



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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SRI LANKA MEDICAL ASSOCIATION

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President's Message

Dear Member,

As I conclude my term of office as President, I recall with humility the singular honour entrusted on me by you to lead the Council and the Association in 2018. I wish to extend my most sincere gratitude to all members of the Council for their valuable advice, guidance and inestimable spontaneous support extended to me. I was most fortunate to have a Council which represented the length and breadth of the medical profession. This epitomized the greatest strength of the SLMA; the diversity of its membership. This miscellany was key to the independent and unbiased positions and opinions we, as an autonomous organisation, expressed on several issues pertaining to the medical profession during the year. I am truly proud of the Council of 2018 as we were collectively able to resist the 5 enemies of rational thought (Formal fallacy, Informal fallacy, Cognitive bias, Cognitive distortion and Self-deception) in taking up positions and expressing opinion on behalf of the membership.

The year was filled with academic, social

and sporting activities. This was evidenced by the wide and enthusiastic participation of the membership in them. Of course, our academic activities were custom designed to showcase our theme *'Shifting Focus from Diseases to Patients: Today's Vision, Tomorrows Reality'*. On behalf of my Council I am grateful to all our partners, collaborators and sponsors, both local and international, without whose facilitation and good wishes none of this could have been achieved for the betterment of the Sri Lankan medical profession and professionals.

I have learnt first-hand what a great organization and heritage we are proud heirs to. We are the custodians and guardians of many unwritten traditions and values which have guided the medical profession for over a century. In this day and age of protocols, guidelines, rules and regulations, these traditions and values are coming under increasing scrutiny from the members and fellow medical professionals. We at the SLMA need to recognize and appreciate this scrutiny and stay relevant to the times while not compromising on our vision,

mission and objectives as an association. In doing so, we must also ensure that we preserve our unwritten traditions and values which give us our unique identity as the apex, non-trade union, professional organization, representing all grades of doctors in both the state and private sectors in Sri Lanka. This is not an option but a duty to the entire medical profession in Sri Lanka as we must make every effort to remain the undisputed academic, professional, moral and ethical compass for the Sri Lankan medical profession. No medical organization other than the SLMA can provide the platform for the Sri Lankan medical profession to do so. It is important for future custodians of the SLMA to leverage and even augment this potential to preserve and further improve professional standards.

I wish you a happy, peaceful, prosperous and contented 2019.

Dr. Ruvaiz Haniffa
President
SLMA.

Sentiments from the Honorary Secretary 2018

When I write the Secretary's Messages for various occasions, I spend time to draft it and try to find suitable quotes or poems etc, to support my thoughts. However, this one is just off the top of my head; the way I feel in my own words.

Let me start with President Dr. Ruvaiz Haniffa. Quite honestly, he was one of the best superiors I have ever worked with. We were always complementary to each other, no frictions whatsoever. On the rare occasions where we were not in agreement, we settled those between us. Most importantly he kept faith in me and gave sole freedom to run the show the way I felt it was best for us. I must have annoyed him at (many) times with my habit of scrupulous attention to detail, but he tolerated all that with a smile. We shared the work and the responsibility as and when needed without demarcating whose

work and most importantly not claiming credit. He played the peacemaker's role when my level of patience had gone for a six in certain official matters. I am extremely thankful for all that while feeling grateful to him for inviting me to be the Honorary Secretary for 2018.

It is difficult to select the 'next' person to thank as many have done a lot to run the SLMA work smoothly. Thus, the order of appearance has nothing to do with the amount of contribution they made or level of appreciation I wish to offer. I have just stuck to the order of the office bearers' list as it appears in the SLMA documents. Vice-President Dr. Christo Fernando has been one of the great pillars of any successes we had this year. In addition to the contribution to the routine functions, Doctors' Concert was his sole effort and hard work. Not many know this but all the expenses came from his pocket (every year

as well). That is way too much dedication by anyone. When we got to know that we tried to fix a sponsor but was too late for 2018 event. He shouldered most of the work of the Medical Dance as well, along with the Social Secretaries. Behind the scene in any difficulty he was always there for us - be it the shoulder to cry on or share the criticism. Thank you so much Dr. Christo, I cannot find words to praise you enough.

Vice-President Prof. Ariarane was the backbone of the Annual Congress. She designed the Academic Session exceptionally well. She gave us the freedom to organize the other logistics the way we wanted. When we had to take certain important decisions on her behalf, she kept faith in us and allowed us to proceed.

Contd. on page 05

Sentiments from...

She is one of the most humble professors (of very high calibre) I have met in my life! Thank you madam. I learnt a lot from you by simply observing your ways.

Honorary Treasurer Dr. Achala Jayatilleke played the strict financial manager's role which was essential in running an association. His support was always there whenever we requested; be it to attend an external meeting to represent the SLMA or in crucial decision making matters. Thank you Dr. Achala for spending your time and coming frequently to sign the cheques etc, irrespective of not having a reserved parking slot at the SLMA car park!

