

Annual Spring Scientific Meeting

Sri Lankan Medical and Dental Association in the UK.

3rd May 2015, Manchester



Welcome Message

Dear Colleagues and Friends,

It is indeed a great honour and pleasure to welcome you to the Annual Spring Scientific Meeting of the Sri Lankan Medical and Dental Association being held in Manchester this year.

We are pleased to have Professor Raymond Tallis as the chief guest and main speaker and an array of experts in their fields as other speakers in our exciting programme today.

This is an opportunity for young medics of Sri Lankan origin to showcase their work. Therefore, the enthusiasm and interest shown by young doctors and students to present their scientific studies at this meeting is most welcome. Their work was of high calibre and it wasn't an easy task to select them for presentations and for publication here.

We will ensure to do our best to make this meeting of high scientific value and hope that you have a wonderful time in Manchester.

With best wishes,

Rasieka Jayatunga

Supul Hennayake

Scientific Organising Committee

Programme for the SLMDA Scientific sessions and AGM
Theme: Determinants of Global Health

08:30-9:00: Registration and Breakfast

Session 1: Chair: *Dr Allistair Solomonsz and Dr Sathi Sukumar*

9:00- 9:20: Global trends in maternal Health. Dr Dilip Wijeratne

9:20- 9:40: HIV- Where are we today? Dr Ranjababu Kulasegaram

Session 2: Chair: *Dr Rasioka Jayatunga and Dr Sati Ariyanayagam*

9.45 -10:45: Junior Forum (4 oral presentations)

10:45-11:15: Tea and Poster viewing

Session 3: Chair: *Mr Ajantha Jayatunga and Dr Mahendra Gonsalkorale*

11:15-11:35: CKD and mental health in Sri Lanka Dr Asanga Fernando

11:35-12:00: Pharmaceutical industry and global Health

Professor Jayasena Hettiarachchi

12:00-12:35: **Guest Lecture. "The impending destruction of the NHS"**

Professor Raymond Tallis

Session 4: Chair: *Dr V Punchihewa and Dr Devaka Fernando*

12:40-13:00: Brackish Water Vectors - A neglected aspect in the global control of Dengue Transmission

Professor Ranjan Ramaswamy

13:00-13:20: Poverty, deprivation and Health. Professor Athula Sumathipala

13:20-13:35: Awards and closing: Mr Supul Hennayake and Dr Champa Sumanasuriya

13:35 – 14.15 Lunch

14:15-15:45: AGM (SLMDA members only)

Dinner Dance at Palace Hotel, Oxford Street, Manchester M60 7HA.
From 7.00pm to 1.00am.

Key speakers: Biographical notes (in Alphabetical order)

Dr Asanga Fernando is currently Clinical Leadership Fellow to the National Clinical Director (Mental Health) NHS England, where he works at a national level on health policy and implementation concerned with the interface between physical and mental health, and outcomes measurement in mental health. He is an ST6 in General Adult and Liaison Psychiatry at the Maudsley and King's College Hospitals in London, and completed his BSc (Hons) (2001), MBBS (2005), MRCPsych (2010) and Dip Clin Ed (2014) in London. He is also an Honorary senior simulation Fellow, responsible for implementing and overseeing inter-professional simulation training programmes. Asanga is involved in medical education and leadership development for trainees, and is an alumnus of The King's Fund 'prepare to lead' fellowship programme for emerging Medical Leaders. He has a strong interest in Global Mental Health, and is a founding member and healthcare strategy director of 'ARC – Achieve Real Change' – a volunteer led organisation which focuses on promoting clinical and educational development in Sri Lanka.

