



MENOSOC - 2019

Annual Academic Sessions Menopause Society of Sri Lanka

“Invest in Menopause for a Brighter Future”

Programme & Abstracts

29th September 2019

Lotus Ballroom, Shangri - La Hotel, Colombo

8.00 a.m - 4.30 p.m





MENOSOC 2019

18th Annual Academic Sessions

Menopause Society of Sri Lanka

“Invest in Menopause for a Brighter Future”

PROGRAMME & ABSTRACTS

Edited by
Dr. Sharada Jayalath

29th September 2019
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CONTENT

	PAGE NO.
COUNCIL GROUP PHOTO	04
COUNCIL OF THE MENOPAUSE SOCIETY OF SRI LANKA - 2018 - 2020	05
MESSAGE FROM THE CHIEF GUEST	06
MESSAGE FROM THE GUEST OF HONOUR	07
MESSAGE FROM THE PRESIDENT	08
MESSAGE FROM THE SECRETARY	09
MESSAGE FROM THE EDITOR	10
MESSAGE FROM THE CHAIRMAN ACADEMIC ACTIVITES	11
PROGRAMME	12 - 13
PROGRAMME VENUE	14
FLOOR PLAN	15
ABSTRACTS	16 - 23
FREE PAPERS	24 - 29
POSTER PRESENTATIONS	30
FACULTY	31 - 32
COUNCIL OF THE MENOPAUSE SOCIETY OF SRI LANKA 2018 - 2020 - MEMBERS PHOTOS	33 - 36
SPONSORS	37
ACKNOWLEDGEMENTS	38

The Menopause Society of Sri Lanka

Council Members - 2018 -2020



Seating - left to right

Left to Right Seated: Dr. Harsha Atapattu (Chairman Academic Activities), Dr. (Mrs.) Marlene Abeywardena, Dr. Rohana Haththotuwa, Dr. Samantha Premaratne (Treasurer), Dr. Sanath Akmeemana (President Elect), Dr. Sanath Lanerolle (President), Dr. M.D.P. Gooneratne (Founder President), Dr. Mangala Dissanayake (Immediate Past President), Dr. Ruwan Silva (Secretary), Dr. Rukshan Fernandopulle (Vice President), Dr. Madura Jayawardena (Assistant Secretary)

Standing - Left to Right

Dr. Prasad Rannulu (Secretary Social Activities), Dr. Hemantha Perera, Dr. R. Prathapan, Dr. M. Sathanandan, Prof. W.I. Amarasinghe, Dr. Sunil Fernando, Mrs. Wasantha Perera, Mrs. Manel Amarasinghe, Dr. Chaminda Kandeuda, Mr. Mahanam Dodampegama, Dr. Chaminda Mathota, Dr. Piyusha Atapattu, Dr. Dasanthi Akmeemana, Dr. Sharada Jayalatha (Editor), Dr. M.Makarim, Mrs. Chandrika Haththotuwa, Dr. Janakie Karunasinghe, Dr. Shiromali Dissanayake, Dr. Champa Nelson, Dr. Sumal Nandasena, Dr. Chanil Ekanayake (Chairman Research Activities), Dr. Thaiwanka Munasinghe,

Absent:

Dr. Prasad Rannulu (Secretary Social Activities), Dr. Hemantha Perera, Dr. R. Prathapan, Dr. M. Sathanandan, Prof. W.I. Amarasinghe, Dr. Sunil Fernando, Mrs. Wasantha Perera, Mrs. Manel Amarasinghe, Dr. Chaminda Kandeuda, Dr. Janitha Hettiarachchi, Dr. Manoj Fernando, Dr. Manoj Perbhashini

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SRI LANKA - 2018 - 2020**

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Dr. Chaminda Kandeuda

Mr. Mahanama Dodampegama

Dr. Thivanka Munasinghe

Dr. Janitha Hettiarachchi

Dr. Manoj Fernando

Dr. Manoji Prabashini



It is my great pleasure and privilege to participate in this conference and to give a message for the souvenir. Climacteric, menopause and postmenopausal period consists of the last three to four decades of the woman's life. This has been made possible because of better living conditions, nutrition, immunizations and disease prevention and treatment with antibiotics. With more women entering menopause the focus was on climacteric and menopause because of the distressing symptoms. The care extended to prevention and management of osteoporosis and cardiovascular illnesses. Women live longer than men due to longer telomeres besides other factors. With increasing age, there is an increased incidence of osteoporosis, arthritis, cardio vascular problems and malignancy. As care givers of women's health, we have a responsibility to prevent these illnesses or treat them in the early stage. The health care personal, scientists and social welfare officers should provide multi-disciplinary care. I sincerely hope that the MENOSOC conference will address these issues in order to bridge the gap in Reproductive Health for this age group of women. This is important if we are to fulfill our obligation to achieve SDG 3 and 5 and the Beijing 1995 Women's Health Conference declaration of Planet 50:50 by 2030. Gender parity and sexual and reproductive health will not be complete unless we address these issues.

Sri Lanka has made considerable progress in reducing maternal and perinatal mortality and morbidity. I am sure the same success would be achieved in menopausal medicine to improve the quality of life for women. The topics covered in the conference should give food for thought for the professionals to see how they can contribute to this important agenda.

My very best wishes to you for a successful conference.

With kindest regards,



Sri Lanka Ranjana Sir Sabaratnam Arulkumaran
Professor Emeritus of Obstetrics and Gynaecology
Past President – RCOG, BMA and FIGO

MESSAGE FROM THE GUEST OF HONOUR



It is indeed a great pleasure for me to send this message to the Abstract Book of the 18th Annual Academic Sessions of the Menopause Society of Sri Lanka. Also, I am privileged to be the Guest of Honour for the Inauguration Ceremony of the Sessions this year.

Globally, women of middle and old ages are increasing in number and also, in parallel, the incidence of non-communicable diseases is going up significantly. Hence, women of these ages face many health related issues after their menopause. It is evident that cardiovascular diseases, neurological impairment and bone disorders associated with menopause significantly reduce the quality of life of post-menopausal women. Influenced by the cultural background, post-menopausal women are of the opinion that they are too old to engage in physical activities and therefore, reluctant to continue many healthy behaviours as they had previously.

