

# CCP NEWS

The Newsletter of Ceylon College of Physicians



## A New Year Begins.....

*"On New Year's Eve the whole world celebrates the fact that a date changes.*

*Let us celebrate the dates on which we change the world."*

—Akilnathan Logeswaran

*(Akilnathan Logeswaran is a digital ambassador at German Development Cooperation (GIZ) and co-chair of the Advisory Council for Hub Engagement of the World Economic Forum Global Shapers Community)*

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**Dr Ananda Wijewickrama  
President 2020 ; during his address**

## **2020: A Promising New year with Promising New leadership**

The start of a new year that marked the beginning of a decade, dawned on the Ceylon College of Physicians on the 3<sup>rd</sup> of January 2020 with the Ceremonial Induction of the new President Dr Ananda Wijewickrama, held at the “Lotus” of Bandarnaike Memorial International Conference Hall (BMICH) with style and grandeur.

*"Clinical audits  
and clinical  
research should  
be an integral  
part of our  
work"*

A total of over 300 erudite fellows and members of the college, representatives of other prestigious colleges and special invitees including

the estimable Director General of Health services, Dr Anil Jasinghe were present to witness this historic moment of the ascent of Dr Ananda Wijewickrama as the 44<sup>th</sup> President of the College.

Professor Chandanie Wanigatunge, President 2019 took the esteemed audience on a quick journey through the numerous college events and achievements of the past year under her leadership and placed a College much grown in strength in the care of Dr Ananda Wijewickrama which he accepted with a solemn oath.





**Welcoming the estimable  
Director General of Health Services,  
Dr Anil Jasinghe**

Professor Kamani Wanigasuriya (President 2010) and Dr Padma Gunaratne (President 2011) two illustrious Past Presidents of the college were felicitated on this occasion commemorating their contribution to the college and service to the nation.



**Professor Chandanie Wanigatunge,  
President 2019; during her address**

Building on the foundation laid by the immediate past president, Dr Ananda Wijewickrama delivered his address on “Going beyond enhancing knowledge and technical skills of physicians” where he showcased the achievements of the Sri Lankan health sector while highlighting the areas of struggle, establishing the importance of clinical audit and research to combat them on a closing note.



**The Ceremonial Procession led by the  
Honorary Joint Secretaries**

*"Example is  
leadership."*

- Albert Schweitzer  
(German Theologian)



***Felicitation of  
Dr Padma Gunaratne  
President 2011***



***Felicitation of  
Prof. Kamani Wanigasuriya  
President 2010***



***After the Award of the President's  
Medal***



***Dr Lakshman Ranasinghe,  
Representative of the Board of  
Trustees to the Council bestowing  
his congratulations***



## A message from the President

Dear Members,

First of all, I wish to thank fellows and members of the CCP for electing me as the President for the year 2020. I feel honoured and privileged. For more than 10 years I have been involved in the activities of the CCP to varying extents and in different capacities. This has given me an opportunity to understand the values and traditions of the college which I will safeguard.



Over the years, one of the key functions of the College has been continuing professional development. From post graduate education, this has expanded into other related areas such as improving presentation skills, communication skills etc. and these programs will be continued during 2020 too.

As we all are aware, we encounter a high number of patients in our day to day work. The potential for research with our day to day work is huge. Furthermore, the reasonably organized health system provides the necessary background for this. I believe the research culture among doctors should be fortified more.

In 2020 the College will work towards this.

Many aspects of patient care have changed over time. In spite of having good health indicators, Sri Lanka has more scope for improvement by incorporating positive changes into its health system. The CCP, with its membership of specialists in medicine and related specialties with a wide range of experience, has an important role in advocacy in this and have to work together with the Ministry of Health. Clinical governance is one important area where we have to perform an important role together with the Ministry of Health to improve the care.

While NCDs are increasing we

are threatened new infections such as novel Coronavirus. This is while old foes such as dengue and leptospirosis continue to be important problems. Matters are further complicated by

*"Sri Lanka has more scope for improvement by incorporating positive changes into its health system"*

new issues such as Anti-microbial resistance.

I sincerely hope that you will join forces with me to address these issues to ensure the highest possible health care to the people of Sri Lanka, realizing our motto "Arogyam, Shanthi, Sukham"



Dr Panduka Karunanayake and Dr Upul Dissanayake joined as judges for this month's session, chaired by the College President, Dr Ananda Wijewickrama.