Professor Jayasena Hettiarachchi was the Founding Professor of Medicine at the Faculty of Medicine, University of Ruhuna, Sri Lanka in 1980. Subsequently he served as Senior Medical Director of Pfizer Inc. New York USA and Pfizer Central Research UK during 1990-2007. During this period he also served as Visiting Professor of Medicine & Therapeutics at the University of Sheffield UK. He is an eminent clinical academic with a vast experience in teaching, research and publishing. He has also worked with a frontline Pharmaceutical Company being involved in decision-making at the highest levels. This combined background within academia, frontline healthcare and the Pharmaceutical Industry gives him a very unique background to speak on the options available to the Pharmaceutical industry in

promoting global health and the inherent legal, ethical and commercial challenges.

Professor Ranjan Ramaswamy is currently Reader in Biomedical Sciences, Anglia Ruskin University, Cambridge. His very illustrious career commenced with BA and PhD degrees from the University of Cambridge, UK. Very rapidly he went on to become the Professor and Head of the Department of Biochemistry, Faculty of Medicine, University of Jaffna, Sri Lanka in 1982. He was appointed as Senior Research Associate at Scripps Research Institute, La Jolla, USA in 1983 and Professor and Head of the Division (Life Sciences) at the Institute of Fundamental Sciences, Sri Lanka in 1989. He served as Chairman of the National Science Foundation of Sri Lanka (NSF) during 2002-04. With over 180 scientific publications and an impressive record in generating external grant income Professor Ramaswamy has had an outstanding scientific career. His latest publication titled “Biological differences between brackish and fresh water-derived *Aedes aegypti* from two locations in the Jaffna peninsula” was published in the prestigious PLoS ONE Journal and would be the focus of his talk

Dr Kulasegaram Ranjababau is currently a consultant in HIV and GU medicine at Guy’s and St Thomas’ Hospital London. Following his secondary education at St John’s College Jaffna, Sri Lanka, he obtained his first medical degree from the University of Liverpool in 1990. Subsequently he trained in general medicine and HIV Medicine obtaining his FRCP in 2005. He is currently an active member of the executive board of the British HIV Association. With several International presentations and publications to his credit in the field of HIV medicine, he is a popular clinician and an effective clinical teacher. His special interests include cardiovascular manifestations of HIV infections and HIV/ HCV co-infections. Dr Ranjababu was also one of the co-authors of the current British HIV Association guidelines for the management of co-infection with HIV-1 and hepatitis B or C virus.

The focus of his talk would be based on his recent work on HIV/HCV co-infections published in PLoS One in 2012 and the more recent advances in this rapidly expanding field.

Professor Athula Sumathipala graduated in Sri Lanka where he obtained the MBBS, Diploma in Family Medicine and MD degrees. He then re-qualified in UK, undergoing postgraduate training in Psychiatry obtaining the MRCPsych from the Royal College of Psychiatrists and PhD from the University of London. He is internationally recognized for his pioneering research on Cognitive Behavioural Therapy for the treatment of Medically Unexplained Symptoms in Sri Lanka. He is also widely recognized in the field of Bioethics and is validated by the UNESCO as an expert in bioethics. He received the prestigious traveling professorship from the Royal Australian and New Zealand College of Psychiatrists in 2007. In 2014 he was appointed as the Professor of Psychiatry at the Research Institute for Primary Care and Health Services, School for Primary Care Research (SPCR), Faculty of Health, Keele University. Prior to this appointment he was attached to the Institute of Psychiatry, Kings College, University of London. He is also the honorary Director of the Institute for Research and Development in Sri Lanka. As a former member of a left-wing political party in Sri Lanka that championed the causes of the marginalised and deprived sections of the population in Sri Lanka, Athula has had a unique and rich experience of life and all its facets.