Medical professionals should make them aware of the changes of menopause and specific health concerns in this category of women in order to address their physical, psychological and physiological issues effectively. There are number of initiatives from the government targeting a wider population from adolescent girls to older women to achieve healthy womanhood. Sri Lanka provides universal free healthcare service for all citizens spending a significant portion of the GDP for the health sector. A wider range of health services; both preventive and curative, have been made available for women throughout their life cycle. There are numerous programmes to educate and empower women for a healthier and better quality life.

The contribution of the Menopause Society of Sri Lanka, since its inception in year 2000 to uplift the quality of care for post-menopausal women is quite impressive. I am happy to say that the Society has come a long way with a relatively small number of Specialists. In this backdrop, I am happy to witness that the Society is conducting its 18th Annual Academic Sessions this year which will be an excellent platform to share knowledge for evidence based practice in caring post-menopausal women in Sri Lanka.

I would like to congratulate all the researchers and I wish the ‘18th Annual Academic Sessions 2019’ a great success!

A handwritten signature in black ink, appearing to read 'Anil Jasinghe'.

Dr. Anil Jasinghe
Director General of Health Services

MESSAGE FROM THE PRESIDENT



It is with great pleasure that I welcome you all to 2019 Annual Academic Sessions of Menopause Society of Sri Lanka, MENOSOC 2019. In keeping with the theme of the conference “Invest in menopause for a Brighter Future” there will be key note addresses, plenary lectures, MENOSOC Oration, Guest lectures and oral presentation to cover all the areas of menopause. A galaxy of eminent local and international Speakers will be delivering their lectures during this conference.

The Academic committee under the chairmanship of Dr. Harsha Atapattu has planned a comprehensive two days academic programme covering the all areas of menopause with post congress workshop “Incontinence and urodynamics”. I hope that this will be a good opportunity for you to update your knowledge which in turn will have a positive impact on our theme. On behalf of the academic committee I sincerely invite you to this conference and update your knowledge about menopause and clear the numerous controversies.

I take this opportunity to thank all the council members of 2019 in particularly Dr. Harsha Atapattu, Dr. Mangala Dissanayake and Dr. Ruwan Silva for their instinct support to make this conference a success. My special thanks goes to the Editor, Dr. Sharada Jayalath for working tirelessly to make this conference a memorable one and producing high quality editorial work.

I’ll be failing in my duty if I don’t thank sponsors, without their generous sponsorship this conference will not be a reality.

I wish the MENOSOC 2019 all success.

A handwritten signature in blue ink, appearing to be 'S Lanerolle', written over a horizontal line.

Dr. Sanath Lanerolle
President
Menopause Society of Sri Lanka

MESSAGE FROM THE SECRETARY



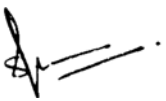
I would like to extend my warm welcome to all the participants and the speakers of the 18th Annual Academic Session of the Menopause Society of Sri Lanka 2019.

This year Annual Academic Sessions will be conducted with the participation of eminent local and international speakers under the theme of “Invest in menopause for a brighter future”

Menopause society of Sri Lanka provides education, information and guidance to health care professionals who deal with all aspects of post reproductive health. Annual Academic Session is the key event out of many programmes and events organized throughout this year under the presidency of Dr. Sanath Lanerolle.

This year session will be much beneficial for specialists, trainees and all the health care staff to improve their standards in caring women in menopause age group.

Finally, I wish to thank the team lead by Dr. Harsha Atapattu, Chairman of Academic Activities who contributed in making this event a success and I hope that participants enjoy the outstanding conference.

A handwritten signature in black ink, appearing to be 'Dr. Ruwan Silva'.

Dr. Ruwan Silva
Secretary
Menopause Society of Sri Lanka

MESSAGE FROM THE EDITOR



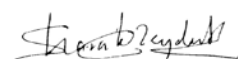
I am privileged to issue the programme and abstract book of annual academic sessions of menopause society of Sri Lanka, MENOSOC 2019. This is the 18th successive session since the inception of menopause society of Sri Lanka in year 2000.

With increase in life expectancy of women in Sri Lanka number of women who had menopause constitutes a considerable proportion of the population. Together with aging, they face many health concerns which have wide range of socio economic repercussions. Menopause society of Sri Lanka aims to provide better quality of life to post reproductive women in Sri Lanka. Numerous publications, presentations, lectures and other programmes are conducted throughout the year covering the whole country. These programmes include not only medical professionals, but also other stakeholders concerning the health of post reproductive women.

Annual academic session is the most important and grand event in our academic calendar. Local and foreign resource persons come to share the most updated knowledge about menopause. They inspire and stimulate younger generation. This year the conference focuses on “Invest in menopause for a brighter future”. Lifestyle modifications at reproductive era have a great impact on quality of post reproductive life. Therefore main concern during the session will be given to address lifestyle modifications in relation to skeletal, cardiovascular and neurological systems.

This abstract book contains the essence of knowledge shared at the symposia. As a comprehensive book this also contains the abstracts of oral presentations.

I thank all who contributed in making this event a success. I wish all participants will carry this knowledge for the rest of their carrier as we invest in menopause for a brighter future.

A handwritten signature in black ink, appearing to read 'Sharada Jayalath'.

Dr. Sharada Jayalath
Editor
Menopause Society of Sri Lanka

MESSAGE FROM THE CHAIRMAN ACADEMIC ACTIVITIES



The most important activity in the academic calendar of the Menopause Society of Sri Lanka is the Annual Scientific Sessions. The theme of this year is “Invest in Menopause for a Brighter Future” highlighting the benefits a woman may gain by modifying her life according to the changes that occur at the menopause.

The academic programme of a high standard aims to discuss the common menopausal problems as well as areas that are not discussed frequently. I would like to appreciate the supporting hand extended by the Sri Lanka Collage of Obstetricians and Gynaecologists and the Indian Menopause Society in making this event a success. The Menosoc Oration will be delivered by Dr. M. Sathanandan, one of the most respected teachers of many obstetricians in Sri Lanka. Colour would be added to the conference by the post-congress workshop conducted by Dr. Aparna Hegde. The inaugural M.D.P. Gooneratne Endowment lecture will be delivered by Sri Lanka Ranjana Professor Sir Sabaratnam Arulkumaran.

I like to take this opportunity to thank all local and foreign resource personal for their participation and contribution. I also wish to thank the President and the Council of the Menopause Society for their support. The guidance by Dr. M.D.P. Gooneratne and Dr. Mangala Dissanayake was invaluable.

This event would not have been possible without the generous contributions from our sponsors. Mrs. Buddhini Geekiyanage was a pillar of strength in helping me in organizing everything in a very methodical way.