If Dr. Kalyani Guruge, Dr. Sumithra Tissera, Dr. Amaya Ellawala, Dr. Kaushi Attanayakage, Dr. Pamod Amarakoon and Miss. Jayarani Teenakon were not there at the SLMA Council/office, half the year's work would not have happened and I would have been on anxiolytic medicines throughout for sure! SLMA's Public Relations Officer Dr.Kalyani Guruge devoted much of her precious time to the SLMA. At times she attended even to minor tasks that anyone of her calibre would not have done or even thought of doing. There were no juniors and assistant secretaries at that time to organize the Art Competition. She shouldered it completely alone on her own with little support from all of us. Even though it was not part of the duties of her position as PRO, she did not utter a word of complaint and finally did it exceptionally well. I have no doubt why she deserves to stay as permanent PRO as no one else could do what she is doing, better than her. This is in addition to all the other routine work of the SLMA she was involved in. Thank you so very much Madam, I am ever grateful to you.

Assistant Treasurer Dr. Sumithra Tissera and Assistant Secretary Dr. Amaya Ellawala were my all-in-one solution to all the troubles and shortcomings faced. At times in my absence they took turns to be the Acting Secretary. They never said no to anything. Dr. Sumithra's level of patience has amazed me. Dr. Amaya was so reliable that I had no second thoughts to handover any of my work and never even had to scrutinize them subsequently.

Dr. Pamod Amarakoon was the solution to all IT related matters at the SLMA along with the Hony. Treasurer Dr. Achala Jayatilake. Their challenge was to perform to my level of expectation which they most certainly did. Simply stated, in the end Dr. Pamod saved a few years of my life by reducing my level of stress.

Social Secretaries Dr. Pramila Senanayake and Dr. Preethi Wijegoonwardene looked after all the social events. All we had to do was to attend them and enjoy. They both showed great hospitality by allowing certain meetings/events to take place at their respective residencies. Thank you so much both for doing your best to help.

Council member and Past President Dr. BJC Perera devoted a lot of his precious time to help us many times, be it to prepare perfect documents, make decisions on crucial matters or train the Council Members to sing at the concert. He never refused any work and was always willing to help. Sir, we felt fortunate to have you in our team. We highly appreciate your contribution.

Assistant Secretary Dr. Sajith Ediisinghe was not there physically during most months in this year but he did what he could do from overseas to fulfil his duties to organize monthly meetings, art competition etc. Assistant Secretary Dr. Chula Senaratne was a whole new kettle of fish to other Assistant Secretaries. He has given me nerve-wracking experiences by his last minute actions and my stress level was always high when working with him but he made the Run & Walk an excellent show.

Dr. Sankha Randenikumara, Dr. Pramitha Mahanama, Assistant Secretary Dr. Shihan Azeez, and Dr. Chulika Makawita helped

us whenever we turned to them for help. Some of them travelled a long distance wasting lot of time on the road. Thank you all guys! I am sure I must have been a source of annoyance to you at times but thank you for tolerating me and continuing to help.

Dr. Lucian Jayasuriya, Prof. Vajira HW Dissanayake, Dr.

Sarath Gamini de Silva, Dr. Iyanthi Abeyewickrema, Dr. Palitha Abeykoon, Dr. Anula Wijesundere, Prof. Chandrika Wijeratne, Prof. Saroj Jayasinghe, Prof. Wilfred Perera, Prof. A. Pathmeswaran, Prof. Varuni de Silva, Dr. Sudharshani Wasalathanthri, Dr. Clifford Perera, Prof. R. Mudiyanse, Prof. Indika Karunathilake, Prof. Kumara Mendis, Dr. Achala Balasuriya and Dr. R. Surenthirakumaran; they all shared their experience, guided or helped us to take correct decisions in matters of national importance and assisted whenever possible. Thank you all for supporting, advising and guiding me when necessary.

Dr. Neranjan Dissanayake, Dr. Udayanganie Ramadasa, Dr. Sunil Seneviratne Epa, Prof. Samath Dharmaratne, Dr. Asitha Koshala Thanippularachchi and Dr. Thambawita; thanks a lot for organizing respective Regional Meetings and actively taking part in crucial discussions to show different perspectives.

I am unable to enumerate all the work the members of Council have done during 2018. The contribution made by each of them is hereby highly treasured and cherished. I apologize for any short comings from our end on behalf of the President and myself.

Heartiest congratulations to the new President and the new Council for 2019!

Stay in good health and achieve greater heights of success! Wishing you all a wonderful 2019!

