:

Infective Endocarditis (IE) is a diagnostic challenge due to its diverse array of clinical presentations. Discitis in an elderly patient may be overlooked as a local degenerative change, thereby delaying recognition of systemic manifestations of IE. The rich vascular supply of the vertebral endplates and the valveless Batson's venous plexus creates a vulnerable anatomical route for spinal involvement in IE.

Case report:

A 72-year-old diabetic male with a history of left-sided ischemic stroke presented following a fall with impact on the right shoulder and back. On examination, the residual weakness has worsened, although the rest of the system examination was unremarkable. Non-contrast CT of the head revealed features of an old infarction and degenerative lesions in the 5th lumbar vertebrae. Clinical diagnosis of a new-onset minor stroke was made. On the third day of admission, the patient developed fever spikes with rising inflammatory markers (CRP-220mg/L, ESR-130mm in 1st hour), with negative initial septic screening. Persistent fever spikes for more than five days that were poorly responsive to empirical broad-spectrum antibiotics prompted further evaluation, including repeated cultures. Further physical examination revealed mild splenomegaly without lymphadenopathy, which was confirmed by USS abdomen. Initial transthoracic echocardiogram (TTE), bone marrow biopsy, and tuberculosis screening were negative. Although the CECT Chest, Abdomen, and Pelvis did not reveal any evidence of malignancy, discitis in the 5th lumbar vertebrae was noted. Repeat blood culture isolated MRSA. With high suspicion of IE, a subsequent trans-oesophageal echocardiogram (TOE) revealed an aortic valve vegetation, unmasking IE. Patient recovered following treatment with intravenous Vancomycin for 6 weeks, followed by oral Linezolid for 4 weeks.

Conclusion:

This emphasizes the importance of considering infective endocarditis in elderly patients presenting with vertebral discitis and persistently elevated inflammatory markers, even when initial investigations are inconclusive.

Declaration: I declare that I have not used the Artificial Intelligence (AI) tools in the preparation of my abstract.

PP 05 -Diverticulitis As an Uncommon Cause of Pyrexia of Unknown Origin:A Case Report

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Background:

Pyrexia of unknown origin (PUO) is characterized by fever exceeding 38.3°C for more than three weeks without an established diagnosis after appropriate evaluation. Approximately 25-50% of cases remain undiagnosed even with novel diagnostics. Although diverticulosis is common in geriatric patients, diverticulitis is an underrecognized cause of PUO, especially when gastrointestinal symptoms are few.

Case Report:

We report a 70-year-old previously healthy male who presented with fever for six days, which continued for more than 3 weeks from the onset of fever. It was associated with chills, rigors, loss of appetite, and constipation without other gastrointestinal symptoms. Physical examination was unremarkable. Laboratory studies revealed elevated inflammatory markers (CRP-305mg/L, ESR-115mm/1hr) with neutrophil leukocytosis (WBC 20x10³ /μL). Extensive investigations were carried out, including blood, urine, and CSF cultures, chest X-ray, Mantoux test, sputum AFB, abdominal ultrasound, and echocardiography, which were inconclusive. Persistent fever despite empirical intravenous antibiotics prompted further evaluation with contrast-enhanced CT of the chest, abdomen, and pelvis, which revealed thickening and enhancement of the sigmoid colon with pericolic inflammation, confirming a diagnosis of diverticulitis. Considering culture-negative, presumed complicated diverticulitis, intravenous Meropenem was started. The patient showed marked clinical improvement.

Conclusions:

Diverticulitis should be considered among the differential diagnoses of prolonged fever in elderly patients with inconclusive routine investigations, even in the absence of prominent gastrointestinal symptoms. Early use of contrast-enhanced CT imaging facilitates diagnosis, and timely initiation of appropriate antibiotics ensures favorable clinical outcomes.

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PP 06 - Integrative Acupuncture in the Management of Multimorbidity-Related Conditions in Older Adults: A Systematic Review

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Background:

Multimorbidity, defined as the coexistence of two or more chronic conditions, is highly prevalent among older adults. This is associated with functional decline, reduced quality of life and increased polypharmacy. Conventional disease-specific management approaches often fail to adequately address the complex and interconnected nature of multimorbidity. Integrative acupuncture has been proposed as a multisystem therapeutic approach that offers holistic benefits in this population.