Finally I would like to thank all the participants for coming here to make this event a success.

A handwritten signature in black ink, appearing to read 'H. Atapattu'.

Dr. Harsha Atapattu
Chairman, Academic Activities
Menopause Society of Sri Lanka

**18TH ANNUAL ACADEMIC SESSIONS
MENOPAUSE SOCIETY OF SRI LANKA - 2019**

PROGRAMME
18th Annual Academic Sessions of Menopause Society of Sri Lanka

7.30 AM	Registration	
8.00 AM	Free Papers	
	Inauguration	
9.00AM	National Anthem	
9.05 AM	Traditional Lighting of Oil Lamp	
9.10AM	Welcome Address by President-Menopause Society of Sri Lanka Dr. Sanath Lanerolle	
9.15AM	Address by the Guest of Honour Dr. Anil Jasinghe DGHS, Ministry of Health Sri Lanka	
9.25AM	Address by the Chief Guest Sri Lanka Ranjana Prof. Sir. Sabratnam Arulkumaran Past President – RCOG, BMA and FIGO	
9.35AM	Awarding Honorary Membership of Menopause Society to Dr. Aparna Hegde Consultant Urogynaecologist, India	
9.40AM	MENOSOC ORATION Menopause Transition, Significance and Management Dr. M. Sathanandan, Consultant Obstetrician & Gynecologist, Ninewells Hospital, Narahenpita, Sri Lanka.	
10.25 AM	Vote of thanks by Secretary-Menopause Society of Sri Lanka Dr. Ruwan Silva	
10.30 AM	Tea & Poster Viewing	
	<i>Symposium 1 11.00 AM-12.00 PM</i>	
11.00 AM	Sarcopenia - Where do we stand?	Dr. Sujeevani Kurukulasuriya, Consultant Rheumatologist, Senior lecturer in Pharmacology, Faculty of Medicine, University of Kelaniya, Sri Lanka.
11.20 AM	Skin and Menopause	Dr. Dananja Ariyawansa, Consultant Dermatologist, Sri Jayewardenepura General Hospital, Sri Lanka.
11.40 AM	Menopause and breast cancer: when friendly hormones become the foe	Dr. Sanjeewa Seneviratne, Consultant Surgeon & Senior Lecturer, Faculty of Medicine, University of Colombo, Sri Lanka.

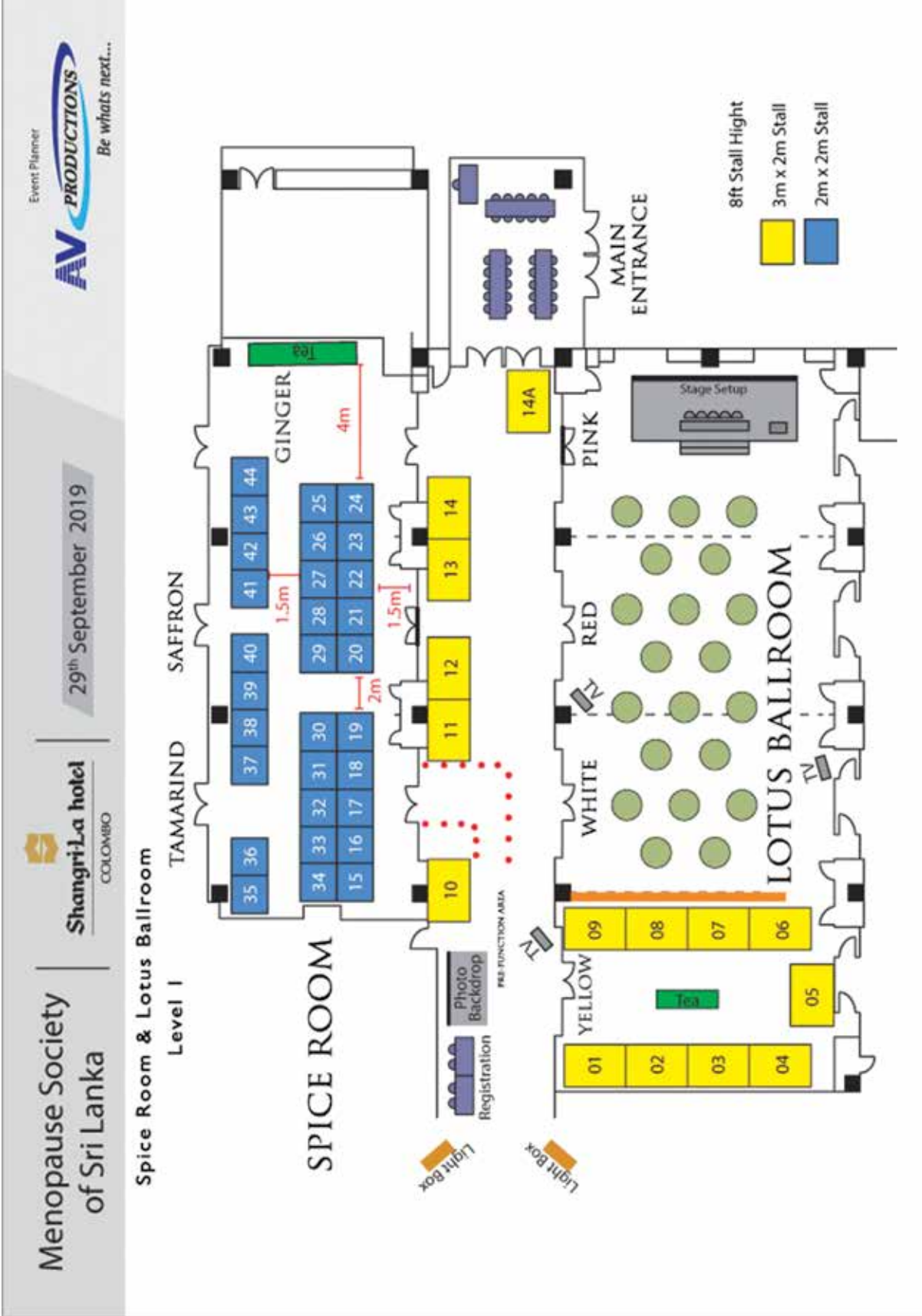
	<i>SAFOMS Sessions 12.00PM - 1.00PM</i>	
12.00PM	Menopause Transition Fat Redistribution and Insulin Resistance	Prof. N. Hephzibhah Kirubamani, Professor in Obstetrics & Gynaecology, Saweetha Medical College, SIMATS, India
12.30PM	Residual Ovary and Residual Tubes	Prof. Hemantha Perera, Professor in Obstetrics & Gynaecology, Sri Jayewardenepura General Hospital, Sri Lanka.
1.00PM - 2.00PM	Lunch & Poster Viewing	
	<i>Symposium 2 – Caring for Heart at Middle Age 2.00PM - 2.40PM</i>	
2.00 PM	Cardiovascular Health in Menopause	Dr.Upul Dissanayake Consultant Physician, National Hospital Sri Lanka.
2.20PM	Proper Nutrition at Menopause	Dr. Ranil Jayawardena Senior lecturer in Physiology, Faculty of Medicine, University of Colombo, Sri Lanka.
2.40PM - 3.00PM	Guest Lecture 1 - Novel Insights to the Regulation and Treatment of Menopausal Hot Flashes Dr. Channa Jayasena Clinical Senior Lecturer in Endocrinology & Andrology, Imperial College and Hammersmith Hospital, London, United Kingdom	
3.00PM - 3.20PM	Guest Lecture 2 - Gender Base Violence in the Older Women Dr. Lakshmen Senanayake Consultant Obstetrician & Gyneacologist, Sri Lanka.	
3.20PM - 3.40PM	Guest Lecture 3 - Hormones and Menopause Dr. Manilka Sumanathilake Consultant Endocrinologist, National Hospital Sri Lanka.	
3.40PM - 4.00PM	Guest Lecture 4– Management of Urinary Incontinence Dr. Aparna Hegde Consultant Urogynecologist and Pelvic Floor Reconstructive Surgeon, Director, Centre for Urogynaecology and Pelvic Health, New Delhi, India	
4.00PM - 4.30PM	Closing Ceremony & Tea	
4.30PM - 5.30PM	Annual General Meeting	

