# CCP News

*Newsletter of the Ceylon College of Physicians*

**February 2019**

## Contents




Compiled and edited by:

Dr Achala Balasuriya
Dr Kishara Gooneratne

Ceylon College of Physicians
341/1, Kotte Road
Rajagiriya, Sri Lanka
Phone: +94 (0)11 2888146 or 3094140
Fax: +94 (0)11 2888119 E-mail: office@ccp.lk

# President's message

Dear Fellows and Members,

February has been a busy month for the College.

The academic activities started off with the Young Physicians Forum and the College Lecture. The College Lecture delivered by Dr Yapa Udya Kumara Kengallegedara, Consultant Physician, Base Hospital, Monaragala, elegantly compared the latest European and American Guidelines on the management of hypertension. The ensuing discussion raised concerns about lowering cut-off values to diagnose hypertension and the impact it will have on the patients who were hitherto considered normotensive. It is an important issue that we Physicians should be mindful of, as it would result in a greater number of people having to live with daily medications and the problems that would arise with increased use of medicines.

We had a very fruitful meeting with the President and other officials of the Royal College of Physicians and Surgeons of Glasgow where we discussed activities of mutual benefit. We had discussions with them about sharing their online educational facilities, some which are restricted to their members. Needless to say that this would be a huge advantage to our members if it can be organised, do watch this space!

The first Guest Lecture for 2019 was delivered by Professor Hermann Kingma who took the audience through the diagnosis and management of Vertigo, a somewhat complex problem that we face in our daily practices.

The College continues to support the PGIM in the MD programmes and successfully conducted a training session on Communication Skills and Observed History Taking for the candidates preparing for the new format of the MD Part 2.

We have also revived the voluntary CPD scheme and all academic activities of the College and it will now be awarded CPD points to both resource persons and participants.

Back to contents

# President's message

I take great pleasure in informing you that the "College Cricket Team" again brought home the Challenge Trophy from their annual encounter with the Surgeons. It was a nail-biting finish with just 1 ball to spare! My grateful thanks to Dr Nihal Gunathilake for his untiring efforts in keeping the sports arm of the College active and congratulate the College Cricket Team for their magnificent victory.

We are in the process of finalising the programme for the Annual Academic Sessions (AAS). The AAS will be from 12th to 14th September 2019 at Galadari Hotel, Colombo and will, for the first time, be held in collaboration with the Royal College of Physicians of Edinburgh. We have an exciting and vibrant programme planned, in keeping with our theme for the year **"Beyond Knowledge – Across Boundaries – Towards Holistic Care"** and hope that most of you will join us for the Sessions. The call for abstracts and orations will go out early March and I invite all of you to submit your research findings for both free papers and orations, it is a great platform for us to share our findings related to health problems that we face in Sri Lanka.

I would like to request all Physicians who are not members of the College so far, to obtain their membership soon. Together we can do an immense amount of work for those we serve.

With best wishes,

Professor Chandanie Wanigatunge
President

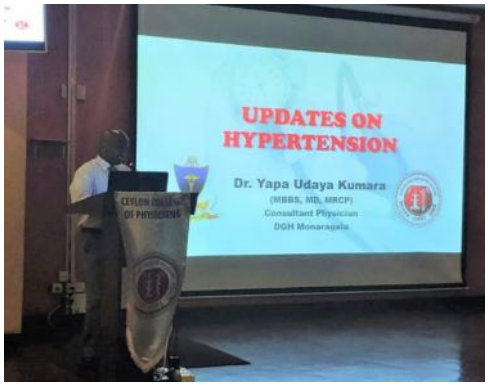
Back to contents

# YPF and College Lecture

The February YPF and College Lecture was held at ClinMARC auditorium, NHSL on the 12th of February. There were two YPF presentations. The first one was done by Dr. Pubudu M Jayawardena on "New developments in stroke management and the physician's role" and the second presentation was by Dr. Pubudu Guruge on "Tar the roads, not the lungs: evidence based approach to smoking cessation.

The College Lecture was delivered by Dr. Yapa Udya Kumara Kengallegedera, Consultant Physician in Internal Medicine on "Update in Hypertension".

