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IMPA NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

FROM THE PEN OF THE PRESIDENT. . .

A very successful hybrid medical update programme was held on Sunday 30th January 2022 on "Key Concepts in the Management of Critical Cardiac Arrhythmias in 2022" by Dr. Susitha Amarasinghe MD, MRCP, Consultant Cardiologist & Electro physiologist, Teaching Hospital, Karapitiya at the OPA auditorium. The lecture could be viewed on the IMPA website.

The IMPA is represented in the OPA Ex-co by Dr.A.H.A.Hazari and Forum by Dr. A.H.A. Hazari, Dr. Sanath Goonesekera and Dr. Sanath Hettige.

The National Advisory Committee for the antimicrobial resistance combating (AMR) activities for which the IMPA represented, headed by Dr.Sudath K.Dharmaratne, Deputy Director General (LS) Unit of the Ministry of Health has requested the IMPA to appoint members to the 5 sub committees formulated. The following have been nominated to the subcommittees.

Governance and Coordination	-	Dr. Kanthie Ariyaratne
Awareness, Education and Training	-	Dr. Sujatha Samarakoon
Surveillance and Research	-	Dr. M. Fernandopulle
Infection Prevention and Control	-	Dr. (Mrs) Iyanthi Abeyewickreme
Antimicrobial Stewardship	-	Prof. Jennifer Perera

Dr. A.L.P. De S Seneviratne had informed the president that he is unable the attend the steering committee meetings on childhood tuberculosis. Dr. Kanthi Ariyaratne agreed to represent the IMPA. These meetings for 2022 is headed by Dr. H.D.B. Herath, Director, National Programme for Tuberculosis Control and Chest Disease. (NPTCCD).

The Sri Lanka College of Ophthalmologist has invited members of the IMPA to participate in a workshop on Common Ocular Diseases encountered in general practice to be held on Sunday 20th March 2022 at the Nawaloka Hospital Auditorium.

Dr A H A Hazari
President IMPA

Editor - Dr A L P de S Seneviratne

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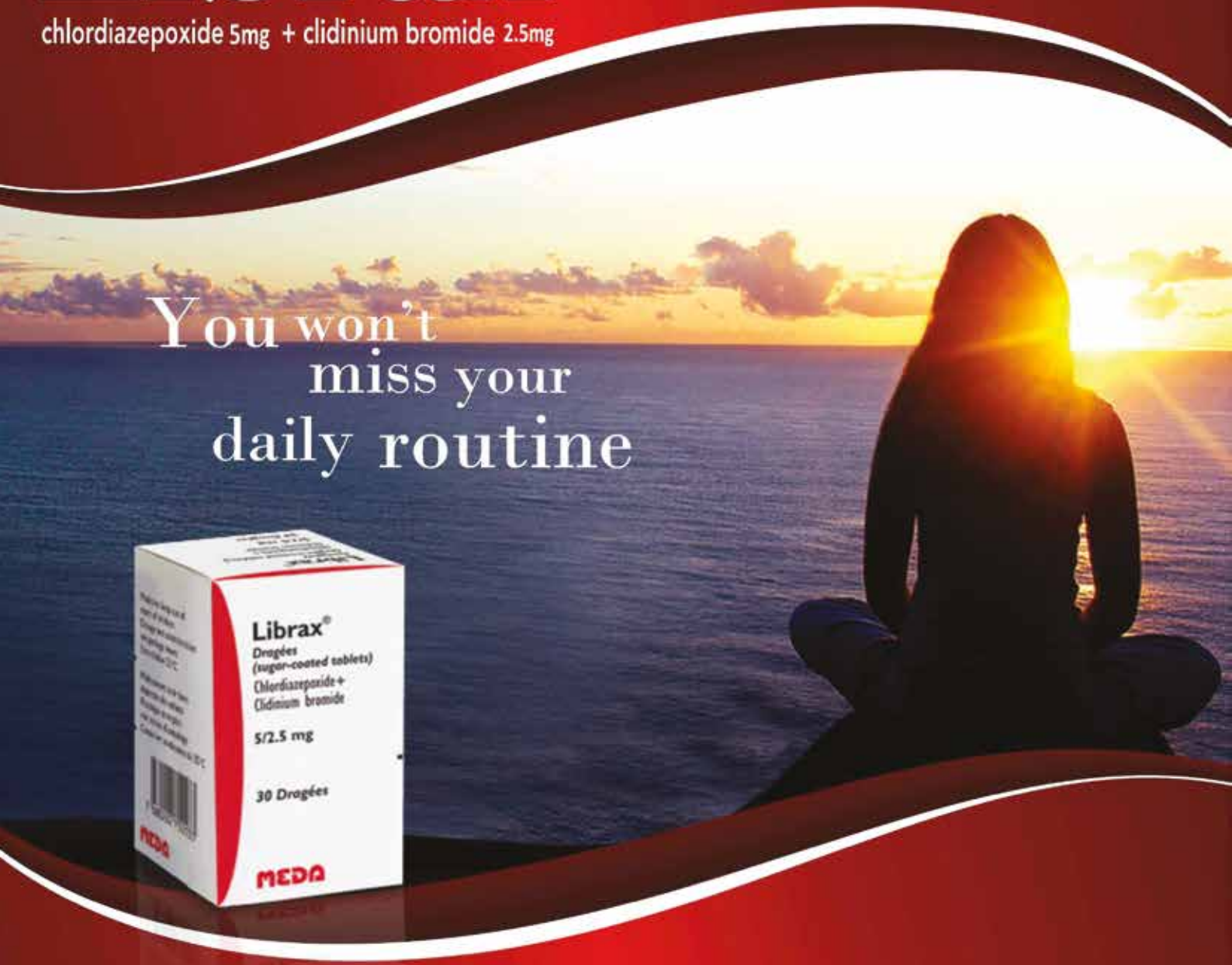

