

# PeMSAA Newsletter

Peradeniya Medical School Alumni Association

*June 2022*



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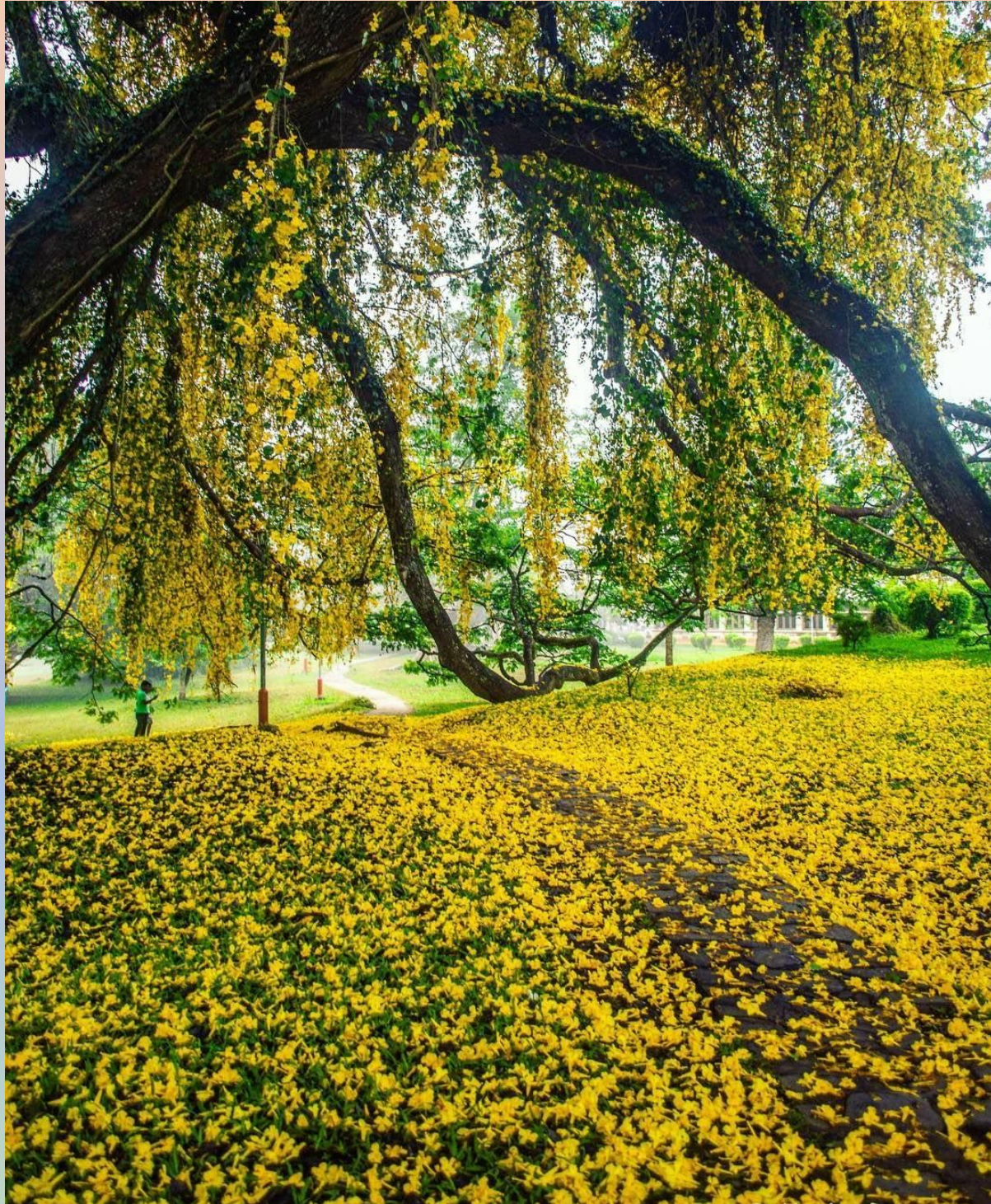
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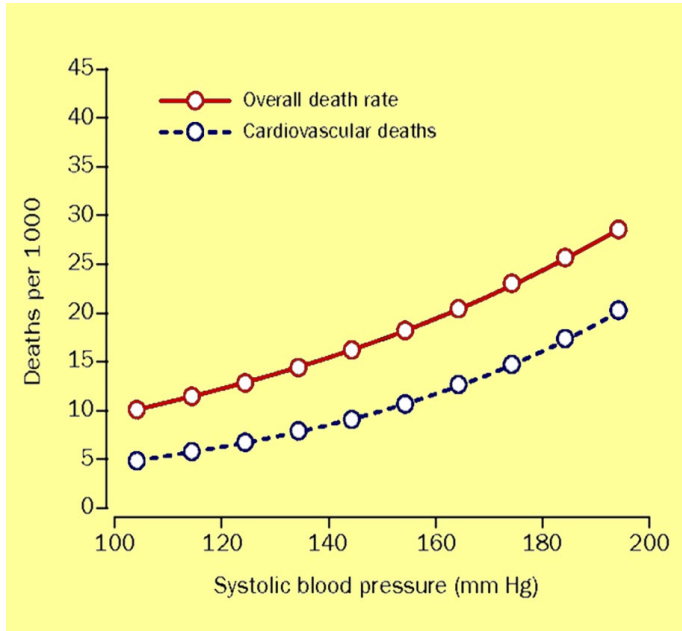
DR. HARITH WIMALARATNE