PROGRAMME VENUE

**Shangri-La Hotel Colombo,
1 Galle Face, Colombo 02,
Sri Lanka.**



FLOOR PLAN



FLOOR PLAN
18th Annual Academic Sessions of Menopause Society of Sri Lanka

Symposium 1 : Menopause and Organ Systems

Symposium 1: Lecture 1 Sarcopenia - Where do we stand?

Dr. Sujeevani Kurukulasuriya,

Consultant Rheumatologist and Senior lecturer in Pharmacology,
Department of Pharmacology, Faculty of Medicine, University of Kelaniya, Sri Lanka.

Loss of muscle strength, loss of muscle mass and impaired physical performance in older individuals are key features of sarcopenia. Sarcopenia in the elderly has now become a major focus of research due to its impact on morbidity, mortality and healthcare expenditure. Despite its clinical importance, sarcopenia remains under-recognized and poorly managed in routine clinical practice. This is, in part, due to a lack of available diagnostic testing and uniform diagnostic criteria. The management of sarcopenia is primarily focused on physical therapy for gait training.

Symposium 1: Lecture 2 Skin and Menopause

Dr. Dananja Ariyawansa,

Consultant Dermatologist, Sri Jayewardenepura General Hospital, Sri Lanka.

Women live one third of their lives in the post menopausal state. Significant hormonal alterations occur at the time of menopause, leading to a range of physiological disorders affecting multiple organs including skin.

Estrogen receptors have been detected on the skin. Dermal cellular metabolism is influenced by the hypo estrogenic state of menopause leading to changes in the collagen content, alterations in the concentration of glycosaminoglycans and most importantly the water content. Changes in the skin collagen lead to diminished elasticity and skin strength. A reduction in hydrophilic glycosaminoglycans leads to a direct reduction in water content, which influences the skin turgor.

Hormonal alteration results in various physical, psychological, and sexual changes in menopausal women. Associated dermatological problems can be classified as physiological changes, age-related changes, changes due to oestrogen deficiency and changes due to hormone replacement therapy. Dermatitis seen due to oestrogen deficiency includes Atrophic Vulvovaginitis, Vulval Lichen Sclerosus, Dyaesthetic Vulvodynia, Hirsutism, Alopecia, Menopausal Flushing, Keratoderma Climactericum and Vulvovaginal Candidiasis.

Symposium 1: Lecture 3
Menopause and breast cancer: when friendly hormones become the foe

Dr. Sanjeewa Seneviratne,

Consultant Surgeon and Senior Lecturer, Faculty of Medicine, University of Colombo, Sri Lanka.

Breast cancer is the commonest cancer affecting women worldwide. Over the last several decades, the incidence of breast cancer has risen globally and this is estimated to increase by another 25% by year 2020. Studies have shown that the greatest increase will be among women in developing countries, where a majority of whom live in the Asian region. The rise in incidence has been observed to be greater among post than pre-menopausal women. For instance, in Sri Lanka breast cancer incidence has increased by 55% among post-menopausal women compared to 23% among pre-menopausal women over the 10-year period between 2001 and 2010. Many factors that lead to prolonged and greater exposure to oestrogen including possible environmental exposures, delayed childbearing and increasing rates of obesity have been implicated in this incidence rise among post-menopausal women.

Mammographic breast cancer screening has contributed significantly towards the reduction in breast cancer mortality observed in developed countries where population-based screening programmes are in operation. Mammographic screening is better suited for post-menopausal women as it carries a much greater sensitivity due to the fatty nature of the breasts. Many developing countries including Sri Lanka do not have a national breast cancer screening programme. This probably is one reason for the higher proportion of advanced breast cancers at diagnosis observed in Sri Lanka, compared with developed countries.

Sri Lanka has one of the fastest ageing populations in the world; a trend that will exponentially increase the numbers of breast cancer especially among older women in the coming years. Older post-menopausal women are more likely to have more co morbidities and a poorer survival from breast cancer. On the other hand, this increase among older age groups may reflect different rates in adoption of opportunistic breast cancer screening in Sri Lanka.

However, evidence from other countries suggests that participation in opportunistic mammographic screening is greater in women younger than 50 years, compared with older women. Regardless, healthcare policy makers in the country need to consider all these factors in planning strategies, if they are to effectively deal with the increasing burden of breast cancer in the country especially among post-menopausal women.

SAFOMS SESSION

SAFOMS Session: Lecture 1

Menopause Transition - Fat redistribution and Insulin resistance

Prof. N. Hephzibhah Kirubamani,

Professor of Obstetrics and Gynaecology, Saveetha Medical College, Saveetha University, India.