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EDITOR'S COLUMN

Hypoglycemia (Low Blood Glucose) – Common problem encountered in general practice

Hypoglycemia is a condition characterized by abnormally low blood glucose (blood sugar) levels, usually less than 70 mg/dl. However, it is important to talk to your health care provider about your individual blood glucose targets, and what level is too low for you.

Hypoglycemia may also be referred to as an insulin reaction, or insulin shock. Hypoglycemic symptoms are important clues that you have low blood glucose. Each person's reaction to hypoglycemia is different, so it's important that you learn your own signs and symptoms when your blood glucose is low.

The only sure way to know whether you are experiencing hypoglycemia is to check your blood glucose, if possible. If you are experiencing symptoms and you are unable to check your blood glucose for any reason, treat the hypoglycemia. Severe hypoglycemia has the potential to cause accidents, injuries, coma, and death.

Signs and Symptoms of Hypoglycemia (happen quickly)

- Shakiness
- Nervousness or anxiety
- Sweating, chills and clamminess
- Irritability or impatience
- Confusion, including delirium
- Rapid/fast heartbeat
- Lightheadedness or dizziness
- Hunger and nausea
- Sleepiness
- Blurred/impaired vision
- Tingling or numbness in the lips or tongue
- Headaches
- Weakness or fatigue
- Anger, stubbornness, or sadness
- Lack of coordination
- Nightmares or crying out during sleep
- Seizures
- Unconsciousness

Treatment

1. Consume 15-20 grams of glucose or simple carbohydrates
2. Recheck your blood glucose after 15 minutes
3. If hypoglycemia continues, repeat.
4. Once blood glucose returns to normal, eat a small snack if your next planned meal or snack is more than an hour or two away.

15 grams of simple carbohydrates commonly used:

- glucose tablets (follow package instructions)
- gel tube (follow package instructions)
- 2 tablespoons of raisins
- 4 ounces (1/2 cup) of juice or regular soda (not diet)
- 1 tablespoon sugar, honey, or corn syrup
- 8 ounces of nonfat or 1% milk
- hard candies, jellybeans, or gumdrops (see package to determine how many to consume)

ANTIMICROBIALS RESISTANCE

Dr. Iyanthi Abeyewickrema, Dr. Maxi Fernandopulle

Antimicrobials are medicines that are used to prevent and treat infections caused by microorganisms (germs) in humans, animals and plants. Antimicrobial resistance (AMR) occurs when microrganisms (germs) evolve over time and no longer respond to antimicrobials making infections harder to treat thus increasing the risk of disease spread, severe illness and death.