## Hypertension - A 'Killer in Disguise'

Hypertension, also known as systemic arterial hypertension, is one of the major modifiable risk factors for cardiovascular disease and a leading cause of morbidity and mortality worldwide (Figure 1). Nearly one fourth of the global population is hypertensive and a recent study in Sri Lanka has shown one third of the adult population qualifies for a diagnosis of high blood pressure. Hypertension affects all the cells and organs of the body resulting in adverse cardiovascular and renal outcomes. It is associated with cognitive decline, dementia and blindness.



Hypertension is largely asymptomatic, thus a 'killer in disguise'. Some may experience vague symptoms such as headache, vertigo, nose bleeds, nausea or vomiting. In many instances first ever diagnosis of hypertension will be made when a patient presents to a hospital with a hypertension related complication such as myocardial infarction, stroke or renal impairment. Around 10% of hypertension could be due to a secondary cause and patients might have related symptoms such as episodic headache, palpitations in pheochromocytoma, or thin skin and proximal muscle weakness in Cushing's syndrome.

Diagnosis of high blood pressure is based on readings of systolic blood pressure (SBP) above 140 mmHg and diastolic blood pressure (DBP) above 90 mmHg in more than one occasion. Ambulatory blood pressure monitoring (ABPM) would be the gold standard to confirm the diagnosis of hypertension. Individuals with white coat hypertension (WCH) present with elevated office blood pressure readings but with normal readings when measured by ambulatory or home blood pressure monitoring. This could account for 25% of hypertension in outpatient clinic attendees.

Figure 1: Framingham age-adjusted rates for men aged 45-74 years related to systolic blood pressure

Masked hypertension is defined as a normal blood pressure during the clinic visit, but an elevated BP out of the clinic (ambulatory or home measurements). One tenth of general population could have masked hypertension. This is associated with end-organ damage due to hypertension, but the diagnosis is frequently missed in routine clinic visits.

Important points of the clinical assessment and laboratory work up are included in the box.

Box 1: Important points of the clinical assessment and laboratory workup	
<b>Clinical assessment</b>	
<ul style="list-style-type: none"> <li>Blood pressure measurement - using appropriate cuff size, correct technique in a patient who is comfortably seated and relaxed</li> <li>Blood pressure in both arms</li> <li>General examination - BMI/ Waist circumference, xanthelasma, neuro-cutaneous manifestations (e.g. Neurofibroma), goitre, acanthosis, striae, features of acromegaly, Cushingoid facies</li> <li>Cardiovascular - pulse rate, pulse volume, peripheral pulses, radio-radial and radio-femoral delay, cardiac apex, murmurs, bruits (carotid, renal etc.)</li> </ul>	
<b>Initial laboratories work up</b>	
<ul style="list-style-type: none"> <li>Serum electrolytes</li> <li>Serum creatinine and eGFR</li> <li>Lipid profile</li> <li>Fasting blood sugar</li> <li>Urine Dip test</li> <li>12 lead ECG</li> </ul>	

### Management of hypertension

Lifestyle changes play a pivotal role in the management of hypertension. DASH diet (Dietary Approaches to Stop Hypertension) is a dietary pattern focused on servings of different types of food. DASH diet includes increasing servings of fruits, vegetables, pulses, nuts, seeds, whole grains, fish, poultry, lean meat and low fat milk. It also includes micronutrients in the menu. DASH diet advocates reduction of salt intake to about 1500mg per day, and minimize red meat, fat and oil, and sugar containing food. Increasing aerobic exercise,

smoking cessation, reduction in ethanol intake and adopting measures to reduce stress are other lifestyle measures to tackle hypertension (Table 1).