This event was sponsored by cipla.




## New developments in stroke management and the physician's role

*Dr P. M. Jayawardana, Senior Registrar, Medicine, NHSL*

Stroke is one of the important causes of both mortality as well as morbidity worldwide. It is the second common cause of mortality and third most common cause of morbidity around the world. Majority of strokes are ischemic (68%) and hemorrhagic strokes account for 32% of cases. Life time risk for any individual developing stroke is around 25%.

The current management options for an acute stroke includes thrombolysis and thrombectomy. Treatment options are decided based mainly on two factors: the time of onset of stroke and presence or absence of contraindications for therapy.

Back to contents

# New developments in stroke management and the physicians role

Currently thrombectomy is offered to patients with anterior circulation strokes who present within six hours of the onset of symptoms. However, two trials recently published, the DAWN and DEFUSE3 trials have shown evidence for further prolonging the time window for treatment for acute stroke. Both trials enrolled patients with anterior circulation strokes involving large arteries. The conclusions of both studies were similar and advocated prolongation of the treatment window from 6 hours to 16-24 hours which was incorporated in to the AHA/ASA 2018 guidelines.

Another recent trial WAKEUP, demonstrated that the mismatch between diffusion weighted MRI and FLAIR imaging can be used to decide on suitability of thrombolysis for patients with wakeup strokes beyond the traditional 4.5 hour window. It did however show increased non-fatal extra cranial haemorrhages, but a favourable functional outcome was seen at day 90 following stroke. The ongoing phase 3 trial; EXTEND is currently investigating in to the prospect of increasing the time window for thrombolysis. The PRISMS trial which was not completed nevertheless failed to show any improvement in outcome for acute stroke patients with NIHSS scores of less than 5 when treated with alteplase versus aspirin therapy.

The long term management of stroke was investigated with CHANCE and POINT trials where improved outcome was demonstrated with dual antiplatelet therapy against single therapy; but when treated beyond 21 days with dual therapy there was an increased risk of bleeding. The ongoing THALES trial will be looking in to this issue further. The TARDIS RCT trial's failure to demonstrate superiority of triple therapy means that there is currently no place for triple therapy in long term management and moreover it can be harmful.

Cont….

Back to contents

# New developments in stroke management and the physician's role

The physician's role in stroke management includes acute management, rehabilitation and prevention of stroke. The stroke physician will be responsible for acute stroke patients' pre-intervention management and will make decisions on intervention in conjunction with the interventionist. The stroke physician will be the lead of the multidisciplinary team and he will be the primary contact person between the stroke team and field paramedics as well as the patient's family. Post intervention care, continued care and care for patients who are not candidates for intervention would be the stroke physician's responsibility.

The management of stroke both acute and long term is going to change in the near future with many studies coming out in recent times. The "stroke physician's role", is also undergoing many changes with the addition of many new responsibilities.

Back to contents

# "Tar the roads, not your lungs"

# Evidence based approach to smoking cessation

*Dr Pubudu Guruge, Senior Registrar in Medicine, National hospital of Sri Lanka*

Smoking remains the number two killer in the 21st century which contributes to 8.7% of global mortality. Hypertension and diabetes mellitus are among the other top diseases with the highest attributable mortality. A study done in the UK has revealed that chronic smokers are likely to die 11 years prior to non-smokers. However smoking is usually overlooked, as a risk factor for major cardiovascular diseases and malignancies. Despite attempts of governmental and non-governmental organizations to assist smoking cessation, smoking remains a major public health risk.

A cigarette contains multiple drugs that are minutely delivered to the human body during smoking. These include, nicotine, tar, arsenic, cadmium, methane, carbon monoxide all of which are highly toxic when considered individually. Out of these, nicotine accounts for the characteristic physical dependence that occurs with repeated smoking while, tar and other toxins carry carcinogenic and cardiovascular adverse effects. Smoking cessation results in the immediate return of previous cardiac and pulmonary functions in subjects whose lungs and the cardiovascular system are not irreversibly damaged while the atherosclerosis related events and the risk of malignancy reduce over several years.