Professor Raymond C. Tallis is a retired Physician, philosopher, poet, novelist and cultural critic. He was Professor of Geriatric Medicine at the University of Manchester and a Consultant Physician in Health Care of the Elderly in Salford until 2006. He advised the government on health care of older people and in particular on the development of stroke services. He has 200 research publications in the neurology of old age (epilepsy and stroke) and neurological rehabilitation. He

has published original articles in Nature Medicine, Lancet and other leading journals and authored several textbooks. In 2000 he was elected Fellow of the Academy of Medical Sciences. He has published fiction (a novel and short stories), three volumes of poetry, and 25 books on the philosophy of mind, philosophical anthropology, literary theory, the nature of art, and cultural criticism. He has been awarded two honorary degrees: DLitt (Hon Causa) University of Hull, 1997; and LittD (Hon Causa) University of Manchester 2002. He was Honorary Visiting Professor in the Department of English at the University of Liverpool from 2008-2013. He is a frequent broadcaster, with appearances on Start the Week, Night Waves, Inside the Ethics Committee and The Moral Maze. He is the author of the widely acclaimed book, "Hippocratic Oaths". His recent books include NHS SOS (Edited with Jacky Davis), 2013. He was a judge of the 2012 Samuel Johnson Prize for Non-Fiction. In 2009, the Economist Intelligent Life Magazine listed him as one of the world's leading polymaths.

Dr Dilip Wijeratne is currently an ST-7 doctor at the Bradford Royal Infirmary. He obtained his MBChB (Hons) degree from the University of Leeds in 2006 and went on to complete the MRCS and MRCOG degrees in 2007 and 2013 respectively. He always had a passion in the global perspectives to maternal health, which led him to undertake an intercalated BSc degree in International Health during his undergraduate career. He was subsequently awarded RCOG Fellowship for service provision and supporting development of clinical governance which enabled him to work as a resident Obstetrician & Gynaecologist at the Bawku Presbyterian Hospital, in Northern Ghana. He won the John Lawson Prize of The Royal College of Obstetricians & Gynaecologists in 2012 for his contributions towards reducing maternal mortality in Central Africa.

Abstract 1- Audit

Title: Retrospective analysis of Blood transfusions in Elective Total Knee Replacement Surgery at Sri Jayewardenapura General Hospital

Presenter: Charindri Wariyapola. F1 Student. Lincoln County Hospital, Lincoln.

Setting: Blood transfusion is a common treatment for anaemia, especially in the surgical patient. It however involves risks. Elective knee replacement surgery is an effective treatment for end stage knee arthritis and is carried out routinely at Sri Jayewardenepura General Hospital (SJGH), Sri Lanka.

Objectives: (1) To evaluate the use of blood transfusions in elective knee replacement surgery at SJGH.

(2) To compare results with similar data produced in other studies and assess differences in blood management practices

Design: A retrospective analysis of patients who underwent elective knee replacement surgery was carried out at SJGH. Patient demographics, haemoglobin (Hb) levels pre-op and post-op and transfusion data were recorded from patient notes.

A literature search was conducted on Medline to identify similar studies and data analysed for comparison.

Results: 51 patients underwent elective knee replacement surgery within the study period. 3 (5.9%) of these patients had a blood transfusion post-operatively. Pre-op Hb was documented in 64.7% and post-op Hb in 31.3%. Post-op anaemia was as high as 93.8% but not all reaching the transfusion trigger.

The literature search found transfusion rates to be as high as 82.6%. A variety of blood management practices have been mentioned including use of auto transfusion, tranexamic acid and fibrin.

Conclusions: Blood transfusion rates post elective knee replacement surgery in SJGH is much lower than those of Western countries but documentation and availability of results are much lower. Further analysis of transfusion rates in other centres in Sri Lanka and around the Region would have to be performed to compare rates in developing countries

Abstract 2- Literature review

Title: Improving Quality of Vascular Surgical Discharge Planning in a Hub Centre – The Interaction between the Ward and Discharge Planning MDT

Presenter: Charindri Wariyapola. F1 Student. Lincoln County Hospital, Lincoln.