INTERVENTION	DECREASE IN SYSTOLIC BLOOD PRESSURE
ANTIHYPERTENSIVE MEDICATIONS	10 mmHg
DASH DIET	11 mmHg
REDUCED ALCOHOL	4 mmHg
INCREASE EXERCISE	4-8 mmHg
LOSING WEIGHT	1mmHg/kg

Table 1: Adopted from American College of Cardiology 2017 - Guidance for prevention, detection, evaluation and management of high blood pressure in adults

The choice of medication is affected by many factors including severity of hypertension, presence of established cardiovascular disease, diabetes mellitus and other comorbidities, patient preference, cost and availability.

a. When to start treatment

1. Grade 2 hypertension (SBP>160 and/or DBP>100) - immediately start pharmacological treatment
2. Grade 1 hypertension (SBP 140-159 and/or DBP 90-99) with established end organ damage or diabetes mellitus or increased risk of cardiovascular disease - immediately start pharmacological treatment
3. Grade 1 hypertension without any of the conditions in the category 2 - start lifestyle modifications and regular monitoring of blood pressure

b. What medications to start treatment with

Initial therapy can be started with any of the following anti-hypertensive medications.

- Angiotensin Converting Enzyme Inhibitors (ACEI) or Angiotensin Receptor Blockers (ARB)
- Calcium Channel Blockers (CCB)
- Thiazide Diuretics

In patients with markedly high blood pressure with high risk of cardiovascular disease, combinations of the above medications can be used. However, combinations of ACEI and ARB are not recommended. Betablockers should not be used as initial therapy for hypertension unless there are compelling indications such as angina.

**Box 2: Following instances will warrant further workup and a specialist referral**

1. If a secondary cause is suspected - based on the history, examination or abnormal lab investigations
2. Evidence of target organ damage due to hypertension - e.g. proteinuria, impaired renal function, heart failure, peripheral vascular disease
3. Young onset hypertension - age <35 years
4. Resistant hypertension - if blood pressure is not controlled despite optimal doses of three antihypertensives including a diuretic
5. If white coat hypertension or masked hypertension is suspected
6. Patients with multiple drug intolerances

In managing hypertension in Sri Lanka, gaps are identified both in patients and healthcare providers in achieving optimal blood pressure control. Using each and every clinical encounter irrespective of age and presentation to screen for high blood pressure, would pick up most of the cases of largely asymptomatic hypertension. A multi-faceted and a multi-disciplinary approach including patients, families, doctors and other healthcare staff in identifying and managing high blood pressure is the way forward. Continuous medical education for healthcare providers is one of the most important interventions to improve the lapses on knowledge and practices.

**Dr. Chamara Dalugama**  
 Department of Medicine  
 University of Peradeniya



## PeMSAA "Alumni giving helping hand"

**PeMSAA**  
"Alumni giving a helping hand"

**SENIORS SHARING EXPERIENCES - 2022**

The high flyers at the Final MBBS examination will share their thoughts and experiences

- > Should past examination results pull you down
- > How to manage time effectively between lectures, ward classes and self-learning
- > What are the different revision methods
- > How to organize the study leave period
- > What to do on the day of the examination

Friday, 3<sup>rd</sup> of June, 2022  
5 pm – 6.30 pm

Meeting ID: 642 9950 4193  
Passcode: FoM#PEMS22

Sharing experience by the seniors is always a great guide for the juniors. PeMSAA organised an experience sharing session for the current medical students which was conducted on the 3<sup>rd</sup> of June 2022. The five young doctors (Dr. Avanthi Premaratne, Dr. Dhanushkar Ravindran, Dr. Janith Weerakkody, Dr. Mawanthi Agalawatte and Dr. Navinee Wimalaratna) who passed the Final MBBS examination first class honours this year conducted a session to share their success stories. The resource persons shared their experiences and advice on time management, self-learning, revision methodologies, effective use of study leave period and tips to get through the final MBBS examination successfully.