Some key highlights of the presentations that created much discussion, enlightening the audience are included in this issue.

## Young Physicians take Centre stage - YPF January

Paving the way for emerging young physicians to explore and share knowledge from fields of their interests, the Young Physicians Forum for the month of January took place on the 14<sup>th</sup> at the ClinMARC auditorium of National Hospital of Sri Lanka.

*"The greater our knowledge increases the more our ignorance unfolds"*

*- John F. Kennedy  
American President*

# Exploring New Frontiers: Psychosomatic Medicine

**Dr. I. C. I. Kahandawaarachchi**

*Senior registrar in Internal Medicine*

"Who has heard about Psychosomatic medicine?" was the simple question Dr Kahandawaarachchi threw at the audience at the inception, to which only a few hands went up in affirmation.



Thus, creating a background for his presentation, he went onto explain that Psychosomatic medicine is an integral part of medicine, which applies to any illness which is affected by mental processes and how it is often overshadowed by drugs, surgeries and other physical means of treating them. He brought in several historical examples where this idea had been discussed though unfortunately, it had not been able to gain a strong foothold in modern medicine.

*"MBSR, when performed on medical students and doctors has shown to improve patient outcomes as well"*

To emphasize its importance to physicians, he discussed the use of stress relief programmes as an adjunctive method to treat diseases, creating a platform to discuss Mindfulness Based Stress Reduction (MBSR), one of the methods utilized to treat stress, and thereby modify the immune and endocrine systems to fight diseases. He stressed on the strong evidence base MBSR has in treating chronic diseases such as psoriasis, diabetes and chronic pain.

"MBSR, when performed on medical students and doctors has shown to improve patient outcomes as well," he said. He brought to notice how research in this area has several limitations including practical issues in finding qualified trainers and in

quantifying the intervention.

"Although still in its early stages, psychosomatic medicine holds much promise in the management of diseases, especially in Sri Lanka with its monumental

resources with regard to meditation" were some of his final words that provided food for thought to the enthusiastic Sri Lankan Doctors present at the event.

# Management of Obesity and Overweight

**Dr R.M.H.K. Rasnayaka**

Senior registrar in General Medicine



"Obesity is now a recognised major pandemic of the 21st century" was the alarming but true statement Dr Rasnayaka made at the outset

*"Pharmacological interventions may support weight reduction but to maintain weight beyond two years, the evidence is minimum."*

supporting it with WHO estimates in 2016 where 39% of adults above 18 years were found to be overweight in the world.

Identified as a cause for many cardiovascular disorders, type 2 diabetes, Nonalcoholic Fatty Liver Disease as well as respiratory and rheumatological disorders, it is needless to say that overweight and obesity drain a lot of economic resources.

Dr Rasnayaka presented new lines of thought that challenged conventions like 'high fat diet is the key to obesity and other related Cardiovascular disease morbidity' showing that cut down on number of calories is key to losing weight than the source of calories. It was also highlighted that quality of the source of food mattered more than the quantity.

Adding to the putative advice on exercise he brought to notice that moderate intensity exercises 30 minutes per day for several days per week, though instrumental in lowering the risk of cardiovascular diseases, high intensity exercise for at least an hour per day is necessary to maintain or lose weight. It's vital "to counteract the effects of increasingly sedentary lifestyles and strong societal influences that encourage overeating" he said. That exercises which promote reduction of abdominal fat are more appropriate as the waist circumference (an indicator of visceral fat) is more associated with high cardiovascular risk than BMI, was a noteworthy remark.

Though pharmacological interventions may support weight reduction, it was stated that to maintain the weight beyond two years, evidence is minimal. Thus, the importance of starting these medications on the basis of a therapeutic trial and stopping if the desired result is not achieved was emphasised.

Bariatric surgery though helpful in losing weight and maintaining a low BMI in selected patients, its efficacy in terms of cost, perioperative and long-term complications were identified as limitations.

Accentuating the role of a Doctor in synthesizing National policies to overcome the impending obesity disaster as a part of primary prevention, Dr Rasnayaka drew his speech to a close.