Objective:

To systematically evaluate the evidence on the effectiveness of integrative acupuncture in the management of multimorbidity-related conditions in older adults.

Methods:

A systematic review was conducted following PRISMA guidelines. Randomized and non-randomized clinical studies investigating acupuncture or electroacupuncture in adults aged ≥60 years published between January 2000 and March 2026 were searched in electronic databases including PubMed, Google Scholar, Scopus, and Web of Science. Search terms included “acupuncture,” “geriatric,” “elderly,” “multimorbidity,” and “comorbidity.” Studies reporting clinical, functional, cognitive, or quality-of-life outcomes were included.

Results:

Thirteen studies met the inclusion criteria, including ten randomized controlled trials (RCTs), one retrospective study, one prospective trial protocol, and one qualitative study. Most studies evaluated disease-specific outcomes in older adults, while only one study directly addressed multimorbidity. Three RCTs investigating musculoskeletal conditions demonstrated significant reductions in chronic low back pain compared with usual care or sham interventions, with sustained benefits reported up to 12 months. Five RCTs assessing cognitive and neurocognitive outcomes reported improvements in Alzheimer’s disease, subjective cognitive decline, postoperative cognitive dysfunction, and delirium. Some studies additionally demonstrated enhanced hippocampal connectivity and reduced neuroinflammatory markers. Improved gait performance was reported during a geriatric rehabilitation trial, while enhanced blood pressure control was observed when acupuncture was combined with standard pharmacotherapy. With very low rates of serious adverse events, safety reporting was consistent. Perceived reductions in medication use (such as NSAIDs and antidepressants), improved well-being, and high patient satisfaction were reported in a qualitative study of older adults with multimorbidity.

Conclusions:

Integrative acupuncture is a safe and potentially effective adjunct for managing multiple conditions common in older adults, according to available literature. However, high-quality pragmatic and patient-centered RCTs targeting multimorbidity-focused integrative care models remain limited.

Keywords: Integrative acupuncture, Multimorbidity, Older Adults, Systematic Review

Declaration: During the preparation of this abstract, no AI was used for generating research data, analysis, or scientific conclusions; AI was used solely for grammar and language correction.

PP 07 - Burden, Associations, and Cardiovascular Implications of Uncontrolled Systolic Blood Pressure in Older Adults on Antihypertensive Medications: A Nationwide Sri Lankan Study

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Background:

Uncontrolled systolic blood pressure (SBP) is a major modifiable determinant of cardiovascular morbidity and mortality in older adults. This study aimed to evaluate the prevalence, associated factors, and cardiovascular implications of uncontrolled SBP among treated older adults in Sri Lanka.

Methods:

A nationwide multicenter cross-sectional study was conducted in medical outpatient clinics of ten tertiary care hospitals representing all nine provinces of Sri Lanka. A total of 1,339 adults aged ≥ 65 years receiving antihypertensive therapy for at least six months were recruited using systematic sampling. Blood pressure (BP) was measured using a standardized three-reading protocol. Uncontrolled SBP was defined as SBP ≥ 130 mmHg irrespective of diastolic BP, in accordance with contemporary guideline recommendations. Data was collected using interviewer-administered questionnaires and medical record review. Associations were assessed using chi-square tests, independent samples t-tests, and multivariable logistic regression analysis.

Results:

The mean age of participants was 69.4 ± 6.6 years, and 56.8% were female. The mean duration of hypertension was 9.8 ± 8.3 years. Uncontrolled SBP was present in 71.2% of treated older adults. Only 34.4% were receiving dual antihypertensive therapy, while 42.2% remained on monotherapy. Major adverse cardiovascular events (MACE) were reported in 38.2% of participants, and other vascular comorbidities were present in 81.6%. In multivariable analysis, satisfactory income (OR 1.96, 95% CI 1.20–3.20, $p = 0.007$), low physical activity (OR 1.41, 95% CI 1.07–1.86, $p = 0.015$), and higher neck circumference (OR 1.01, 95% CI 1.01–1.02, $p = 0.014$) were independently associated with uncontrolled SBP. Importantly, uncontrolled SBP was significantly associated with MACE (OR 1.31, 95% CI 1.01–1.69, $p = 0.044$). Medication adherence, dietary salt intake, BMI, and the presence of vascular comorbidities were not independently associated with SBP control.