Obesity or a BMI >35 kg/m² is common in midlife women. Overall body mass, central or visceral adipose deposition increases in midlife, as measured by waist circumference or waist: hip ratio. An average woman gains weight of 0.7kg/per year especially during the menopausal transition irrespective of race / ethnicity. It is a big debate that weight gain during midlife is due to aging or menopause?

Weight gain during midlife is due to aging. Aging decreases resting metabolic rate and total energy expenditure but not easily felt by person. In addition, decrease physical activity results in increase in weight and decrease lean body mass. Majority of evidence suggest that changes in weight are due to chronological aging whereas changes in body composition and fat distribution are primarily due to ovarian aging. Longitudinal studies of the menopausal transition support the concept of increased relative androgenicity due to a decline in estrogen levels over the transition. The Study of Women's Health Across the Nation (SWAN) is an ongoing population based, longitudinal cohort study designed to characterize biologic and symptomatic changes occurring during the menopausal transition. SWAN found that changes in SHBG, E2 and sulfated DHEA levels remained fairly constant across the transition. In overall, the changes represent a shift to a more androgenic environment in post-menopause.

Owing to the increase in androgenicity, adiposity, sleep disturbance and depression in midlife, and their association with menopausal sex hormone changes, it is logical that glucose levels would also increase. However, the studies comparing diabetes risk in pre-menopause and post-menopause and across the transition have not found a strong association between menopause status and glucose and diabetes risk.

Obesity, weight gain and visceral weight gain are clearly established risk factors for diabetes in mid-life women. Adiposity and insulin resistance may have stronger links with chronological aging rather than ovarian aging, but the prevalence of both conditions is high in midlife women and increased compared with younger ages. These risk factors are essential precursors of Type 2 diabetes.

Factors influencing weight gain in midlife are as follows:

1. Obesity in women is associated with poorer education, urbanization, inactivity, parity, family history of obesity and marriage at earlier age.
2. There is a bi-directional relationship between obesity and depression.
3. Many psychoactive medications are associated with weight gain.
4. Sleep disturbance and unhealthy life style contributes to increase in weight.

During the premenopausal period, lipid deposition in Gluteo-femoral adipocytes is facilitated by lipoprotein lipase (LPL) via estrogen action to assure adequate energy stores for reproduction. This LPL activity in Gluteo-femoral adipocytes is higher than that of abdominal adipocytes. In a longitudinal study, Lovejoy et al showed that visceral adipose tissue increases significantly through the menopausal transition from 3 – 4 years before menopause, and this increment in abdominal fat paralleled with the decrease in serum estradiol over time. A reduction in total calories eaten each day is needed to achieve weight loss. Physical activity is important to prevent weight gain. Anti-obesity medications have been associated with a 5 – 10% loss in weight but this is rarely sustained when the medication is stopped. Bariatric surgery is a clinical and cost-effective intervention for moderate to severely obese people compared to other non-surgical interventions.

Symposium 2 on: Menopause and Aging

Symposium 2: Lecture 1 Cardiovascular Health in Menopause

Dr. Upul Dissanayake,

Consultant Physician, National Hospital, Sri Lanka.

With the onset of menopause the cardiovascular protection afforded to the women start to dwindle and after ten years will have a similar cardiovascular risk as that of men.

The protective hormone replacement which was a logical step had to be withdrawn unfortunately with the results of trials emerging at the turn of the century.

The spring of eternal youth promised to had to be withdrawn. Where do we stand today?

The current knowledge about cardiovascular fitness among post menopausal women!

Symposium 2: Lecture 2 Proper Nutrition at Menopause

Dr. Ranil Jayawardena,

Senior Lecturer in Physiology, Department of Physiology, Faculty of Medicine,
University of Colombo

Menopausal and postmenopausal women are at increased risk of several conditions, including obesity, osteoporosis, heart diseases and cancers. In addition, it is widely observed the weight gain, metabolic derangements and changes in body composition. Lean body mass and metabolic rate decreases with menopause. Falling oestrogen levels in the menopause is associated with weight gain especially in visceral areas leading to insulin resistance, dyslipidaemia and metabolic syndrome. Moreover, postmenopausal women are at increased risk of osteoporosis. The rate of bone calcium loss is escalated during the menopause. Increased free oestrogen level increases risk of developing hormone sensitive breast cancers and other cancers.

Dietary management of woman with menopause should be carefully planned. Weight loss of as little as 5% of body weight is associated with increased bone turnover in postmenopausal women. Therefore, weight losing program to improve obesity related co-morbidities, must be combined with high impact exercises. In the same time, it is very challenging to incorporate exercise for older women since they have reduced physical fitness levels. There is mixed evidence on supplementation of various vitamin, mineral, isoflavone and herbal products in this population. During my lecture, I will discuss the available high quality evidence and practical aspects of a planning diet for menopausal woman.

Guest Lectures

Guest Lecture 1

Novel Insights to the regulation and treatment of menopausal hot flushes

Dr. Channa Jayasena

Consultant in Reproductive Endocrinology and Medicine,
Imperial College London & Imperial College Healthcare NHS Trust, UK.

Neurokinin B (NKB) is a recently identified hypothalamic neuropeptide with an emerging mechanistic role in the evolution of vasomotor flushes during gonadal sex steroid deficiency. NKB neurones project to thermoregulatory centres within the hypothalamus. Furthermore, recent studies in humans, monkeys and rodents indicate that NKB signaling increases following oestrogen deficiency. We observed that intravenous NKB administration to healthy women and men elicits hot flush symptoms. We therefore hypothesized that NK3 receptor (NK3R; the primary receptor for NKB) antagonism has potential to treat menopausal hot flushes. We conducted a UK government funded phase 2 randomized, double-blinded, placebo-controlled, 2-way crossover study in 28 menopausal women with untreated hot flushes. The orally administered NK3R antagonist MLE4901 reduced the total weekly number of hot flushes by 45% in menopausal women, which was a significantly greater effect when compared with placebo ($P < 0.0001$). Large multicentre trials of NKB in flushing are ongoing. NKB may represent a novel therapy of menopausal flushing in patients for whom hormone replacement therapy is unsuitable.

Guest Lecture 2

Gender Base Violence in the older women

Dr. Lakshmen Senanayake

Consultant Obstetrician and Gynaecologist, Sri Lanka.

Gender-based Violence cuts across all strata of the society and affects mostly women and elderly women are no exception. However, GBV in the elderly is not visible and go unnoticed and unaddressed in most related interventions and research. Sri Lanka has a double burden in having a demographic pattern with high elderly population that is predicted to go up in the future.