## COLLEGE LECTURE:

# Vitamin D Deficiency - An Overview

**Dr Shamitha Dassanayake**

Consultant Physician in Internal  
Medicine

Colombo North Teaching Hospital



Living in a tropical country, exposed to the sun whether we like it or not, to us Sri Lankans Vitamin D deficiency may seem like the least of our concerns. But Dr Shamitha states otherwise.

It's not just another vitamin. It's a hormone that has a significant amount of work to do, and though it seems easily accessible be it sunlight or food, most of us don't have enough of it. These ideas formed the gist of his introductory slides.

"An estimated 1 billion people worldwide, across all ethnicities and age groups are Vitamin D deficient."

Surprisingly statistics show that in Sri Lanka, 51% of the segment of population that is most likely to receive adequate sunlight (primary means of obtaining vitamin D), the school children are deficient in Vitamin D.

Shedding further light on the enigma of Vitamin D deficiency Dr Shamitha identified a number of high-risk groups from the pregnant and children to the elderly and many others who have limited exposure to the sun due to lifestyle, religious and cultural backgrounds.

On discussing clinical features "the signs and symptoms are nonspecific" he said, letting the audience digest the dreaded but unavoidable truth that puts a doctor in a medical dilemma causing much difficulty in diagnosis. Then he went onto list some everyday complaints such as headaches, aches and pains, muscle cramps, lethargy and psychological changes.

*"20 –30 minutes of sun exposure produces more vitamin D if exposed during MIDDAY"*

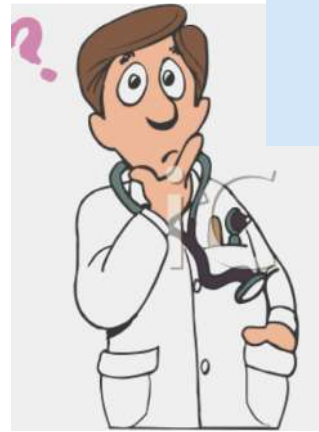
Bringing forth his own experience he then explained how many of his patients who apparently suffered from migraine improved with Vitamin D supplements and emphasised the need to have a low threshold to suspect the deficiency in the case of unresponsive patients.

The lecture was then dedicated to discuss a few of the myriad of associations with Vitamin D deficiency, including metabolic disorders, infectious diseases, cognitive disorders, cancers, autoimmune diseases, pregnancy related outcomes, neonatal/infant/child related outcomes.

Mass scale population screening is neither recommended nor feasible due to high cost of testing and should be limited to high risk groups and those that are symptomatic. In terms of treatment it is not sufficient to replace but also maintain the levels in the body, giving rise to the valid question of 'how long should a patient be treated?' as pointed out by Dr Shamitha.

Prevention is best and challenging the idea of “early morning sunlight” imprinted in the minds of the majority, he pointed out that “20 – 30 minutes of sun exposure produces more vitamin D if exposed during MIDDAY”, the best period being between 9.00 am to 2.00 pm.

On a closing note he raised a few concerns and issues on the topic at hand, in addition to those already mentioned, some of them being; having multiple systems with varying ranges of “Normal” values, over treatment and toxicity.



Can't tell if Major Depressive disorder or just Vitamin D deficiency?

## An Aid for an Upgrade



*Dr Ananda Wijewickrama, President 2020 accepting the Donation made by Dr Lakshman Ranasinghe*

the College, Dr Lakshman Ranasinghe was the instrument of this difference. A magnanimous donation of a sum of Rs 2 million was made by Dr Ranasinghe from his personal funds to the College in aid of the renovations planned out for the College office building.

His benevolent gesture in contributing to the College that he has been a part of and had presided over at a point in time, was both a proud and humbling experience for him and is much appreciated by the College.

*“ The greatness of a community is most accurately measured by the compassionate actions of its members ”*

*- Coretta Scott King*

The inaugural council meeting of a year could be memorable for a number of reasons; learning to work with a new president, new set of council members, starting new projects, etc. On a different note, the inaugural council meeting of 2020 that took place at the College Office on the 17th of January was made memorable by an act of generosity of a much valued, special person.