Introduction: Discharge planning improves patient outcomes, reduces hospital stay and readmission rates, and should involve an MDT approach. We examined the efficacy of MDT meetings in discharge planning and reasons for delayed discharge in vascular surgical inpatients

Method: Dedicated weekly MDT meetings were held on ward 308 in Royal Derby Hospital for 3 months. Each patient was presented to the discharge planning meeting and an expected date of discharge was prospectively decided on. Patients who were discharged after this date were “delayed,” and reasons for delay were explored at the next meeting

Results: 42(21.8%) had delayed discharge, whilst 29(15.0%) had an early discharge. The main reasons for delay were awaiting beds (29.9%), Social (14.3%) and medical (45.2%). In 64%, cause for delay was reversible.

66.7% of all delays were significant, (≥ 2 days-115 bed days) of which 67 were reversible. 32 bed days were saved due to early discharge; a net loss of 35 bed days, at a net cost of £2938.37/month or £35260.40/year.

The meetings also improved the quality of discharge planning; the variability between actual and expected discharge dates decreased from the first month as demonstrated by a decrease in correlation coefficients (correlation coefficients of 1.174 (95% CI 1.115 to 1.233) for month 1, 0.9952 (95% CI 0.9551 to 1.035) for month 2 and 1.047 (95% CI 0.9850 to 1.108) for month 3).

Conclusions: Discharge planning meetings help prepare for patient discharge and are most effective with multidisciplinary input. The majority of delayed discharges from hospital are preventable and the main causes are awaiting transfers, social services input and medical complications (e.g.: falls). There is an obvious financial incentive to improve discharge planning. The efficiency of the MDT at discharge planning improves with time and therefore should be continued for best results

Abstract 3 - Case report

Title: Fictitious Illness due to Chronic Laxative Poisoning; A Case Report

Presenter: Dilusha Atukorale. Registrar in Paediatrics. Sandwell & West Birmingham Hospitals NHS Trust

Introduction: Fictitious Illness is a form of child abuse, where a perpetrator makes a child appear sick by either fabricating symptoms or actually causing harm to the child, in order to gain attention.

Case report: A girl was admitted repeatedly to hospital (11 admissions in 11 months) between the ages of 3 weeks and 11 months due to chronic diarrhoea & severe growth faltering. Her birth weight was 4.07kg (91st centile) but at 11 months she was emaciated, weighing only 6.94kg (well below 3rd centile).

She was extensively investigated for a cause, including blood, stool, urine tests, imaging & intestinal biopsies. As the aetiology for her symptoms was not found, she was managed for possible gastro-oesophageal reflux and cow's milk protein intolerance, although neither was proven. But her symptoms continued, despite multi-disciplinary care, causing significant malnutrition and delayed development, by 1 year of age.

Incidental finding of Bisacodyl with the child's belongings led to the suspicion of laxative poisoning. It was confirmed with positive urine toxicology for Bisacodyl on 2 separate occasions.

The mother was removed from the care of the child with involvement of social services. Following this, she made excellent progress and her weight increased from 6.925kg to 9.35kg within a period of 3 ½ weeks. In foster care her development returned to normality.

Discussion: We highlight the need to consider this rare diagnosis when extensive investigations fail to identify an underlying cause in infants with severe weight loss due to protracted diarrhoea

Abstract 4: Audit

Title: Evaluating and Reducing Medication Errors in Paediatrics based on Two Audits - “A multidisciplinary approach”

Presenter: Dilusha Atukorale. Registrar in Paediatrics. Sandwell & West Birmingham Hospitals NHS Trust

Aims: Medication errors are more significant in paediatrics, despite standards being set on safe prescribing. Errors are frequent during prescribing, dispensing and administration of medications. We aimed to identify the incidence & types of medication errors & implement strategies to minimise these errors.

Method: 1st audit - Prescription charts were assessed against Good Prescribing standards (BNFC), within inpatient unit over a 10 day period.

2nd audit - A retrospective analysis was done of all incident-reporting on paediatric medication errors within the Trust, over a 17 month period. Different types of medication errors, their location & severity scoring were identified. Results were compared with a previous similar audit, after which several interventions were implemented to reduce these errors.

Results: Almost all standards of “Good Prescribing Practice” were met (>80%), except for antibiotic indication & duration (20%).