The World Health Organization defines AMR as a microorganism's resistance to an antimicrobial drug that was once able to treat an infection by that microorganism. Antibiotic resistance is a subset of AMR, that applies specifically to bacteria that become resistant to antibiotics. Antibiotics are one of our most powerful tools for fighting life-threatening infections and their discovery has transformed human and animal health over time. When the first line antibiotic fail, prohibitive high cost second line antibiotics have to be used. These too have now failed to a great extent as multi drug resistant microorganisms have evolved. People around the world, including Sri Lankans, are dying from untreatable infections because of the emergence and spread of antibiotic resistance. As a result of having to resort to very expensive antimicrobials to treat infections, the health expenditure has also increased. Presently a significant amount, comprising 12.7% of total estimated health budget, is spent on antimicrobial medicines. AMR is one of the greatest global public health challenges of present time.

As AMR is a global problem, the World Health Organization has taken the initiative of promoting member countries to develop strategies to overcome this serious threat posed by development of AMR. Sri Lanka as a member state of the WHO South East Asia region became a signatory to the Jaipur declaration, which agreed to regulate the antimicrobial medicines to prolong and preserve efficacy of such medicines. In May 2015 the World Health Assembly endorsed a global action plan to combat AMR, which called all countries to develop national strategies within two years. The global action plan was under 'One Health' concept which recognizes that human, animal and ecosystem health are inextricably linked. In Sri Lanka a multi-sectoral coordinating group representing members from human health sector, veterinary sector, fisheries and agriculture played a key role in development of the National Strategic Plan for combating AMR Sri Lanka (2017-2022) which was launched in May 2017.

The main cause of AMR is haphazard, unscientific, irrational use of antibiotics often for diseases where antibiotics are not warranted. Genetic changes too are contributory. Examples of misuse are treating viral infections like influenza and cold with antibiotics and also when they are given to animals as growth promoting factors. There are very few or no new antibiotics that are being developed for the use of multi drug resistant infections and we are now in a post antibiotic era scenario.

ADDICTION, REHAB AND SUICIDE

Jomo Uduman
Honorary Director
The Sumithrayo Drug Demand Reduction Program (Mel Medura)

The word "addiction" flows from the Latin root "addicere" meaning (aptly) to adore or surrender oneself to a master. Addiction does not only refer to substances, but also to behaviors like gambling, gaming, sex, pornography and social media. Although socially looked upon as a character flaw or moral failing, addiction is recognized by many professional organisations like the WHO and The American Psychiatric Association to be a chronic illness of the brain. Research that the route of substance use to addiction is the result of changes in the brain and thereby a medical condition, has helped to diminish the negative attitudes associated with this disorder, and provide support for treatment via the mainstream health care in most countries.

The progression of initial use to a disorder and then on to dependency is influenced by biopsychosocial factors, like the unique history and personality of a person, family and peer dynamics, cultural norms, genetic makeup, availability, exposure to stress etc. Specific combinations of these risks can trigger continuance of misuse and then progress to addiction.

All of us have different coping mechanisms when faced with discomfort, stress or distress. We may be inherently resilient and cope, we may discuss it with a close friend, we may indulge in some holistic practice or, call a helpline to discuss options with an anonymous person. Others may indulge in behaviors that may not be healthy and some may even self-harm, while others may begin consuming a substance regularly to escape the discomfort. Looking closely, these are preferred personal choices for coping or reducing stress. If the choice is to use Alcohol or other drugs (AOD) it could get out of control and become the disease of addiction.

In whatever manner addiction is manifested, there are 3 characteristics which we (Mel Medura) refer to as the 3 C's. Compulsive use or craving, out of Control, and Continued use in spite of knowing that it is affecting your wellbeing, relationships and behavior. There are also some other characteristics linked to addiction: Tolerance - where the user would need more and more to begin feeling good, Withdrawals - where there is distress and pain when the high wears off which can only be relieved by consuming the substance (now there is no more pleasure in consumption but the substance is now used to stop the discomfort), Relapse - where attempted recovery from the addiction ends in consumption again. Interestingly there is also something referred to as Reverse Tolerance - where the user due to a long history of abuse resulting in organ damage, can be floored with just one drink. Behavioral addictions too have all of these characteristics excepting that in Withdrawals there are no physical effects but psychological: like tension, restlessness and stress when the behavior cannot be engaged in.