Sincerely,
Hasini Banneheke
Honorary Secretary - 2018



SLMA Regional Meeting in collaboration with the Ruhunu Clinical Society

Dr. Shihan Azeez,
Assistant Secretary, SLMA
Dr. Sumithra Tissera,
Assistant Treasurer, SLMA

The ninth SLMA Clinical Meeting, organized in collaboration with the Ruhunu Clinical Society was held at the Ballroom of Sanaya Mansion, Matara on the 28th November 2018 with the attendance of more than 150 participants.

The programme commenced with the Welcome Addresses delivered by Dr. Lanka Tennakoon, President, Ruhunu Clinical Society, Dr. Navaz Jiffry, Consultant Obstetrician & Gynaecologist, Teaching Hospital Peradeniya and the Guest of Honour and Dr. Ruvaiz Haniffa, President SLMA and the Chief Guest. The activities of the inauguration concluded with Dr. Chandana Mohotti, Secretary, Ruhunu

Clinical Society delivering the vote of thanks.

The formal activities of the academic sessions commenced after the morning tea.

The first session included five guest lectures delivered by Dr. Prasanna Gunasena, Senior Consultant Neuro Surgeon, Lanka Hospitals on "Spinal Related Problems", Dr. Anuruddha N Abeygunasekara, Consultant Urological Surgeon, CSH on "Practice Based Urology", Dr. Dencil Indika, Consultant ENT Surgeon, BH Hambantota on "Foreign Bodies in ENT". Dr. Sujeewa Kumarasen, Consultant Gastroenterologist, TH Karapitiya on "Upper Gastro Intestinal Bleeding" and Dr. Sathis Goonesinghe, Consultant Urological Surgeon, TH Karapitiya on "Ethics and Etiquette at the Bedside".

The second session started just after lunch which included a free paper

session and a Guest Lecture delivered by Dr. Manilka Sumanathilaka, Consultant Endocrinologist, NHSL on "Current Concepts on Glycaemic Count".

The session concluded successfully with the final interactive session on "Sudden Death among the Young Generation". The moderator for the session was Dr. SPK Wathudura, Consultant Physician, TH Karapitiya. The eminent panellists for the session were Dr. Sanjeewa Rajapaksha, Consultant Cardiologist, CNTH, Dr. RP Jayasinghe, Consultant Physician, TH Karapitiya, Dr. S Ambepitiya, Consultant JMO, District GH Matara and Dr. Prasanna Appuhami, Consultant Forensic Pathologist, TH Matara.

The lectures were very interactive with ample time for discussion. They were greatly appreciated by all present.

All the participants were awarded a certificate of participation with CPD points.



THE MEDICAL DANCE 2018: AN EMBODIMENT OF OPULENCE

Dr. B. J. C. Perera

Past President, SLMA

The ever so wonderful 'Medical Dance', hosted by the Sri Lanka Medical Association (SLMA), was held in all its glory at the Shangri-La Hotel on Friday the 14th of December 2018. The grandeur of the occasion was augmented by the lavish surroundings of the venue with all the frills fit for quite a majestic occasion. The formally dressed gentlemen and the charmingly attired ladies provided a touch of class, reminiscent of a truly celebratory and joyous occasion.

The doctors and their guests started to trickle in around 7.30 in the evening and there were initial spirits that cheer as well as tremendous camaraderie amongst the participants, perhaps in anticipation of the musical and gastronomical fare that was to be served through the night. The ambience of the venue was dazzlingly accentuated by the unique floral arrangements provided by 'Lassana Flora'. The real proceedings started around 8.30 pm with that incomparable virtuoso, Dominic Kellar or 'Dom', as he is generally known, taking the microphone as the Master of Ceremonies for the night. He got things moving swiftly to the scintillating music of the well-known band "Flame". The dancers responded magnificently and the floor was fully jam-packed very soon. The organisers had anticipated the likely turnout and arranged a really spacious dancing area which could comfortably hold quite a crowd of dancers.

The other band was the equally famous "Misty". The two bands took turns to dish out a musical variety that suited the different tastes and attributes of all the dancers. There was a very pleasing mix of slow rhythms, fox trots, cha-chas, superlative jiving, classical waltzing, the inevitable faster moves, as well as the ever-so-popular bailas. The participants enjoyed the musical variety that was presented and the bands responded magnificently to quite a few requests as well.

Later it was time to savour the culinary delights of a multi-course sit-down

dinner. The menu had been specially selected and marshalled to cater to the perceptive palates of even the most discerning connoisseur. Halfway through the dinner the bands presented some classical Christmas Carols and the guests really enjoyed joining in with the singing of those seasonal favourites.

There were awards, gifts and prizes galore for various draws and competitions. The compère Dom had the time of his life trying to get that part of the proceedings through as quickly as possible. There were an unbelievable array of prizes from meals and stays at star class hotels to airline tickets to esoteric destinations. Then the music rolled on and dancing continued right up to the wee hours of the morning.