With the availability of a wide range of services, medications and the latest technology, smokers can be offered a well-designed plan to help quit smoking. One has to consider both physical and psychological aspects of nicotine dependence while arranging an individualized smoking cessation plan.

Nicotine replacement therapy (NRT), bupropion and varenicline are the most frequently used pharmacological agents with scientific evidence to combat physical dependence. NRT provides nicotine to the body which helps subjects who experience unpleasant symptoms of nicotine withdrawal. A wide range of methods including, gums, patches, lozenges and sprays have been developed for this purpose. bupropion and varenicline have complex yet poorly understood mechanisms in helping nicotine dependence.

Cont….

Back to contents

## "Tar the roads, not your lungs"

## Evidence based approach to smoking cessation

Studies have demonstrated both NRT and Bupropion are equally effective with a success rate of around 30% during the first 6 months. Certain studies have demonstrated the superior efficacy of varenicline in achieving long term abstinence. Acupuncture, homeopathy, filters and various other methods have been used for the treatment of nicotine dependence even though lack of scientific evidence limits the recommendation of such methods.

E-cigarettes emerged in 2007 and rapidly became popular among smokers all around the world. An e-cigarette heats a liquid with solvents, nicotine and flavours and acts as a cigarette. However, the drawback is that it also contains small amounts of carcinogenic and toxic substances similar to conventional cigarettes. Therefore, the World Health Organization urged countries to restrict or ban the use of e-cigarettes. Consequently, e-cigarettes and vaping have become less popular.

Despite the availability of multiple supportive systems the gap between patient motivation and physician's interest remain wide. Over decades, only little has improved in the physician's interest to help patients who are actively smoking. Unfortunately, less than half of the physicians advice their patients to stop smoking while 70% of smokers visit a general practitioner annually.

A simplified 5 'A's approach recommended by the Canadian Smoking Cessation Guidelines which consists, Ask, Advise, Assess, Assist and Arrange can be applied to guide smoking cessation. Firstly, asking the patient about his or her smoking status is crucial in recognizing individuals who need help. According to the health belief model, this is ideally done during a hospital visit that is directly related to smoking. However, it is imperative to ask all patients routinely about smoking. Secondly giving prompt advice to quit smoking could be the starting point and consumes very little time. NRT, other methods or a combination of methods can be used if necessary.

Cont….

Back to contents

Motivational interviewing to explore and resolve ambivalence to quit smoking is best done by a psychologist or a psychiatrist. Cognitive behavior therapy is another method available to modify smoking related behavior. Later, assisting them in difficult situations with a follow-up plan would help them achieve long term abstinence.

To sum-up, it is evident that smoking is not just a risk factor. It is in fact a disease entity, for which treatment is available. Screening individuals and offering necessary treatment is what is needed.

Back to contents

# Guest Lecture by Professor Hermann Kingma

*Compiled by Dr Shehan Silva, Consultant General (Internal) Physician, National Institute Mental Health*

The first Guest Lecture of the CCP for 2019 was delivered by Professor Herman Kingma, Professor of Clinical Vestibulogy, University of Maastricht, Netherlands on the 14th of February 2019 at the ClinMARC Auditorium, NHSL. The lunch time meeting was well attended by Consultants and Postgraduate Trainees in Medicine, Neurology and ENT.

Titled "State of the Art: How to recognize and manage vestibular disorders", Professor Kingma took the audience through simple but effective ways of detecting vestibular disorders and their management. A lively discussion followed his presentation.

The following are excepts of the lecture:

Many medical professionals have failed to understand the importance of the vestibular system. In an acute unilateral involvement (vestibular neuritis, Meniere's disease etc) there is acute severe vertigo, nausea and imbalance. In slow unilateral loss (vestibular Schwannoma, aging) or acute bilateral loss there is manifestation of neuro-vegetative symptoms (ataxia, intolerance of voluntary head movements) in the absence of vertigo or nystagmus. Labyrinths are important in propriocepsis as they are the most sensitive and rapid detectors of the position of the head in respect to gravity. Thus, any pathology results in slowing down of mobility to increase attention to prevent falls.