Total Trust medication errors in January 2013-May 2014 were 10%, out of which paediatric medication errors was 1/5th. Administration errors (47%) dominated followed by prescription errors (42%). 3% were dispensing errors.

	Trust Incident Reporting	Paediatric Medication Errors	Serious Errors (amber)
2011-2012	11.7%	5.5%	36%
2013-2014	12.6%	2.2%	3%

Conclusions: A significant reduction ($p < 0.05$) in paediatric medication errors was seen after the multidisciplinary action plan was implemented, although the overall Trust incident reporting increased. Serious errors were significantly reduced ($p < 0.001$) and there were no lethal paediatric medication errors during this period. We conclude that it is possible to reduce medication errors by implementing a multidisciplinary approach.

Abstract 5: Study/Research

Title: A prospective survey on bacterial and viral aetiologies of acute lower respiratory tract infections in children: a preliminary study in a tertiary care hospital

Presenter: Dilusha Atukorale. Registrar in Paediatrics. Sandwell & West Birmingham Hospitals NHS trust

Introduction: Acute lower respiratory tract infections (LRTI) remain one of the commonest causes of hospitalisation in children. Identifying the possible pathogenic organisms in these children is important both in management and in implementing preventive strategies.

Objectives: To identify the possible aetiology of acute LRTI in a cohort of hospitalised children aged 1 month to 12 years.

Method: A prospective analytical study was done at a tertiary care children's hospital over 3 months. 82 children who presented with an acute LRTI were enrolled as a random sample. Nasopharyngeal aspirates were obtained for bacterial cultures and viral antigen detection. Blood was taken for mycoplasma antibodies.

Results: An organism was isolated in 66% of which 40% were bacterial and 30% were viral. 3% had Mycoplasma. 16% had a mixed aetiology.

Among the bacterial aetiologies, *Streptococcus pneumoniae* was isolated in 57% followed by *Moraxella catarrhalis* (29%). Among viruses, *Influenza A and B* (80%) were the commonest, followed by RSV (8%). There was no significant difference in bacterial aetiology in all age groups, but viruses were isolated only in children < 6years. *Mycoplasma* was seen only in >6 year age groups. CXR changes and duration of hospital stay were significantly higher in children with a bacterial aetiology than viral.

Conclusions:

An organism was isolated in 66% of children presenting with an acute LRTI.

- Of the isolates, 40% were bacterial and 30% viral.
- *Streptococcus pneumoniae* was the commonest bacteria isolated (57%) and *Influenza A and B* (80%) were the commonest viruses identified.

Abstract 6: Audit

Title: An Audit of NICE guidelines on monitoring physical health of patients with bipolar disorder at the Park Medical Group

Presenter: Dinithi Hennayake. 4th Year Medical Student. University of Newcastle.

Background: Mental health is associated with an increased risk of physical ill health due to lack of insight and avoidance of healthcare professionals by the patients.

The September 2014 National Institute for Health and Care Excellence (NICE) guidelines states that as part of management in primary care, a physical health check should be carried out at least annually.

Aim: To assess how many of the patients with bipolar disorder had an annual physical health check in 2014 at the Park Medical Group.

Method: A retrospective study reviewing all consultations on the electronic records in 2014 was done to find evidence of a physical health check entry. The patients were identified through Read coding on the electronic records.

Results: From the 33 patient sample size (female= 17, male= 16, mean age= 50 years), 23 patients (70%) had a physical health check in 2014, but the documented invitation rate was 82%. The patients who had a physical health check had one due to being either on the mental health or chronic disease register. In the 10 patients who hadn't, it was either because they declined their invitation, had a physical health check in 2015 or for unknown reasons.

Conclusions: Overall the results are as expected due to the nature of the condition, as mentioned previously. A 100% invitation rate can be achieved if the patients are on the mental health register and through accurate documentation. In conclusion the Park Medical Group is not achieving the standard (100% physical health check rate) set by NICE guidelines.