The Dance Committee, headed by the two Social Secretaries of the SLMA, Dr. Pramilla Senanayake and Dr. Preethi Wijegoonewardena, and ably advised by the Vice-President of the SLMA, the inimitably unique maestro of music, Dr. Christo Fernando, had really gone that extra mile, indeed perhaps several extra miles, to make it a most memorable occasion. The wheels of the event turned ever so graciously like a well-oiled machine to provide quite a scintillating experience. The entire Dance Committee quite obviously worked like a family to rise to the occasion. All of them left no stone unturned to ensure that the participants were presented with a truly outstanding and compellingly memorable experience. Special mention must also be made of the advice and help provided by Dr. Ruvaiz Haniiffa, the President of the SLMA and Dr. Hasini Banneheke, the Honorary Secretary of SLMA.

There was no doubt at all that everybody enjoyed the proceedings tremendously and had a rollicking time. The general consensus of opinion of the revellers was that it was a night to remember and a sparklingly glittering event *par excellence*.



Contd. on page 08

The medical dance 2018...



Home-based Palliative Care Project: Reaching remote corners to alleviate suffering...

Dr. Sankha Randenikumara

Hony. Secretary

Palliative and End of Life Care Task Force,
SLMA

The Palliative and End of Life Care Task Force of the SLMA celebrated the 'Palliative Care Month 2018' in a special way by initiating its Home-based Palliative Care Project.

This was started as a pilot project in two provinces, Eastern and Sabaragamuwa, with the help of Provincial Directors of Health Services (PDHS) of each province. Secondary and tertiary care hospitals of each province will identify the needy patients with palliative care equipment requirements. Those hospitals will communicate with PDHS to send the equipment to the patients and also coordinate with the Primary Care Institutions of the patient's residence area. Department of Social Services of the province and the Social Service Officers of the Divisional Secretariats too will coordinate the equipment supply and monitor the process, together with the PDHS. This mechanism would enhance communication between several levels of healthcare in line-ministry and Provincial Health Services. It would also strengthen the inter-sectorial connections which is beneficial for the patients.

The project is being carried out through the generosity and magnanimity of Gammedagama Chandiwimala Thero, the Chief Incumbent of the Diyawanna Purana Vihara, Nawala, who has joined hands with the Palliative Care Task Force by providing the necessary equipment. The Australian Association for Medical Aid to Sri Lanka has donated the equipment to Venerable Thero.

The first lot of equipment was handed over to the representatives from Eastern and Sabaragamuwa PDHS Offices on the 8th of November 2018 by Ven. Gammedagama Chandiwimala Thero at Diyawanna Purana Vihara and witnessed by some of the committee members of the Palliative Care Task Force and Department of Social Services. Beds with mattresses, wheelchairs,



walkers and bedside commodes are some of the equipment that were donated. Mrs Priya Hemachandra who played a key role in coordinating the process, and Prof Chandrika Wijeyaratne who was instrumental in initiating the project, were also present.

The Palliative and End of Life Care Task Force of the SLMA will supervise this pilot project on Home-based Palliative Care to assess the outcome of it, in order to extend it to every corner of the island, in the near future.

A look back at



SLMA 2018



Guest lecture on “What are Discrete Choice Experiments?”

Organised by the Sri Lanka Medical Association and the College of Community Physicians of Sri Lanka

Dr. Sumudu Karunaratne
Registrar in Community Medicine

A guest lecture on ‘What are Discrete Choice Experiments (DCEs)? How to understand preferences to improve public health’ was organized by the Health Research Innovation Hub of the Sri Lanka Medical Association, in collaboration with the College of Community Physicians of Sri Lanka, on 16th November 2018. Dr. Matthew Quaife, an Assistant Professor at the London School of Hygiene and Tropical Medicine, UK, who is a specialist in using demand-side and behavioural economics delivered the lecture to an audience of about 60 people.

Designing policies or interventions based on ‘expert opinions of policy makers’ on how the ‘intended user would behave’ could be highly biased. DCEs are a more preferable study design to overcome these

biases and to support informed decision making. DCEs allow the investigators to identify and quantify the approximate value placed by an intended user on different attributes in a real-life scenario, either on a new drug or a service delivery model introduction. An attribute can be defined as a quality or a characteristic a person feels important in a drug, device or a health system. He further elaborated on the uses of the study design by giving examples from his work in South Africa where a study had assessed the preference for HIV prevention products among different population categories. The products assessed were vaginal rings, two types of injections and using nothing. The attributes the researchers assessed were HIV prevention, pregnancy prevention, STI prevention, the required frequency of use and their side effects. He explained how the preferences differed in the sub

populations of adolescent girls, female sex workers, adult males and females and how the DCE helped predict the uptake of these different methods. Along with a few other examples he explained how this study design can go further in providing valuable evidence to conduct cost effectiveness studies to support policy decisions.

