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Dr. Sanath Akmeemana Elects as **New President of Menopause Society of Sri Lanka**



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Committed to improve the post reproductive life of Sri Lankan woman 112, Model Farm, Road, Colombo – 08, Sri Lanka

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Menosoc Sri Lanka 2021 ANNUAL ACADEMIC SESSIONS OF MENOPAUSE SOCIETY OF SRI LANKA

In collaboration with
Sri Lanka College of Obstetricians & Gynaecologists(SLCOG) &
South Asian Federation of Menopause Societies

"Menopause: an awakening for women"

28th March 2021 Lotus Ballroom Shangri - La Hotel, Colombo, Sri Lanka

GUIDELINES FOR PREPARATION OF ABSRACTS FOR FREE PAPERS

* Title: bold capitals (font size 14).

On a new line give the names of all the authors, author affiliations and the name and the email address of the corresponding author. Underline the name of the presenting author.

- * Word count: 250 words. (excluding title, authour information)
- * Text: Times New Roman (font size 12) with full justification.
- * Format:
 - 1. Aims and objectives
 - 2. Methods
 - 3. Results,
 - 4. Conclusions

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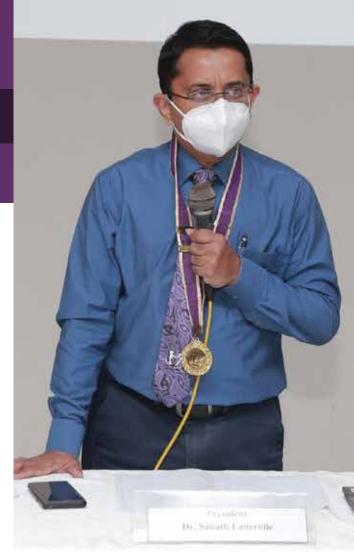
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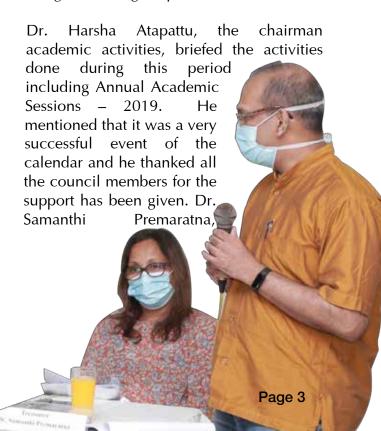
Annual General Meeting of MENOPAUSE SOCIETY of Sri Lanka 2020

Annual General Meeting of Menopause Society of Sri Lanka was held on 29th November at the Ground Floor, Sri Lanka College of Obstetricians and Gynaecologists. New president Dr. Sanath Akmeemna, immediate past president Dr. Sanath Lanerolle, founder president Dr. M.D.P. Gooneratne and council members of Menopause Society participated the event. Dr. Sanath Lanerolle chaired the inauguration and he warmly welcomed the gathering.

Dr. Sanath Lanerolle presented the briefing of the activities done under his presidency during year 2018-2020. He presented some of "Mihiri madiwiya" programmes conducted by Menopause Society of Sri Lanka, throughout the country, during year 2018-2020. He specially thanked Managala Dissasnayake for initiation of "Mihiri madiwiya" programme. Dr. Sanath Lanerolle mentioned that during this period Menopause Society was able to publish "SLJOM" - Sri Lanka Journal of Menopause, and he thanked assistant editors Dr. Chanil Ekanayake and Dr. Sharada Jayalath, the editorial board and all the authors who submit articles to the journal. Dr. Lanerolle specially thanked Dr. Chaminda Mathota for activating and maintaining the website Menopause Society of Sri Lanka. He further described the contribution made by social media, including Facebook, Viber and WhatsApp, to convey the message to general public. He said he is happy about the initiation of Menopause Clinic at private sector, including Nawaloka Hospital and Asiri Hospital, and he further described the steps taken so far to commence Menopause Clinics at government hospitals as a pilot project. Finally he mentioned that during this period the society was established in a new office space, currently under redesigning to suite the requirements of the society. He thanked all the council members for their support and courage and expressed his gratitude to the council for their dedication and commitment in conducting the numerous activities of Menopause Society during the year 2018-2020.