Abstract 7: Audit

Title: MRSA Screening in Day Case Surgery

Presenter: Himaru Wirithmulla. Level 2. Russels Hall Hospital, Dudley, West Midlands

Aims: The gram-positive bacterium MRSA carries with it the risk of severe nosocomial infections. Patients are screened on admission to hospital to minimise these risks, including those attending for elective day case surgery. We carried out a retrospective study to determine the cost effectiveness and appropriateness of universal screening of these patients. Recent guidance from the Department of Health advises selective screening for day case surgery, and therefore this study was completed to justify changing trust guidelines accordingly.

Methods: We searched the MRSA screening results of all day case patients between October 2012 and September 2014. This included data for nose and groin swabs from 616 patients, giving 1232 results in total.

Results: All 1232 MRSA swabs were negative in the time period investigated. We were therefore unable to undertake further analysis in positive swabs to determine common characteristics and the possibility of targeted screening.

Conclusions: With no positive MRSA swabs over a two-year period, we concluded that screening may not be appropriate for all day case patients. We therefore proposed that targeted screening as recommended by the August 2014 Department of Health guidelines may be better suited and more cost effective. We have further plans to extend the study to include a longer time frame in order to determine more conclusively whether screening is cost effective, as one missed MRSA requiring treatment could prove more costly than the total value saved for the 641 patients we studied.

Abstract 8: case report: Presenter: Nishani Jayasooriya

Title: Herpes simplex encephalitis following anti-TNF α therapy for Crohn's disease; case report and review of the literature

Authors: Potts JR1, Jayasooriya N1, Irving P2, MacMahon E3,4, Brooks K1, Roy R5, Srirajakanthan R1, Fidler H1 (1) Department of Gastroenterology, Lewisham and Greenwich NHS Trust, London, UK. (2) Dept of Gastroenterology, Guy's and St. Thomas' NHS Foundation Trust, London, UK. (3) Dept of Infectious Diseases, Guy's and St. Thomas' NHS Foundation Trust, London, UK (4) Dept of Infectious Diseases, King's College London School of Medicine, London, UK (5) Dept of Radiology, Lewisham and Greenwich NHS Trust, London, UK

Introduction: Immunomodulators have transformed the treatment of inflammatory bowel disease (IBD) but are associated with an increased risk of opportunistic infections.

Case description: A 21 year old male with a diagnosis of ileocolonic Crohn's disease presented with a 10 day history of fever and generalised headache. He had a history of relapses despite azathioprine and therefore infliximab commenced. Once symptomatically improved, adherence became patchy and he used prednisolone to avoid attending infusions. Family members noted behavioural change and aphasia prompting presentation. Clinicians found pyrexia and tachycardia. He appeared agitated with no focal neurological deficit or meningism. There were deficits in memory, recognition and mild nominative dysphasia. Bloods featured an elevated leucocyte count. CT head was normal. HSV-1 DNA was detected in CSF. A diagnosis of encephalitis made and intravenous acyclovir commenced. Magnetic resonance imaging (MRI) brain demonstrated asymmetric bitemporal high signal changes, consistent with HSV encephalitis. Subjective improvement in memory and MRI was noted following treatment. However, abdominal symptoms worsened. Ileocolonoscopy showed ulceration, skip lesions and stricturing of the sigmoid colon and caecum. MR small bowel enteroclysis demonstrated thickening of terminal ileum. In view of the grave implications of recurrent HSE, we elected to defer immunosuppression and manage further symptomatic flares surgically.

Discussion: This is the first reported case of HSV encephalitis occurring with anti-TNF α for IBD, in the setting of triple agent immunosuppression. Early diagnosis and prompt prescription of anti-viral therapy are key, requiring a high index of suspicion from acute care providers and physicians managing IBD.

Abstract 9: Primary qualitative research

Title: Family Reunion for Refugees

Presenter: Victoria Wijeratne. 5th year medical student (intercalating in Global Health)

Introduction: Refugee family reunion is often after prolonged, enforced separation and may be seen as the end-point of their struggles, but can be a source of hidden challenges.