Conclusions:

Over two-thirds of treated older adults in Sri Lanka have uncontrolled SBP despite ongoing therapy. Uncontrolled SBP is associated with adverse cardiovascular outcomes, underscoring its clinical importance in this ageing population. These findings highlight the need for intensified

pharmacotherapy, improved risk stratification, and targeted interventions addressing physical inactivity and potential sleep-disordered breathing associated with higher neck circumference to optimize BP control and reduce cardiovascular risk.

Keywords: Ageing; Cardiovascular risk; Multicenter study; Older adults; Systolic blood pressure; Sri Lanka

Declaration: I hereby declare that no AI tools or AI-assisted technologies were used in the preparation, writing, analysis or submission of this abstract.

PP 08 - Effectiveness of A Structured Continuous Medical Education (CME) Programme in Enhancing Palliative Care Competencies Among Medical Officers at A Tertiary Care Hospital in Sri Lanka.

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³National hospital Sri Lanka

Background:

Palliative care (PC) is an approach that improves the quality of life for patients and their families facing problems associated with a life-threatening illness. The demand for PCs is increasing rapidly due to the demographic and epidemiological transitions. The statistics revealed that the newly started PC services at National Hospital of Sri Lanka (NHSL) remain underutilised due to minimal referrals.

Aims:

To develop, implement, and evaluate a capacity-building program in palliative care for Medical Officers (MOs) at the NHSL. Improve MOs' knowledge and awareness of PC services at NHSL to overcome the underutilization of available facilities.

Methods:

The study design was a multiphase intervention study design with a qualitative component. Gaps in service delivery among MOs treating patients with PC needs were identified qualitatively. An intervention care package consists of a structured training module and a training programme, designed and conducted. The effectiveness of the training was assessed using Kirkpatrick's Four Level Model, which includes Participant Reaction (measured by feedback forms); Learning (assessed through pre- and post-tests); Behavioural Changes; and Impact (measured by service improvements).

Results:

Results revealed minimal exposure to formal PC training among MOs and poor awareness of existing PC services. Seventy-two MOs participated in the training program, and over 80% reported high satisfaction with both the training module and the program. Pre-post analysis was submitted by 50 MOs and revealed an overall mean score of 78.87 for the pre-test and 91.09 for the post-test. It is a statistically significant increase in knowledge scores from pre-test to post-test, $t(49) = -17.34$, $p < 0.001$. The average number of referrals to the PC clinic increased from 5 to 32 per month, indicating enhanced service utilisation and improved awareness among MOs. Even though this finding alone does not fully capture the quality of service, establishing a robust referral pipeline is a critical first step toward systemic service improvement. Future evaluation should incorporate patient-centred outcomes to evaluate the clinical depth of the intervention.

Conclusion:

Capacity-building programs are an effective and feasible strategy to enhance PC competencies among MOs and to improve PC service delivery by integrating PC into routine hospital practice.

Declaration: During the preparation of this abstract, the authors did not use any AI tool for writing, and Grammarly was used for grammar corrections.

PP 09 - Association Between Neuromuscular Response Time and Fall Risk Among Institutionalized Older Adults: A Cross-sectional Analytical Study in Jaffna District, Sri Lanka

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Background and aims:

Falls among institutionalized older adults represent a major public health concern. Neuromuscular response time, a composite measure of neural processing and motor execution speed, is recognized as a key physiological determinant of fall risk. This study aims to assess neuromuscular response time using the Choice Stepping Reaction Time (CSRT) test among institutionalized older adults and to determine its association with fall risk.

Methods:

An analytical cross-sectional study was conducted among 153 institutionalized older adults across five elders' homes in Jaffna district. The study included older adults aged 60 years and above who had been residing in the selected elders' homes in the Jaffna district for a minimum of three months and were able to stand and walk independently or with minimal assistance. Individuals were excluded if they had severe cognitive impairment, experienced an acute illness or injury within the preceding three months, had severe visual or hearing impairments, were diagnosed with neurological conditions, or were currently participating in physiotherapy or rehabilitation programmes aimed at fall prevention, to minimize potential confounding effects. Neuromuscular response time was measured using the CSRT test. Fall risk was assessed using the Timed Up and Go (TUG) test.