The representative of the Board of Trustees to the Council and an estimable Past President of



## The Epidemiology Unit reports....

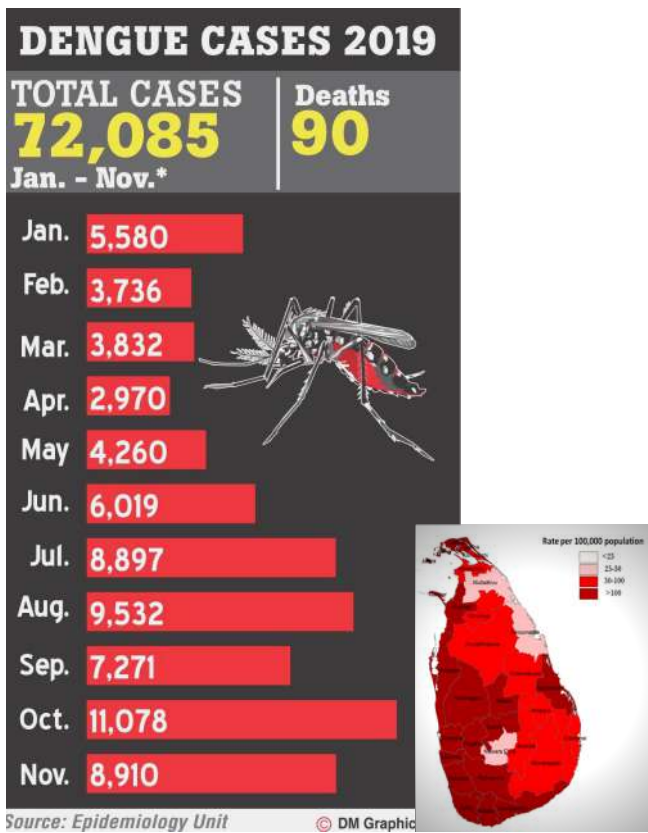
### *National Dengue Mortality Review*

*National Dengue Mortality Review - December 2019 held at the Epidemiology Unit Auditorium, Colombo 10 on the 3rd of December took up to discussion a total of 7 dengue/DHF deaths that occurred at different hospitals in Sri Lanka.*

*At the culmination of much deliberation on the subject, a consensus was reached on six 'Important General Action Points' which are as follows:*

- (1) There are three levels of management delays which have resulted in adverse clinical outcome in above cases;
  - a. Delay in identifying the onset of plasma leak/shock
  - b. Delay in initiating appropriate therapy/resuscitation
  - c. Continuing fluid therapy beyond leaking phase (especially during equilibrium phase)
- (2) Treating clinicians should not depend exclusively on ultrasound scan for diagnosis of plasma leakage in dengue haemorrhagic fever (DHF). Due attention should also be given to vital signs, UOP and haematocrit. Bleeding in DHF cannot be detected by USS.
- (3) It is important to be mindful that in DHF patients with plasma leakage treated sub optimally with fluids (given at a flat rate) without much attention to vital parameters and haematocrit can mask the clinical course of the illness, until complications are seen later.
- (4) Detection of circulating viral antigen NS1 has become the most common early diagnostic tool, due to commercially available rapid test kits. It is important to note that the results will depend on the tested day of illness, whether it is the primary or secondary infection and the quality of the test kit itself. If clinically suggestive of dengue/DHF, even if NS1 is negative, consider dengue as a possibility and manage accordingly.





- (5) Progression of severe disease (DHF/DSS) and the response to interventions are remarkably consistent. Therefore, it is important to follow standard National Guidelines on Clinical Management of DHF to prevent/minimize unwarranted complications.
- (6) In the management of pregnant women with acute fever, the National Guidelines on Clinical Management of Dengue Infection in Pregnancy, July 2019 (available from [www.epid.gov.lk](http://www.epid.gov.lk)) should be referred by all levels of clinical staff because early differentiation of DHF will ensure better outcome.

## Coming up in February...

*“The idea of waiting for something makes it more exciting”*

-Andy Warhol

[Andy Warhol was an American artist, film director, and producer who was a leading figure in the visual art movement known as pop art]

### IN NEXT ISSUE:

- 2nd February:** *Commencement of SEM Preparatory course*
- 6th February:** *Specialty Day on Geriatric Medicine*
- 9th February:** *CCP vs Community Physicians Cricket Encounter*
- 25th February:** *Young Physicians Forum*  
- Anuradhapura
- 26th February:** *Regional Meeting*  
- Polonnaruwa
- 26th February:** *Communication course for MD Part 2 Examination*