Dr. Sumudu Karunaratne, a registrar in Community Medicine briefly presented how a DCE is planned in Sri Lanka to assess the peoples’ preference for a NCD Screening Model. The guest lecture concluded with a Q & A session in which some participants questioned further on using this evidence in costing analysis to support policy decisions. A token of appreciation was offered to Dr. Matthew Quaife for his enlightening lecture and refreshments were served for the participants.



The launch of “Reporting on Road Safety: A guide for Journalists”

Dr. Achala Upendra Jayatilleke
Convenor, SLMA Expert Committee for
Prevention of Road Crashes

Every day, around the world, 3400 people die in road traffic crashes. Lives are dramatically changed in a matter of seconds. While the crash events themselves often become news, the full stories behind these incidents – “the who, why, how, and how could these have been avoided” – are often not well developed and reported.

If statistics like these were caused by a bacterium, a virus, or a terrifying new disease, it would be a major news story. Journalists would write several articles on the devastating impacts of this health catastrophe on communities and donor groups would mobilize funds for its prevention.

With this understanding, the World Health Organization (WHO) invested the four years between 2011 and 2014 to work with the media in low and middle-income countries for improving road safety. Over the four years, WHO reached over 1300 journalists in 10 countries through road safety workshops. The intention of the WHO was not only to increase journalists' interest in road safety reporting, but also to improve their knowledge and understanding of this surprisingly complex issue. The end result expected by the WHO was more comprehensive and compelling stories on road traffic injuries and deaths, and a discussion on how they impact on the everyday lives of people.

WHO's publication “Reporting on Road Safety: A guide for Journalists” was an outcome of this four-year effort. In this guide, WHO explains that the guide is the result of close work over several years with editors and reporters in low and middle-income countries. It addresses the concerns and questions that editors and reporters shared with WHO and gives them something back in the form of a publication for their invaluable engagement with WHO road safety teams. The main goal of the guide is to help editors and reporters to understand the full dimensions of the road safety question

and help them to write more in-depth stories on this subject as well as to identify opportunities to expand and sustain coverage of this critical public health issue. The guide carries examples of how different reporters and news organizations have placed individual stories about road traffic fatalities in a broader, more meaningful context; tips from editors, journalists and road safety experts on new ways to cover this topic together with resources and tools that can add depth to the road traffic stories.

When reporters are asked what prevents them from writing differently on this topic, their usual answer is “apart from the crash, the topic is not perceived as newsworthy”. In most instances, reporters lack ideas for story angles or they do not have access to good sources of information. Most importantly, journalists say that even when they want to write about road safety, they usually do not get support from their editors. Therefore, the guide “Reporting on Road Safety: A guide for Journalists” takes a special effort to present the personal views and stories of editors and journalists from around the world who think that in-depth reporting of road safety is newsworthy.

Journalists, particularly in low and middle-income countries, must understand that what is happening on our roads is not a series of unlucky and inevitable accidents but rather a public health crisis that is taking a catastrophic toll, not only on the victims but also on civil society as a whole. Low and middle-income countries have about 50% of the world's vehicular traffic but nearly 90% of the traffic deaths. In Africa and parts of Asia, there is a tendency to ignore the problem; to shrug it off as the inevitable cost of economic progress or simply to accept crashes as God's will. Being a South Asian country, Sri Lanka is no exception. Every day around eight die on Sri Lankan roads and 21 people get hospitalized with serious injuries.

Journalists have the opportunity to put this crisis in its proper perspective, to educate their audience and increase public awareness. It will ultimately influence government authorities, policy-

makers and other stakeholders to take the necessary steps to fix the problem and prevent road traffic deaths and injuries.

As the apex body of Sri Lanka's Health Workforce, the SLMA, supported the translation of the WHO's guide on “Reporting on Road Safety: A guide for Journalists” to Sinhala and Tamil languages and hosted its launch with more than 100 Sinhala, Tamil, and English medium journalists on 04th December 2018. The occasion was graced by Dr Razia Pendse, WHO Representative in Sri Lanka, Dr. Patanjali Dev Nayar, Regional Adviser, Disability, Injury Prevention and Rehabilitation Department of Non-communicable Diseases and Environmental Health, WHO Regional Office for South-East Asia, and Dr. Anil Jasinghe, the Director General of Health Services. The funding support for the translations and the workshop was provided by the World Health Organization.

When reporters are asked what prevents them from writing differently on this topic, their usual answer is “apart from the crash, the topic is not perceived as newsworthy”. In most instances, reporters lack ideas for story angles or they do not have access to good sources of information. Most importantly, journalists say that even when they want to write about road safety, they usually do not get support from their editors. Therefore, the guide “Reporting on Road Safety: A guide for Journalists” takes a special effort to present the personal views and stories of editors and journalists from around the world who think that in-depth reporting of road safety is newsworthy.