Results:

Among 153 institutionalized older adults (mean age = 76.65 ± 10.32 years), 56.9% were females (n=87) and 43.1% were males (n=66). Participants were classified as non-fallers (n=66, 43.1%), single fallers (n=48, 31.4%), and recurrent fallers (n=39, 25.5%) based on self-reported fall history over the preceding year. Mean CSRT increased progressively from non-fallers (1257.89 ± 661.58 ms) to single fallers (1435.50 ± 597.14 ms) to recurrent fallers (1618.85 ± 641.89 ms), with a statistically significant group difference ($H=9.758$, $p=0.008$). Recurrent fallers demonstrated significantly prolonged CSRT compared to non-fallers ($p=0.009$). A moderate positive correlation was observed between CSRT and TUG score ($r = 0.501$, $p < 0.001$).

Conclusions:

Neuromuscular response time, as measured by the Choice Stepping Reaction Time test, is significantly associated with fall risk among institutionalized older adults, with progressively increasing response times observed across non-fallers, single fallers, and recurrent fallers. These findings highlight the importance of neuromuscular response time in fall risk assessment and support the incorporation of the CSRT test as a valuable tool in fall risk screening among institutionalized older adults in Sri Lanka.

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Safety Profile: Generally well tolerated. Rare: diabetic ketoacidosis² | Common: genital infections, mild UTI³

References: 1: n engl j med 388:2 nejm.org January 12, 2023; n engl j med 383:15 nejm.org November 21, 2019; n engl j med 383:16 nejm.org October 8, 2020; 2020 Diabetes Care 43:1650-1659 | DOI: 10.2337/43.1650; DIABETES CARE, VOLUME 33, NUMBER 10, OCTOBER 2010

Abbreviation: CV Cardiovascular | HF Heart failure | eGFR Estimated Glomerular Filtration Rate | ESKD End-Stage Kidney Disease

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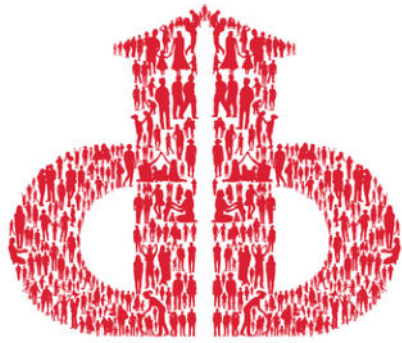
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REFERENCES
1. KDIGO 2023 Clinical Practice Guideline for the Management of Chronic Kidney Disease. Kidney International. 2023;103(2):S112-S145.
2. KDIGO 2023 Clinical Practice Guideline for the Management of Chronic Kidney Disease. Kidney International. 2023;103(2):S146-S187.
3. KDIGO 2023 Clinical Practice Guideline for the Management of Chronic Kidney Disease. Kidney International. 2023;103(2):S188-S229.
4. KDIGO 2023 Clinical Practice Guideline for the Management of Chronic Kidney Disease. Kidney International. 2023;103(2):S230-S271.
5. KDIGO 2023 Clinical Practice Guideline for the Management of Chronic Kidney Disease. Kidney International. 2023;103(2):S272-S313.
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References: 1. Probst HG, et al. Efficacy and safety of diclofenac sodium 1.1% gel in acute neck pain: a randomized, double-blind, placebo-controlled study. BMC Musculoskeletal Disorders 2013;14:206. 2. Communications from TGA on 27 May 2005. 3. Kim H, et al. Efficacy and safety of Voltaren 3 TIGRIS Efficacy gel in the treatment of acute low back pain: a randomized, double-blind, placebo-controlled study. BMC Musculoskeletal Disorders 2013;14:206. 4. Kim H, et al. Efficacy and safety of Voltaren 3 TIGRIS Efficacy gel in the treatment of acute low back pain: a randomized, double-blind, placebo-controlled study. BMC Musculoskeletal Disorders 2013;14:206. 5. Kim H, et al. Efficacy and safety of Voltaren 3 TIGRIS Efficacy gel in the treatment of acute low back pain: a randomized, double-blind, placebo-controlled study. BMC Musculoskeletal Disorders 2013;14:206. 6. Kim H, et al. Efficacy and safety of Voltaren 3 TIGRIS Efficacy gel in the treatment of acute low back pain: a randomized, double-blind, placebo-controlled study. BMC Musculoskeletal Disorders 2013;14:206. 7. Kim H, et al. Efficacy and safety of Voltaren 3 TIGRIS Efficacy gel in the treatment of acute low back pain: a randomized, double-blind, placebo-controlled study. BMC Musculoskeletal Disorders 2013;14:206.

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