Back to contents

# Guest Lecture by Professor Hermann Kingma

Any acute unilateral vestibulopathy requires mobilization as soon as possible to enable compensation. Vestibular sedatives interfere with this compensation and should be prescribed only for a maximum of 3 days (e.g. cinnarizine 25- 50 mg daily). However, they should be commenced with betahistine of a minimal daily dosage of 48 mg for more than 2 months to improve and accelerate central vestibular compensation. Other modalities in the treatment include transtympanic gentamycin, labyrinthectomy or selective neurectomy. There is also much research and scope on devices such as vestibular prosthesis.

This event was sponsored by CIC Abbot.


Back to contents

# The President of the Royal College of Physicians and Surgeons of Glasgow visits CCP

Professor Jackie Taylor, President, Royal College of Physicians and Surgeons of Glasgow met the CCP team at the College office on 12th February 2019. Professor Taylor was accompanied by Professor Hany Eteiba, Vice President, Medical and International Director of RCPS and Ms. Lisa McManus, International Manager.

The CCP was represented by Professor Chandanie Wanigatunge, President, Dr Dumitha Govindapala, Honorary Joint Secretary, Dr Suranga Manilgama, Honorary Treasurer and Dr. Upul Dissanayaka, Council Member.

The teams discussed mutually beneficial activities. The RCPS (Glasgow) team agreed to make available the web links to their academic activities for CCP members and discussed the MTI programme through which the RCPS would place registrars in training positions. The CCP team suggested that the RCPS should explore avenues in sending their members for short visits to Sri Lanka to focus on areas such as Tropical Medicine.

Back to contents

# Debutant Nishantha(3 for 23) and Skipper Athula(70 runs) guide Physicians to victory over the Surgeons

*Dr Nihal Gunathialke, Consultant Rheumatologist*

The 7th Annual encounter between the Physicians and Surgeons was played at the Wesley College ground on 24th of February.

Surgeons, invited to bat could manage only 185 runs all out in the 25th over. Many batsmen got starts but could not convert to a big score. Supun 31( 2sixes and a four), Sameera 47 (1 six and 5 fours), Beeshman 22 (2 sixes and a four) and Suneth 34 (5sixes) made useful contributions. They were kept in check by some accurate bowling by Nishantha who accounted for the first 3 wickets. Sumudu, Champika and Nishan took two wickets each.

Physicians chasing a stiff 186 for victory lost prolific Nishan and Dilshan cheaply. Skipper Athula was then joined by Wasantha. Both bats men curtailed their natural stroke-play and repaired the innings with a partnership of 56 runs for the 3rd wicket before Wasantha was out for 24. When Physicians lost Sumudu in the 14th over they required a further 95 runs to win in 11 overs. Krishantha who joined Athula added another 55 runs for the 5th wicket before Athula was well held by Beeshman at the deep fine leg boundary for an excellent 70, a knock which included 4 sixes and 3 fours. Forty runs were required off the last 5 overs and in trying to accelerate, the Physicians lost Krishantha for a solid 36, in the 23rd over. The 8th wicket pair of Ravi Wijesinghe and Champika Samankumara held their "nerves" to take the Physicians for victory in the penultimate delivery of the innings.

The victory extended the lead in the series in favour of the Physicians with 5 wins as against 2 wins by the Surgeons.

Nishantha won the award for the best bowler while skipper Athula deservedly won the man of the match award.

The Physicians were represented by:

1. Athula Weeraratne
2. Krishantha Jayasekara
3. Nilantha Gamage
4. Yapa Udayakumara
5. Ravi Wijesinghe
6. Dilshan Priyankara
7. Wasantha Abeywickrama
8. Nishan De Vaas Gunawardana
9. Sumudu Wickramasinghe
10. Champika Samankumara
11. D.G. Nishantha

This match was sponsored by CIC Pharmaceuticals.

Back to contents

# Forthcoming events

**March**

- PACES Prep course : 1st March, at ClinMARC, National Hospital of Sri Lanka.
- Young physicians forum : 5th March, Kandy.
- Regional meeting : 6th March, Matale.
- Council meeting and council photograph: March 8th, 2019 at the College Office.
- PACES examination: 28th to 30th March, at ClinMARC, National Hospital of Sri Lanka.

Follow us now on

Back to contents