Understanding Medically Unexplained Symptoms through a Psychodynamic approach

Dr Lakmi Seneviratne
Lecturer, Department of Psychiatry,
Faculty of Medical Sciences,
University of Sri Jayewardenepura

Prof Samudra T. Kathriarachchi
Senior Professor and Chair, Department
of Psychiatry, Faculty of Medical Sciences,
University of Sri Jayewardenepura

Case vignette

Mala, a 37-year-old female presented with symptoms of migraine and chronic back pain for six years. She had marked functional deterioration and was bed bound for several weeks prior to presentation. There was a history of 'doctor-shopping' where she had visited several physicians and neurologists during the course of her illness. She and her family had to bear considerable medical expenses due to extensive investigations including repeated imaging studies of her spine. However, she was not reassured of the absence of a physical illness, despite these detailed medical assessments.

The recent exacerbation of her symptoms was following her best friend's departure for employment overseas. She reported having had a close relationship with her.

She gives a history of a prejudicial childhood filled with emotional and physical abuse as well as neglect. Mala described her father as a strict disciplinarian who had limited involvement in her upbringing. Her relationship with her mother was strained and she describes her as being emotionally abusive. This resulted in an insecure attachment to her primary caregivers.

Medically unexplained symptoms (MUS)

The term MUS is defined as 'persistent bodily complaints for which adequate examination does not reveal sufficiently explanatory structural or other specified pathology' (1).

It is noted in several studies that MUS are a common phenomenon in primary care and that one in three patients presenting to a primary care physician suffers from MUS (2). The prevalence of this condition is noted to be similar irrespective of the cultural setting (3).

MUS act as an umbrella term and incorporate both mental and physical illnesses and are associated with anxiety and depression. This term includes several psychiatric diagnoses, especially somatic symptom disorders such as somatic symptom disorder, illness anxiety disorder and conversion disorder.

It is important to identify and manage patients with these symptoms due to the cost to the patient and family, health services and society at large, as it leads to increased utilization of health care services (5), as well as, unnecessary investigations, treatment, hospitalization & disability (6). This group of patients can be quite challenging to treat and may lead to frustration for both patient and physician (7). The diagnostic uncertainty in these patients may very well lead to negative emotions, which can impact the therapeutic relationship and professional judgment of the clinician (8).

Treatment can be offered as both psychological and pharmacological interventions. Of these cognitive behavioural therapy and use of antidepressants have been used long term and is evidence based. Another psychotherapy that has been used more frequently over the past few decades is intensive short-term psychodynamic psychotherapy (ISTDP). Psychodynamic approach to management of patients presenting with somatic symptoms is also evidence based and found to be as effective as CBT (10). However in patients with somatic symptoms and personality disorder, Short Term Psychodynamic Psychotherapy has been found to be more efficacious than CBT (11). Thus showing added benefit in more complex patients (11). This therapy is known to reduce utilization of healthcare resources and disability (9) as well as improved treatment compliance and retention rates.

Intensive short-term dynamic psychotherapy (ISTDP)

Dr Habib Davanloo, a psychoanalyst and researcher of Iranian descent, who served as the Director of the Institute for Teaching and Research in Short Term and Dynamic Psychotherapy in Montreal, Canada, introduced ISTDP.

In the 1960's he began to develop ISTDP and refined his techniques through observation of video recordings. His student Dr Allan Abbass carried out further study and research on ISTDP.

Somatic Symptom Disorder

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) introduced Somatic Symptom Disorder in 2013 in an attempt to rectify overlap between somatoform disorders and clarify their boundaries

Clinical features (4)

- One or more somatic symptoms
- Causes distress and / or significant disruption to daily life
- Excessive thoughts, feelings or behaviours related to the somatic symptoms or associated health concerns
- Persistently symptomatic > 6 months (may not be one particular symptom)

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Understanding Medically...

ISTDP is psychodynamic in its approach due to the focus on the unconscious, as well as use of other psychodynamic concepts such as defences, resistance and transference⁽¹⁴⁾. It is further postulated that maladaptive interpersonal behaviour arise from early childhood experiences in the family of origin, which is supported by attachment theory, which ISTDP draws from. In addition this therapy is experiential in that it allows the patient to access and experience their unacceptable emotions, which have been repressed and therefore avoided (14).

In comparison to traditional psychodynamic therapies this therapy is short term and can be carried out in approximately 10 sessions for a less resistant patient; 30-40 sessions for a highly resistant patient and can even go up to 50 -150 sessions in a patient with a fragile personality structure (14).

Psychodynamic concepts

The Unconscious

Sigmund Freud in his topographical model of the mind described three levels of the mind including the conscious, preconscious and the unconscious. He used the metaphor of an iceberg to describe this model, which aptly reflects the unconscious as the deepest and largest level where unacceptable wishes, impulses and emotions have been repressed and are thus inaccessible to the conscious mind.