The Demographic and Health Survey 2016 showed that one in five women aged 15 to 49, underwent some or all forms of intimate partner violence in the 12 months preceding the survey. Unfortunately, this does not include women older than 49 years. Age disaggregated data showed that trend of GBV prevalence continued with a marginal rise towards the higher age in contrast to the common belief that longer lasting relationships including marital are devoid of domestic abuse.

There is no doubt that many factors based on gender attitudes and social norms contribute towards perpetration of violence. But in the elderly women, biological changes related to menopause and the myths and beliefs related to sexuality aggravate the situation creating a fertile milieu for conflicts leading to violence.

Non partner sexual violence is less common in this age group but still exists, especially in institutional settings, often committed by the care giver. Sexual elder abuse is defined as “contact of a sexual nature with an elderly person without the elder’s consent”. Sexual contact with any person incapable of giving consent too is considered as sexual abuse. It includes but is not limited to, unwanted touching and other types of sexual assault or battery such as rape, sodomy coerced or nudity. Unfortunately, some if not most of this group are not in a position to protest or complain about the abuse as they are mostly dependent on the caregiver.

In order to ensure complete wellbeing of elderly women it is essential that care givers include appropriate guidance be on maintaining sexual health in programmes targeting the elderly and be vigilant towards identifying and assisting survivors of Gender-based Violence, particularly intimate partner violence.

Guest Lecture 3 Hormones and Menopause

Dr. Manilka Sumanathilake

Consultant Endocrinologist, National Hospital of Sri Lanka,
Past President, Sri Lanka College of Endocrinologists.

Menopause is defined as twelve months after a woman’s final menstrual period in a woman with an intact uterus. It is a natural event that marks the end of spontaneous ovulation due to permanent loss of ovarian follicular production heralding the end of reproductive capabilities. In the Western world, the average age of menopause is 48.8 years according to a recent meta-analysis and it varies between 48-52 years.

Menopause is mainly a ‘hormonal event’ with the main changes being loss of cyclical production of Oestradiol, Progesterone and Testosterone. Changes in the level of other hormones like LH, FSH, Inhibin B and Anti Mullerian Hormone (AMH) also occur in a complex manner with individual variations. Desynchronized GnRH secretion with impaired timing of the LH surge is an early change seen. Decreased Inhibin level is thought to initiate the process.

The functional life span of the ovaries is determined by genetic, hormonal and environmental factors. Systemic diseases also play a role in some individuals. Hormonal changes and symptoms can start few years before, even while having regular menstruation and it can last for many years after menopause. Menopause can be described in several stages with a varying hormonal milieu. Staging of reproductive aging workshop (STRAW) classification describes seven stages and under this the menopausal period has three stages: Menopausal transition, Peri-menopause and Post menopausal period.

Hormonal changes can be attributed directly or indirectly for most symptoms and signs associated with menopause other than the vasomotor symptoms which are mediated by Norepinephrine and

Serotonin. Fluctuations and deficiency of oestradiol is the major factor in most other symptoms and signs. Skin and hair estrogen deficiency leads to mucosal dryness, particularly in the eyes, nose, mouth, and vagina. Some women might also notice a loss of skin elasticity associated with decreased collagen and elastin production. Decreased estrogen levels are associated with a relative surplus of androgens. Androgen excess can cause male-pattern alopecia, hirsutism, and a deepening of the voice.

Urogenital estrogen receptors are located on many tissues, including the urethra and bladder. During the estrogen deficiency state of menopause, urethral tissue can become thin, ultimately causing dysuria, urinary incontinence, and increased urinary frequency. In addition, changes in the vulva and vagina can occur, including vaginal atrophy, cervical atrophy, and vaginal dryness. Dyspareunia may result, as well as post-coital bleeding and pruritus vulvae. Women may also experience sexual dysfunction and a decreased libido.

Skeletal bone mass peaks at 30 years of age and starts to decline thereafter. This decline accelerates throughout the menopause transition and menopausal years. Genetics, estrogen status, exercise, calcium and vitamin D intake all play significant roles in bone mass. Estrogen has a protective effect on bones by inhibiting overall bone loss. Postmenopausal women can lose up to 4% to 5% of their bone density annually due to the loss of estrogen. Bone loss is especially prominent in the trabecular spine. Bone remodeling is done by osteoclasts (destruction of bone matrix) and osteoblasts (building of lamellar bone). RANK and RANKL interactions promote the differentiation of osteoclast precursors into mature osteoclasts. Osteoprotogerine (OPG) can bind to RANKL and interrupt this process. Oestrogen stimulates secretion of OPG by the osteoblast.

Loss of estrogen also sensitizes bone to respond highly to parathyroid hormone. When serum calcium becomes low, the parathyroid releases Parathyroid Hormone (PTH) to stimulate active vitamin D production. Vitamin D increases absorption of calcium in the kidney and the intestine as well as stimulating osteoclasts. With no estrogen, the bone now releases more calcium for the same amount of PTH stimulation further weakening the structure. Hence Osteoporosis has become one of the major conditions associated with the hormonal changes of menopause causing much morbidity and mortality.

Guest Lecture 4 *Management of urinary Incontinence*

Dr. Aparna Hegde

Consultant Urogynaecologist and Pelvic Floor Reconstructive Surgeon,
Director - Centre for Urogynaecology and Pelvic Health, New Delhi, India

The talk will cover the management of Urinary Incontinence, both Stress Urinary Incontinence and Urgency Urinary Incontinence. Conservative methods of management including diet and fluid modification, behavior modification, medications, bladder retraining and pelvic floor rehabilitation methods will be discussed. Lastly, the talk will touch upon surgical management methods.

Oral Presentations**OP 1:****AWARENESS OF OSTEOPOROSIS AMONG WOMEN OVER 50 YEARS OF AGE, ATTENDING COLOMBO SOUTH TEACHING HOSPITAL, SRI LANKA**

Dharmasena KP, Jayaratne SD, Amarasekara TD.

Objectives:

Globally, osteoporosis is a significant health problem. According to the national statistics, the number of patients presenting with osteoporosis related fractures, especially vertebral and hip fractures, has increased in recent decades in Sri Lanka. It causes a significant personal and social impact and increases the burden on health care services. Awareness of osteoporosis among women is essential to reduce this burden on health care services in Sri Lanka. The aim of this study was to determine the level of awareness on osteoporosis among women over 50 years of age attending Colombo South Teaching Hospital (CSTH), Sri Lanka.