## Career Guidance Programme for Batch 14/15

Guidance is essential for newly passed out medical doctors to initiate successful career. A career guidance programme was organized targeting the batch 14/15 who recently sat for the Final MBBS examination. It was held on the 20<sup>th</sup> of May, 2022 via Zoom. The session highlighted potential career avenues in clinical, research and academic fields for budding doctors. PeMSAA-UK also contributed with insights regarding migrating overseas.

Prof. C. K. Abeysekera, Prof. Heshan Jayaweera, Dr. Sardha Hemapriya, Dr. Ashan Gunaratna, Dr. Buddhika Dassanayaka, Dr. Veranja Liyanapathirana, Dr. Sudath Rannulu and Dr. Saman Walisingha contributed to the event as the resource persons.

**Career Guidance Programme 2022**

Organized by Peradeniya Medical School Alumni Association  
For Batch 14/15

20<sup>th</sup>, May 2022 | 9 am - 12.15 pm | Via Zoom

Schedule		
9:00 - 9:20 am	Life Perspectives - Making decisions in the next 5 years	Prof. C. K. Abeysekera
9:20 - 9:40 am	Life in the Ministry of Health - Procs and Cons	Dr. Sardha Hemapriya
9:40 - 10:00 am	Choosing a PG field - Clinical specialties	Dr. Buddhika Dassanayaka
10:00 - 10:20 am	Life as a University Academic - Procs and Cons	Prof. Heshan Jayaweera
10:20 - 10:40 am	Choosing a PG field - Laboratory and Research fields	Dr. Veranja Liyanapathirana
10:40 - 10:50 am	Break	
10:50 - 11:10 am	Migrating and working overseas: What you need to know and who can help you - UK/Australia	Dr. Ashan Gunaratna
11:10 - 11:30 am	Migrating and working in the USA	Dr. Sudath Rannulu
11:30 - 11:50 am	Co-generic skills - Living life and being a responsible citizen and a doctor	Dr. Saman Walisingha
11:50 am - 12:15 pm	Open discussion	

Goal → Motivation → Guidance → Successful Career

## PeMSAA 29<sup>th</sup> Annual General Meeting

PeMSAA 29<sup>th</sup> Annual General Meeting was held on 23<sup>rd</sup> of April, 2022 as a virtual event. The meeting was chaired by Prof. Thushara Kudagammana, the President of PeMSAA. He outlined the work undertaken by PeMSAA during his tenure under three main themes. The Secretary, Dr. Champa Ratnatunga, presented the Annual Report for the year 2021/22, highlighting the projects completed under targeted main themes which include; graduate upliftment, PeMSAA as a central organization and faculty development and community outreach. Thirty new memberships had been granted during this year, bringing the membership strength of PeMSAA to 1294.

The Vision and Mission statements formulated by the Advisory Panel were officially adopted. A new resolution was accepted to grant PeMSAA Life membership to those who completed the Final MBBS Examination, on the condition that they pay the membership fee prior to the completion of the internship.

It was proposed that the tenure of the current Council of PeMSAA be extended for year 2022/23 as well. Following which, a fruitful open discussion on the way forward took place among the attendees, with significant contributions from members from overseas chapters of PeMSAA.

## PeMSAA-UK Studentships/ Prize



Three studentships / prizes donated by PeMSAA-UK were awarded for the first time to selected undergraduates with commendable performances at the 2<sup>nd</sup> MBBS Examination. The value of each of the studentships is Rs. 25,000. PeMSAA-UK Studentship was awarded to Mr. G.M.H.L Dharmadasa, PeMSAA-UK Prof. Panabokke Studentship was offered to Mr. H.N.P. Hettiarachchi (fig. A) and PeMSAA-UK Prof. Panabokke Student Stethoscopes Prize Fund was awarded to Mr. G.P. Pinsara (fig. B).