Triangle of conflict

David Malan, who built on the work of Henry Eziel, a psychoanalyst, introduced the triangle of conflict. This triangle exemplifies how unconscious emotions, lead to symptoms in the form of anxiety and defences. Anxiety is triggered when unconscious emotions attempt to breakthrough to conscious awareness. Defences are implemented to manage the anxiety and effectively repress these impulse-laden feelings from conscious awareness.

Attachment theory

Attachment theory was developed from the work of John Bowlby and Mary Ainsworth (12). Attachment is a strong disposition to seek proximity and contact with a specific attachment figure (16). This is seen especially when a child is frightened, tired or ill. An attachment figure such as the child's mother if available and responsive to the child's needs will provide a sense of security, resulting in the child valuing that relationship (12). Thus attachment has an evolutionary function providing protection to the infant (12)

Early trauma in a child's life leads to attachment ruptures, if unrepaired this leads to insecure types of attachment such as anxious avoidant, anxious ambivalent and disorganized attachment types (16). The resulting automatic interactional patterns are carried out in later life as well, if attachment ruptures are not repaired.

Unrepaired attachment rupture during the critical period results in dysfunction of the R/ hemisphere of the brain. When an infant perceives a threat, in the absence of external threat resolution the child is unable to regulate his/her affect. Therefore he/she moves from a state of hyperarousal to hypoarousal resulting in pathological dissociation and neurotoxic changes to affective centres (13). This gives rise to abnormal cortico-subcortical circuits, which are encoded in to implicit procedural memory. Thus in the future in the presence of stressors these abnormal cortico-subcortical circuits are activated. Thus painful affect is modulated by directing attention away from the negative internal emotional state and these emotions are blocked from consciousness.

Defenses
*e.g. projection
repression*

Anxiety
*e.g. striatal – back pain
smooth muscle - migraine*

Unconscious feelings
e.g. rage, guilt

Fig.1 Triangle of conflict

Anxiety

Unacceptable emotions trigger unconscious anxiety, which is caused by activation of the somatic and autonomic nervous systems (sympathetic and parasympathetic nervous systems). The following are pathways of anxiety discharge, of which one usually predominates (10)

Pathways of unconscious anxiety discharge (15).

- **Anxiety symptoms in striated muscles**

- o Caused by somatic nervous system
- o Eg. Back pain

- **Anxiety symptoms in Smooth Muscle**

- o Caused by autonomic nervous system
- o Eg. Migraine, GI – irritable bowel

- **Anxiety symptoms due to Cognitive Perceptual disruptions**

- o Caused by autonomic nervous system
- o Eg. Blurring of vision, scattered thoughts

Defences

Defences were first described by Sigmund Freud and further developed by his daughter Anna Freud. Vaillant later developed a classificatory system with four levels comprising of pathological, immature, neurotic and mature defences. These defences are mounted to safeguard the psyche from unacceptable thoughts and emotions and protect against anxiety. Therefore defences distort or deny reality in some way and operate at an unconscious level.

Contd. on page 17

Understanding Medically...

Eg. Defenses seen in somatic symptom disorder (9)

- o Repression - difficult emotions / desires are repressed from the consciousness. Mala had repressed her unacceptable emotions of rage towards her father, who she cared for deeply.
- o Isolation of affect – separation of feelings from thoughts. As therapy progressed Mala was able to label her emotions but was unable to experience them.

In addition somatic symptoms may arise due to the defence of somatization.

• Defence of Somatization

- o 'Identify with the body of the person towards whom the patient feels rage' (15)
- o Feels rage towards the father and develops weakness in the limbs

Therefore some somatic symptoms can arise from the anxiety discharge pathways noted above or through the defense of somatization.

Mala as a child had an unrepaired attachment rupture following the separation of her parents at an early age leaving her in the care of her mother who was emotionally abusive. She developed complex emotions towards her attachment figures, which were repressed, as they were unacceptable. These unconscious emotions triggered anxiety predominantly in the smooth muscle and striatal pathways. Anxiety symptoms became more prominent when her defences of projection and isolation of affect were clarified and blocked.

Assessment

Somatic symptom disorders are no longer a diagnosis of exclusion (9). An emotion-focused interview will assist in deciphering the presence of an underlying psychological basis for the somatic symptoms.

Emotion focused interview (9)

- **Observation for unconscious anxiety discharges**
 - o Fidgeting, wringing of hands, speaking rapidly, dryness of mouth
- **Observe for use of defences**

o Projection, intellectualization

- **Explore situations that exacerbate somatic symptoms**

o Inquire about feelings that are brought up during these situations

- **Distinguish emotions from anxiety and defences**

o Manage anxiety and defences and explore for feelings

- **Observe the patient for changes in physical symptoms during and after emotion focused assessment**

o Increase in physical symptoms is likely to suggest a somatic symptom disorder

o No change or unclear response makes an underlying psychological basis less likely. Explore further for physical pathology

- **Summarize and give feedback with a plan including referral to psychiatric services if needed**

* Important to note that there could be false positives and false negatives during the assessment and that patients with a physical illness may also have psychological symptoms.