Dr. Ruwan Silva, the secretary of Menopause Society of Sri Lanka, addressed the gathering and presented the secretary's report. He thanked all the council members for supporting him and specially thanked Dr. Sanath Lanerolle for the guidance he has given during his period.



treasurer of the Menopause Society, presented the treasurer's report.

Then new council and office bearers for year 2021-2020 was elected. Sanath Dr. Akmeemana, Consultant Obstetrician and Gynaecologist at Colombo South Teaching Hospital, Kalubowila was elected as new president of Menopause Society of Sri Lanka. According to the tradition, the President Medal was presented to new President Dr. Sanath Akmeemana by immediate past president Dr. Sanath Lanerolle. Prof. Piyusha Atapattu was elected as president elect and Dr. Rukshan Fernandopulle was elected as vice president. Dr. Madura Jayawardena was elected as secretary and Dr. Darshana Abeygunawardena

and Dr. T. Kadotgajan were elected as assistant secretaries. Dr. Champa Nelson and Dr. Sharada Jayalath were elected as treasurer and editor of the Menopause Society. Dr. Harsha Atapattu, Dr. Prasad Rannulu and Dr. C.D. Ekanayake were elected as chairmen of academic activities, chairmen of social activities and chairmen of research activities respectively. New council members included Dr. M.D.P. Gooneratne, Prof. Hemantha Perera, Dr. Rohana Haththotuwa, Dr. (Mrs.) Marlene Abeywardena, Dr. Mangala Dissanayake, Dr. Dasanthi Akmeemana, Dr. Chaminda Mathota, Dr. M Sathanandan, Dr. Ruwan Silva, Dr. Janakie Karunasinghe, Prof. W.I. Amarasinghe, Dr. Samanthi Premaratne, Dr. Dilhara Samaraweera and Dr. Diluk Senadheera, Shiromali Dissanayake, Mrs. whereas Dr.





"Dr. Akmeemana briefly outlined his plans for the <u>next two years."</u>

Chandrika Haththotuwa, Mrs. Wasantha Perera, Ms Manel Amarasinghe, Dr. Chaminda Kandeuda, Mr. Mahanama Dodampegama, Dr. Thivanka Munasinghe and Dr. Theshani Mallawaarachchi were elected as co-opted members.

Finally the gathering was addressed by new president Dr. Sanath Akmeemana. First he thanked the members of the Menopause Society







of Sri Lanka for electing him as the new president. He extended his gratitude to the past presidents and council members and appealed for their continued support during his term of office. Dr. Akmeemana briefly outlined his plans for the next two years. Dr. Madura Jayawardana, new secretary delivered the vote of thanks thanking all the members who attended the AGM 2020.











One- half to three- quarters of women complain of sleep-onset insomnia, frequent awakenings and daytime sleepiness during menopause.

Not sleeping enough, trouble falling asleep, or not feeling rested during the day are few of the most common complaints made by anyone. Insomnia is a complaint necessitating a comprehensive evaluation of every patient. Insomnia may be primary, transient, short term or chronic.

Patients with primary insomnia complain of insomnia, but when studied in the sleep laboratory, demonstrate normal sleep. These patients present with impaired sleep as well as some associated symptoms such as increased body temperature, heart rate and possibly metabolic rate. All of these symptoms reflect a state of CNS hyperarousal in which case the insomnia complaint is likely one symptom of a more complex underlying disorder. Transient insomnias due to insomnias of several nights duration are ubiquitous. Most individuals experience short term trouble with sleep latency or sleep maintenance at times of stress, excitement, or anticipation during an illness, after going to high altitudes or accompanying sleep time changes (eg: shift work, jet lag). Such problems rarely come to the attention of the clinician in the early stages. Short term insomnias (up to 3 weeks' duration) are caused by severe and / or persistent stress, such as major surgery, illnesses, or health concerns, significant loss or bereavement and serious family, job or relationship problems. The relation of stress to the insomnia complaint is usually clear. With chronic insomniacs more than one cause is quite frequent, and unlike transient and short term insomnias, the primary cause is rarely immediately apparent.

Three questions that could be asked from any patient for initial screening;

- **O1** Are you satisfied with your sleep? suggests most insomnia disorders
- O2 Are you excessively sleepy during the day?

suggests most excessive sleep disorders

O3 Does your bed partner complain about your sleep?

suggests a parasomnia disorder

If the answer to any of these questions is a yes, then as clinicians, we should consider taking a detailed sleep history.