Aims/ Objectives: To explore the medium-term issues faced by reunited families, the value of existing support, and their ideas for future help.

Content: This qualitative study used guiding questions formed from a literature search and discussion with support agencies. 6 refugees were interviewed individually using interpreters.

The motivation was to study an under-represented group as part of the university's social responsibility aims. The subject links to wider issues of under-serving of refugees, poor consideration of mental health, and poor recognition of the issues of migration. The sensitive nature of communicating using interpreters around difficult issues is acknowledged. The results report themes that emerged and quote directly from the interviews.

Outcomes: All participants disclosed adverse effects of both their separation and reunion that were closely linked to health and wellbeing. These included parenting difficulties, high levels of stress, anxiety, depression and worsening of other co-morbidities. They identified peers and the voluntary sector as valuable to accessing healthcare.

Relevance/Impact: These difficulties have potential to go unaddressed by healthcare professionals due to underrepresentation of refugees in the system, ignorance around their situation, cultural and language barriers, and their reluctance to seek healthcare without assistance.

Discussion: Primary care staff are ideally placed to sensitively explore the hidden challenges faced by refugee families in order to facilitate their timely access to appropriate support and healthcare. The number in the study is admittedly small and the need for a larger one for more definitive conclusions in this under researched area is acknowledged.

Abstract 10: Case Report

Title: The global health workforce crisis: Task shifting as the solution

Presenter: Ranga Fernando. 3rd Year Medical Student. Wythenshawe Hospital. Manchester.

Introduction: This paper examines the factors involved in the global health workforce crisis, explores possible strategy solutions and evaluates the use of task shifting as a possible strategy to help address the growing gap between health worker supply and demand.

Methods: Grey literature such as WHO reports, government strategy documents were utilised to gain a general picture of the current health workforce situation both nationally and internationally. Current theories on training, management and retention of health workers was found using PubMed; in addition to migration patterns, task shifting examples across the world and task shifting systematic reviews. The above sources were used to identify a global issue; the factors involved and identify possible solutions. Through application of the possible strategies to Nigeria, an evaluation was possible on the effectiveness of task shifting there.

Results: The benefits of task shifting far outweigh the drawbacks. Studies examining the effectiveness of task shifted workers in Mozambique, Uganda and Malawi to name a few all confirm the comparable if not better ability of task shifted workers to deliver a cheaper, consistent and effective level of care comparable to conventional cadres of workers.

Abstract 11: Original Research Study

Title: Medicinal properties of plants used by a Traditional Ayurvedic healer in Yatiyana, Sri Lanka

Presenter: Rusiru Kariyawasam. Locum SHO. Queen Alexandra Hospital, Portsmouth.

Introduction: Traditional medicine is part of a plural healthcare model existent alongside western-style medicine in Sri Lanka today. Traditional Sri Lankan medicine is heavily influenced by Ayurvedic teachings that originated in India in the 6th century BC. Traditional medicine is popular amongst the Sri Lankan population and there are a great many practitioners, many of whom are trained by the two Governmental Ayurvedic Universities.

Aims: This study looks into the practice of one particular Ayurvedic practitioner in the town of Yatiyana in the Minuwangoda district of Sri Lanka. Data, including a photographic reference collection, looking into the plants used in traditional remedies and grown on-site by the practitioner was collected over two month-long placements in Yatiyana. Furthermore, information about the purported medical properties of the plants, along with the plant parts used in the remedies and the method of delivery was collected using semi-structured questionnaires during discussions with the practitioner.

Results: show 80 plants detailed by the practitioner with a wide variety of uses. Most plants were used in the treatment of gastrological conditions, followed by use in endocrine, neurological/mental health conditions and in the treatment of infectious disease. The plant parts most commonly used in remedies were leaves and decoctions, the most common method of delivery.