Following intensive short-term psychodynamic psychotherapy Mala showed significant improvement, where her somatic symptoms reduced significantly and her functional level improved. Mala's use of immature defences shifted to use of healthier neurotic defences. In addition, her self-awareness improved and she was better able to regulate her anxiety. Her attachment style shifted from a disorganized pattern to a more organized insecure attachment pattern. Therefore she was better able to maintain healthy interpersonal relationships and lead a more fulfilling life.

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The monthly clinical meeting of the SLMA for November, 2018

Dr. Sajith Edirisinghe,
Assistant Secretary - SLMA

The monthly clinical meeting of the SLMA for November, 2018, organised in collaboration with the Sri Lanka College of Psychiatrists, was held on 29th November 2018 at the N.D.W. Lionel Memorial Auditorium, SLMA. The initial lecture was delivered by Prof. Samudra T. Kathirarachchi, Senior Professor and Chair, University Psychiatry Unit, Colombo South Teaching Hospital and Dr. R. M. A. V. Lakmi Seneviratne Lecturer in Psychiatry, University Psychiatry Unit,

Colombo South Teaching Hospital, under the topic of "Understanding of medically unexplained symptoms and treatment by psychodynamic approach".

MCQ discussion was conducted by Dr. D. L. U. Amarakoon, Lecturer in Psychiatry, University Psychiatry Unit, Colombo South Teaching Hospital. A clinical case of a young girl with a chronic backache was presented as a discussion by Dr. U. L. A. Gunawardana, Registrar in Psychiatry, University Psychiatry Unit, Colombo South Teaching Hospital. The interactive discussion was well attended by medical



officers and post graduate trainees. The meeting was chaired by Dr Ruvaiz Haniffa, President of SLMA.

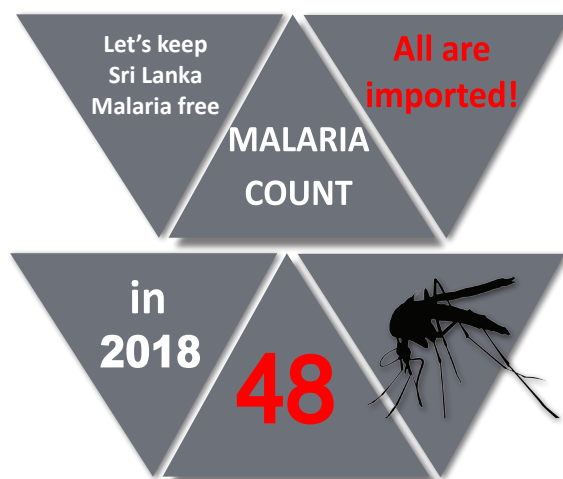


Note from the Editor-in-Chief

As 2018 draws to a close, let me take this opportunity to express my sincere gratitude to all those who have committed their time and expertise towards compiling the SLMA Newsletter: All contributors of articles and photographs, the publishers This Source Pvt. Ltd., the SLMA staff, the SLMA President, Secretary and Council for their continued support and last but certainly not least, the Editorial Committee for their immense diligence and dedication.

I wish all our readers a Happy and Peaceful New Year!

Dr. Amaya Ellawala
Editor-in-Chief



Therapeutic Update Lecture Series: Prophylactic use of antibiotics

A lecture on Prophylactic use of antibiotics was organised by the Medicinal Drugs Committee of the SLMA, as part of the Therapeutic Update Lecture Series, which aims at providing updated information on therapeutics to post-graduate trainees, House Officers and Senior House Officers. The lecture was delivered by Professor Shalini Sri Ranganathan, Professor in Pharmacology, Faculty of Medicine, University of



Colombo. The session was held on 30th November, 2018 at the Professor N. D. W. Lionel Memorial Auditorium, SLMA, and



was chaired by Professor Gita Fernando, Past President, SLMA.

SLMA Annual General Meeting 2018

The Annual General Meeting of the SLMA for 2018 was held on 21st December, 2018 at the NDW Lionel Memorial Auditorium, SLMA. President, Dr. Ruvaiz Haniffa briefly talked about the activities conducted during the year and acknowledged the numerous individuals and institutions that had supported such activities during the year. Thereafter, Honorary Secretary, Dr. Hasini Banneheke and Honorary Treasurer Dr. Achala Jayatilleke presented their reports. Dr. Anula Wijesundere was subsequently elected as SLMA President 2019 following which, the office bearers and council members for the year were also elected.



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