INSOMNIA could be due to many reasons.

- Poor sleep hygiene and bad bedside habits,
- An underlying medical disorder
- Significant anxiety, panic attacks, depression, dementia and other psychiatric symptoms
- Regular or excessive use of alcohol and other substances, sedatives, hypnotics
- ❖ A possible circadian rhythm disorder
- Presence of restless leg syndrome periodic limb movements of sleep
- Central sleep apnoea insomnia snoring or irregular breathing during sleep

In menopausal women, most of the sleep disturbances could be secondary to vasomotor symptoms such as hot flushes and night sweats. Sometimes sleep disturbances could also be independent of host flushes, and could be due to the hyperadrenergic state. Oestrogen replacement therapy used to eliminate hot flushes will secondarily improve menopausal sleep. Three of six studies prformed in recent years to assess the sleep benefits of oestrogen replacement therapy in postmenopausal women found no real change. In studies showing benefit, the most consistent signs of improvement were decreased hot flushes and decreased arousals from sleep, resulting in better sleep continuity and less day time fatigue.

In women for whom estrogen replacement therapy is contraindicated, Clonidine or sedative hypnotics may be effective. Clonidine has been effectively used to improve sleep and block hot flushes. Since menopausal women are vulnerable to depression, panic attacks, anxiety, or dementia; proper assessment and treatment is required. In depression, early morning awakening, interruption during sleep and delay in falling sleep may be the main complaints. Hence, it is necessary to look for the other main symptoms, as life may be in danger if not detected early.

Beta blockers, corticosteroids, adrenocorticotropic hormone, calcium channel blockers, phenytoin, àlpha methyldopa, oral contraceptives, thiazides, bronchodilators: are common drugs with insomnia as a side effect. Therefore treating physicians should be aware of the side effects when prescribing these drugs to menopausal women. Apart from that, developing proper sleep hygiene and good bedside habits could drastically improve sleep.

Talking about good sleep hygiene, there are few things to be done and not to be done. It is necessary to go to bed at the same time in a regular pattern. Television, radio and phones should not be used in the bedroom. It's also important not to be looking at screens, such as a mobile phone or laptops before bed. Bright screens emit blue light and the pineal gland perceives it as if it's day time and interferes with normal sleep. If you do exercises, these

should be finished 3 hours prior to bedtime. There should be a proper routine followed before going to sleep such as, having a bath, brushing, etc. which should be done regularly. It is not good to go to sleep hungry as

this will affect sleep, and a glass of malted milk prior to sleep will help to have a good sleep. Solving problems or fighting shouldn't be done during bedtime, hence, all of these should be finished beforehand or shouldn't be raised in bed. In short a day's weight should be kept aside once you climb on to the bed to sleep. If sometimes sleep doesn't come, you can sit on the bed for a while and occupy yourself with something that doesn't excite you, like reading an uninteresting book and when it gets sleepy, you could go to bed and sleep. Alcohol and smoking shouldn't be done before bedtime. Tea and coffee should be avoided before sleep. All of these should be practiced, to get a sound sleep without any interruptions. If the symptoms of insomnia persist in spite of good sleeping habits, starting an appropriate pharmacological treatment or managing the underlying condition or aetiology causing insomnia is needed. Good sleep is necessary for the improvement of cognitive functions in menopause and hence, will improve memory and day to day activities.



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Colombo South Teaching Hospital

We can help you if

- You are approaching or going through menopause
- You have had a hysterectomy or premature menopause
- · You are post menopausal
- You are interested in midlife issues
- You are a healthcare professional with an interest in the menopause

Our aims are

- To raise awareness of the menopause and its management
- To provide unbiased information
- To help women make informed decisions about their own health and wellbeing with health care professionals
- To inform health care professionals

Join us....

Our members receive quarterly newsletter and have access to our information service

To join us please contact:
Dr. Madura Jayawardena
Secretary
Email menosoc.srilanka@gmail.com

Upcoming 2021 International Events 2021





Indian Menopause Society - February 19 - 21, 2021

Indian Menopause Society - February 19 - 21, 2021

18th World Congress on Menopause