Methods:

A descriptive cross-sectional design was used among conveniently selected (n=200) participants from selected female wards at CSTH. A pre-tested (n=10) interviewer-administered questionnaire was used to collect data, and descriptive statistics were used to analyze. Ethical approval was obtained from the relevant ethics review committee.

Results:

Most of the participants n=138, 69% belonged to 50-54 years of age group. Regarding awareness of osteoporosis, most of them (n=181, 90%) knew that osteoporosis is a condition that loss of bone mass and strength and n=179, 89% knew that osteoporosis predisposes to fractures. 66% (n=132), 69% (n=138) and 50% (n=101) of participants were aware that menopause, low intake of calcium and Vitamin D, alcohol and smoking are risk factors respectively.

Conclusion:

There was a gap in the knowledge of risk factors although most participants knew that osteoporosis leads to weakening of bone, hence the need to educate the women on risk factors of osteoporosis.

OP 2:

CONTRACEPTION AND GYNAECOLOGICAL MALIGNANCY SCREENING ABOVE AGE OF 45-YEAR-OLD FEMALE HEALTH CARE WORKERS AT DISTRICT GENERAL HOSPITAL MATALE- A PRELIMINARY STUDY

Wijeratne YMTY, Rajapaksha RKLS, Ratnayake RMGCA, Sampath WGP

Objectives

Gynaecological and other malignancies are reported more during the perimenopausal and post menopausal age. Despite the availability of malignancy screening programs, increased number of first detected advanced stage malignancies are reported. Mainly due to social issues, negligence on contraception results in unwanted pregnancies ended up in unsafe abortions and increased number of advanced maternal aged pregnancies. This preliminary study was aimed to assess the contraception and gynaecological malignancy screening practices among health care workers.

Method

Nurses (n=45,73.8%), public health midwives (n=7,11.5%) and health attendants (n=9,14.8%) comprised the 61 responders to the provided self-administered questionnaire, which covered contraceptive methods, menstrual issues, pap smear history, breast examination and screening.

Results

All of them were educated above ordinary level and 6 (9.8%) were diploma holders. Of the 33 (54%) menstruating females, 14 (42.4%) were not using any contraceptive method while sterilization (n=9,27.2%) and intrauterine contraceptive device (n=9,27.2%) were the commonest methods used. No one used traditional contraceptive methods.

28 (45.9%) of them never had pap smears in their life and 15 (24.6%) and 12 (19.7%) had pap smears within last 3 years and 5 years respectively.

Only 25 (41%) were doing monthly self-breast examination and 8 (13.1%) have undergone screening by a physician.

Conclusions

Health care workers frequently expose to see the complications, but their usage of proper contraception and malignancy screening are not satisfactory. Further studies with more participants are needed and introducing programs targeting local hospital staff are essential to improve the outcome.

OP 3:

KNOWLEDGE AND ATTITUDES REGARDING MENOPAUSAL SYMPTOMS AMONG WOMEN AGED 40-60 YEARS IN A SEMI URBAN AREA, SRI LANKA

Perera PST, Goonewardena CSE

Objectives:

To describe the knowledge and attitudes regarding menopausal symptoms among women aged between 40-60 years in a semi urban area, Sri Lanka.

Methods:

A descriptive cross sectional community based study was carried out among 212 women aged 40-60 years in three randomly selected Grama Niladari divisions of Matara district. Each correct knowledge statement was given one mark and incorrect statement given zero marks. Depending on the mean score, overall knowledge was categorized as good and poor knowledge. Attitudes regarding menopause were analyzed by using likert scale. Data was analyzed using SPSS version 23. A probability of $P < 0.05$ was considered significant.

Results:

Majority 74.5% [n=175] of women were aware about the meaning of menopause and how it occur. However, most of them 67% [n=142] had no knowledge about the hormonal change during menopause and 41.5% [n=88] women were not aware about hormone replacement therapy. Majority 55.1% (n=117) of women had good knowledge regarding menopause and the mean knowledge score was 6.84 +1.8. More than half 54.2% [n=115] of women had no idea about the future risk factors of menopause such as cardiovascular problems and osteoporosis. In the study sample, 48.6% (n=103) of the women had positive attitudes towards consulting a doctor after menopause. Nearly 86 (40.6%) of respondents agreed that they feel better after menopause and 104 (51.5%) of them had positive attitude towards natural approaches for treating menopausal symptoms. Almost half 50% [n=106] were happy about that they can quit worrying about getting pregnant.

Conclusions:

Majority of the respondents had good knowledge regarding menopause. Nearly half of them had positive responses towards attitudes regarding menopause.

OP 4:

MORBIDITY AMONG MENOPAUSAL WOMEN ADMITTED TO SURGICAL WARD IN NATIONAL HOSPITAL SRILANKA

Randeniya C, Abeyjeewa K, Wanniarachchi WKS

Objectives

This observational study was done among menopausal women admitted to ward 38, National Hospital, to study women’s knowledge, attitudes and reflections of their illnesses and related other sexual and social issues.

Methodology

Study was conducted in the National Hospital Sri Lanka, for 50 menopausal females who were admitted during March to May 2019. An interviewer administered pretested questionnaire and medical records were used to collect data.

Results

In this study population (n=50) majority were married 70% (n=35), 18% were widowed and 6% were single and separated. (32%) were educated up to Ordinary Level and 66% were housewives.

Majority of the study sample (n=18) were admitted due to cellulitis, wounds or injuries followed by abdominal pain(n=9), per rectal bleeding admitted for investigations (colonoscopy)(n=6) and ureteric colic and related problems(n=6), dysphagia and GORD (n=3), thyroid related problems(n=3) and other (n=4).

Medical co-morbidities present in the study population were diabetes (n=24), Hypertension (n=18), dyslipidemia(n=12), Ischemic Heart disease (n=7), Bronchial asthma(n=5), hypothyroidism (n=3), chronic kidney disease (n=2), arthritis and liver disease (n=1).

From the study sample only 4 (8%) women have sought medical advice for their menopausal symptoms. 11 (22%) women were aware about Hormone Replacement Therapy and only 5(10%) were aware about local applications like vaginal moisturizers and lubricants.

Sixteen women stated that if a medical professional has voluntarily asked about their symptoms and prescribe some methods, they would have used them. But they were reluctant to go to a doctor by themselves and discuss about their problems in sexual life.