Discussion: This study forms an important ethnobotanical and anthropological record of plants used in traditional medicine in Sri Lanka. After verification from other Ayurvedic practitioners, the plant properties reported can form the basis of further pharmacological research with the potential for drug development.

Abstract 12: Questionnaire study

Title: A Survey on the Understanding of Diabetes Among Different Social Groups within a Developed and Developing Country.

Presenter: Nisansa Mahalekam . Year 12 student doing AS levels.

Introduction: Diabetes is a chronic disease of pandemic proportions with an especially high prevalence in South East Asia and the Western Pacific. The World Health Organisation predicts that by 2030, diabetes and its associated complications will be the 7th leading cause of death worldwide.

Objective: To assess and compare the level of basic understanding of diabetes among healthcare professionals and the general public, in Sri Lanka and England.

Method: A questionnaire exploring the possession of basic knowledge about diabetes in the general population was conducted in two different settings, in the UK and in Sri Lanka, involving 172 (86 Sri Lankan and 86 English) participants.

Results: 100% of English and 89.7% of Sri Lankan participants knew diabetes can affect all ages. The prevalence of the disease was correctly identified by 46% of English and 37% of Sri Lankan participants. Among Sri Lankans, 86% of doctors, 100% teachers and nurses and 50% of students and lay Sri Lankans knew that diabetes can be hereditary, compared to their English counterparts where 100% of doctors and nurses, 82% teachers, 93% of students and 75% of lay people knew this. Knowledge of the difference between the two types of Diabetes was 100% among English healthcare professionals and 63% non-healthcare personnel whilst among Sri Lankan participants, it was 84% for healthcare workers and 34% for non-healthcare personnel. The survey also assessed whether different social groups knew that diabetes cannot yet be completely cured.

Conclusions: Although the knowledge of the healthcare professionals from both countries was at the desired level as expected, the level of knowledge among the general public was inadequate, more so in Sri Lanka. Since the prevalence of diabetes is increasing at an alarming rate particularly in Asia, raising public awareness of the disease through health education programs is essential, especially in Sri Lankan schools.

Abstract 13: Research project

Title: Evaluating the impact of regular motivational reminders on mindfulness practice in medical students.

Presenter: Hasini Boraluwe-Rallage. 4th Year Medical Student.

Background: Studies have proven the beneficial effects of mindfulness on medical students. The process of training the mind to be mindful involves regular meditative practices. As with adherence to medication, a challenge arises in remembering to practice mindfulness

Aim: To evaluate the impact of regular motivational email reminders on the effectiveness of an 8 week mindfulness course.

Methods: Ten medical students undertaking an 8 week mindfulness Student Selected Unit (SSU) were invited to participate. Before the SSU, participants filled in two questionnaires; Philadelphia Mindfulness Scale and the Depression Anxiety Stress Subscale. Each participant wrote a personalised message which was later used as the reminder. Throughout the 8 weeks, logbooks were emailed every Saturday to collect data regarding the frequency of practice. After the first 4 weeks, personalised reminders were sent out twice a week till the end of the SSU. The two questionnaires were repeated at the end, which enabled comparison of pre and post scores for acceptance, awareness and stress. Participants were invited to take part in a brief interview.

Results: Preliminary analysis of the data collected using the questionnaires show a significant increase in acceptance and awareness. Meanwhile, a reduction in perceived stress was also seen. The quantitative data will be further analysed using the Jacobson & Truax criteria. Thematic analysis of the interviews will help gather qualitative data regarding the intervention. The interview process has revealed that participants found the reminders exceptionally useful.

The Dinner Dance is at the Palace Hotel,

Oxford Street,

Manchester. M60 7HA

From 7.30pm – 1.00am

**Don't forget to visit our Website for all your information needs
on the SLMDA.**

<http://www.srilankan-mda.org.uk/>

The Sri Lankan Medical and Dental Association

in the UK

***Our best wishes for a successful Spring Meeting in
Manchester***

The Nawimana family

And Staff of

Save Express Ltd.