## News from overseas PeMSAA Chapters; PeMSAA - UK

Greetings from a very warm UK where the temperature hit the 30s a few days ago. PeMSAA-UK has been relatively quiet as far as fund raising activities are concerned this quarter. Nevertheless, we are all concerned about the economic situation in Sri Lanka and have been contributing privately to associations linked to the various colleges of post graduate education and hospitals.

The PeMSAA- UK book donation project has come to an end. Jeya books have managed to deliver some, and more are on the way. In total 10 out of the 15 books that were in the final list will be delivered. It is not certain when the remaining 5 books will be available because of the current economic situation. In the meantime, we received a request for 5 tablets for students from Dr C Ratnatunga Hon.Secretary of PeMSAA. We managed to provide them by utilizing the money left from the book project, and generous donations from Dr Lionel Samarasinghe and Dr Mrs. C. Sivanathan (in memory of her late husband, Dr N Sivanathan-1963 entry). The shortfall was supplemented by funds from the PeMSAA-UK. As an association we are willing to help the students in whatever way we can.

We wish you all the best in these trying times.

**Dr. Padma Samarawickrama** MBBS (Cey.), MRCP (UK), President PeMSAA - UK



## News from overseas PeMSAA Chapters; PeMSAA - Australasia

Thank you for giving me the opportunity to provide this message from PeMSAA Australasia NSW branch. It is still sad to hear the prevailing situation in our motherland Sri Lanka. We are praying everyday hoping the situation will improve for the best to our nation & country very soon.

From our end we are enthusiastically working to have that PeMSAA NSW Conference be a memorable one for everyone able to attend in Sydney. As I mentioned earlier in the last newsletter, the dates are set to be the 8<sup>th</sup> and 9<sup>th</sup> October 2022. Please visit our website PeMSAA Australasia for details & for the registration process (<https://www.pemsaaaustralasia.org/>). There will be a discounted rate if you are able to register prior to 31<sup>st</sup> July 2022. Please consider this opportunity and register soon. You could also be able to see the Scientific Academic program on the Website. Special rate hotel accommodation also available using our Conference Code, available on the website. This weekend we held a Continuous Medical Education Program (CME), our very FIRST, followed by a Sing Song session, via the ZOOM technology, inviting all Peradeniya Alumni living interstate. Most participated and enjoyed thoroughly. We had a Guest Speaker Dr. Kosala Samaranyake, Consultant Psychiatrist from Melbourne and he delivered a presentation based on "Acculturation & Assimilation - Are you aware?", which every one enjoyed listening and followed by robust question time. All in all it was a very successful event, our very Vice President, Dr Saubagya Gunetilleke was the Chairperson for the meeting and she did a stellar job. We are Hoping to continue this CME Meetings into the future. Please consider attending the PeMSSA Conference in Sydney Darling Harbour in October, if you have any questions please contact as via an email or by phone as we are extremely happy to help you with any of your questions. Please stay well & safe.

**Dr Anura Thalagala,**  
President PeMSAA Australasia



**PeMSAA - Australasia**  
Peradeniya Medical School Alumni Association



## Donations to PeMSAA Students Crisis Fund

The PeMSAA Student Crisis Fund was established to help Peradeniya medical students during an acute personal crisis such as serious personal health problems, serious health problems of parents or guardians including sudden death or permanent disability and loss of houses due to natural disaster etc. We welcome donations, either as one-off donations or as regular monthly sums to the fund. We sincerely hope our alumni will generously donate to this cause, remembering how difficult life could sometimes be during undergraduate years. The details of the fund are as follows.

Name of account: 'PeMSAA Student Crisis Fund', Account number: 87997354, Bank name: Bank of Ceylon Bank branch: Super Grade Branch Peradeniya, Swift code: BCEYLKX



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## Memorabilia



Now available for purchase at the PeMSAA office and via online orders

<https://www.pemsaa.org.lk/more/publications-merchandise/memorabilia.html>

## Becoming a PeMSAA member

The eligibility for membership is from two main categories; past graduates of the Faculty of Medicine, Peradeniya and academic staff members of the Faculty of Medicine. All the consultants (extended staff) irrespective of their faculties, who are involved in teaching of medical students of the Faculty of Medicine, Peradeniya and at the teaching hospitals are welcome to join.

Details of the membership is available at: <https://www.pemsaa.org.lk/membership/how-to-become-amember.html>

## Contact PeMSAA

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