Conclusions

Health care professionals should pay more attention to menopause related sexual and psychological aspects to improve women’s quality of life.

OP 5:

ASSESSMENT OF THE KNOWLEDGE ON HORMONE REPLACEMENT THERAPY (HRT) AMONG THE POST GRADUATE TRAINEES IN OBSTETRICS AND GYNECOLOGY

Jayalath JAVS, Gunarathna UMKP, Ifla MIF, Lanerolle S

Background

Hormone replacement therapy (HRT) is the cornerstone of medical management of post menopausal vasomotor symptoms (VMS) as well as surgical menopause and premature menopause. According to available data 80% of postmenopausal women are experiencing menopausal symptoms following menopause. 20% of them will experience severe VMS whereas 20% of them have symptoms lasting up to 15 years. Therefore through knowledge on HRT is essential in managing this common condition.

Objective

The objective was to assess the awareness / knowledge on hormone replacement therapy (HRT) among the post graduate trainees in obstetrics and gynaecology.

Method

The audit was conducted at ward 01, Castle Street Hospital for Women, Colombo, Sri Lanka over the period of eight weeks (1st of June 2019 to 31st July 2019). Pretested interviewer administered questionnaire was used to collect the data from post graduate trainees. Data was analyzed using SPSS software.

Results

30 postgraduate trainees in obstetrics and gynaecology were participated in the study. Among them 1/3rd were first year trainees, 1/3 were 2nd year trainees and other 1/3rd were third year trainees. Majority of them (63.3% N-19) were aware about the indications of HRT whereas only 10% is well aware about the indications. The awareness on current recommendations for HRT was poor among majority (43.3%). 23.3% of them were aware about the recommendations; however only 20% of them were well aware about the recommendations. 40% of them were well aware about the preparations of HRT and routes of administration. Regarding contraindications, only 16.7% of them were well aware whereas another 40% of them were aware. However 40% of them were poorly aware about contraindications. Majority of them (53.3%) were aware about complications of HRT; however only 6.7% were well aware about it. 63.3% of them have poor knowledge on when to stop HRT and 56.7% of them were not aware of how to discontinue HRT.

Conclusions

Trainee's Knowledge on indications of HRT, current recommendations, type of HRT, preparations of HRT were satisfactory. Trainee's Knowledge on contraindications, complications of HRT, when to stop HRT and how to discontinue HRT were not satisfactory.

OP 6:

CONSENSUS BASED TRANSLATION, CROSS - CULTURAL ADAPTATION AND VALIDATION OF MENOPAUSE SPECIFIC QUALITY OF LIFE QUESTIONNAIRE FOR POST - MENOPAUSAL WOMEN IN SRI LANKA

Rodrigo UCH, Ferdinando R, Seneviratne RA, Nandasena S, Rannulu P

Background

Translation, cultural adaptation and validation are essential steps of adapting a questionnaire developed and used in another country to the local context. ‘Menopause Specific Quality of Life Questionnaire, (MENQOL) is a widely used instrument which has been developed in Canada, and used to assess menopause specific quality of life among post-menopausal women.

Objectives

This study aimed to translate into Sinhala, culturally adapt, and validate MENQOL to assess menopause specific quality of life among post-menopausal women aged 45-55 years in Sri Lanka.

Methods

Translation, cultural adaptation and validation of 29 items, MENQOL was carried out in three stages. The first stage involved translation of English version of the questionnaire into Sinhala using a consensus based nominal group process by a panel of five experts. During the second stage, cultural adaptation of MENQOL was carried out by conducting qualitative interviews with ten post-menopausal women in the age group 45-55, using the translated questionnaire. During the third stage construct validity of MENQOL was assessed through a community based cross-sectional survey conducted among 174 post-menopausal women in 45-55 age group.

Results

At the end of the translation process, the panel of experts agreed on the most appropriate translations through a voting process (consensus measurement), and appropriate translations were chosen by resolving disagreements (consensus development). The translated questionnaire MENQOL-S, was further modified based on inputs from the interviews with post menopausal women. Principal component analysis of the validation study data revealed a 26 item, five factor structure for MENQOL-S. A cut-off value for defining ‘poor menopause specific quality of life’ was decided for MENQOL-S based on results of the validation study.

Conclusions and recommendations

MENQOL-S is conceptually and culturally appropriate for use in Sri Lanka. Authors would like to recommend using MENQOL-S at the community and healthcare settings to assess menopause specific quality of life among post-menopausal women aged 45-55 years. MENQOL-S could be used to refer those with ‘poor menopause specific quality of life’ for specialist care and to assess quality of life during intervention studies.

Poster Presentations

PP 1:

A CASE REPORT OF TUBO-OVARIAN ABSCESS IN POST-MENOPAUSAL WOMAN

Hewawitharana KG, Rathnayake E, Senthilnathan GP, Vasanthraja V

Background

Tubo-ovarian Abscess (TOA) is a serious complication of Pelvic Inflammatory Disease (PID) with 5%-10% mortality. TOAs are often polymicrobial in origin (30%-40%) and affect women in reproductive age group. TOAs in post-menopausal age group are rare and accounts 1.7% of all TOAs.

Case History

57 years old postmenopausal lady presented with acute onset worsening lower abdominal pain, fever, diarrhoea. There was no history of per vaginal discharges; chronic IUDs left in situ or post-menopausal bleeding. She was having fever, tachycardia, restlessness but normotensive. Lower abdomen was tender. Pelvic examination revealed tender pelvic walls. Pelvic sonography revealed atrophic uterus with bilateral complex ovarian cysts & basic investigations showed WBC 23000, ESR 90mm/1stHr, CRP 234. HIV & TB screen were negative along with bacteriological cultures. HVS positive for EBSL-Coliforms. Considering signs of SIRS, Sepsis six protocol commenced together with Broad spectrum antibiotics & CECT performed to exclude possible other intra-abdominal pathologies. CECT findings were in favor of TOAs as evidence by bilateral complex ovarian cysts with peri appendicular inflammation. Condition responded for 14 days of antibiotics, laparotomy planned after 6 weeks interval.

Conclusion

TOA in post-menopausal age is rare and there should be lower threshold for surgery as malignancy risk is about 47%. Medical management address up to 70% TOA cases with high recurrence rate. Interval clearance surgery about 6 weeks after initial event will allow to settle tissue inflammation thus surgical morbidity due to difficulty will be lesser. Role of CA125 in differentiating malignant causes is less valuable in the presence of pelvic inflammation.

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