People begin taking AOD for a variety of reasons: to be rebellious, to feel good, (feeling pleasure), to get "high", to feel better, to do better (improve performance), curiosity and due to peer pressure. Addictive behavior develops slowly often without our awareness, is very challenging and can affect anyone. It touches all aspects of our lives and is very difficult to prevent and treat.

There are also four behaviors linked to the cycle of addiction: impulsivity, positive reinforcement, negative reinforcement, and compulsivity. Impulsivity can make an adolescent (or an adult) experiment without regard for the consequences. If pleasure is experienced the behavior is positively

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reinforced and likely to be repeated. Some others may use a substance to relieve negative feelings like anxiety, isolation, low self-esteem or stress and the temporary relief negatively reinforces the substance use. Both situations may lead to use of the substance more frequently (and in greater amounts) in an attempt to experience the initial level of reinforcement (tolerance develops). Impulsivity then shifts to compulsivity which is also the reason why people attempting to abstain often relapse.

Sumithrayo was founded in 1974. It was the first and only crisis centre in Sri Lanka at that time, dedicated to suicide prevention and, as it still is today, remains entirely volunteer driven. The Sumithrayo Drug Demand Reduction Program (Mel Medura) was set up in 1984 as the ancillary or outreach arm of the Colombo Centre when it was realized that more than 30% of suicides in Sri Lanka were connected to Alcohol and Drug addiction.

AOD also promotes and supports impulsive behavior. While AOD is known to be a long-term risk factor for suicide it also triggers self-harm/ attempted suicide/completed suicide - among family members. In the short term, the acute effect on the mood creates an increased risk for impulsive/destructive behavior (even when used by those without a chronic problem). Self-harm or suicide may be the end point for a long term or short-term user.

A study in Gokarella – found that 84% of all suicides had occurred after consuming alcohol. In another study psychological autopsies of 372 suicides in rural SL found that problem drinking or alcohol dependency was common among male suicides in 61% of cases. While alcohol misuse in another family member contributed to 14% of female suicides. In another study, in 159 admissions for attempted suicide 32% were visibly affected by alcohol.

Users threaten to self-harm if money is not given to feed their addiction. When self-harm gets out of control, they could accidently suicide. A large number of attempted suicide and completed suicides occur after the consumption of AOD. There is no data whatsoever that is available on attempted suicide while suicide statistics from the Police only indicate the reasons for suicide. If psychological autopsies are proactively performed on attempted/completed suicide, interesting data will come out on the effects of AOD in suicidal behavior. There is little or no help available for AOD rehab outside of Colombo. Govt hospitals are only able to medically manage symptoms, or the illness, and send them back to the environment they came from.

The Mel Medura service is free! It must be mentioned that a vast majority of contacts are very ambivalent and expect instant or even magical cures. Users and their family are welcomed and made comfortable with a cup of tea. If detoxification is necessary a letter is issued to a Government Hospital requesting that the caller be admitted for detox. The Keyworker (KW) bonds with the user in a relaxed and friendly setting and gently ascertains the type of user profile the caller fits or belongs to and what type of changes he is willing to explore with Mel Medura? What do you want to change? Why do you want to change? Readiness to change? The KW conveys realistic expectations without too much optimism or hope, and makes sure the caller understands what he can expect from the service (and what he cannot).

The KW discusses: details of type of substance used, duration of use, reasons for wanting to stop and for wanting to first use it, whether any member of his family has or is using any substance, his feelings and behavior after use, whether he has ever tried to stop before, if yes for how long, his relationships with wife/children/parents/siblings/ friends, how he manages his time and finances, sexual feelings, suicidal thoughts and attempts (if any). Finally, a short-term plan is discussed to reduce usage (until the next day-care meeting

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which is generally within 14 days) that is accepted by the client. During the next Daycare session, the given plan is discussed and if successful another plan is structured to further reduce usage until the next Daycare session.

During these Daycare sessions, changes which the user has observed are discussed in detail including improved relationships with family and friends, peer pressure, money and time management. The caller will be encouraged to explore and identify difficult feelings and revisit their past. Personal strengths are identified and applauded. The caller is guided and empowered to find the root of the use or abuse and made aware of healthier options to enjoy life. He is assisted to identify barriers to change and how these can be overcome and given tips on handling urges, temptations and peer pressure in respect of his addictions. He is also educated on preventing relapse, the patterns of relapse and given a relapse prevention plan to deal with high risk situations.

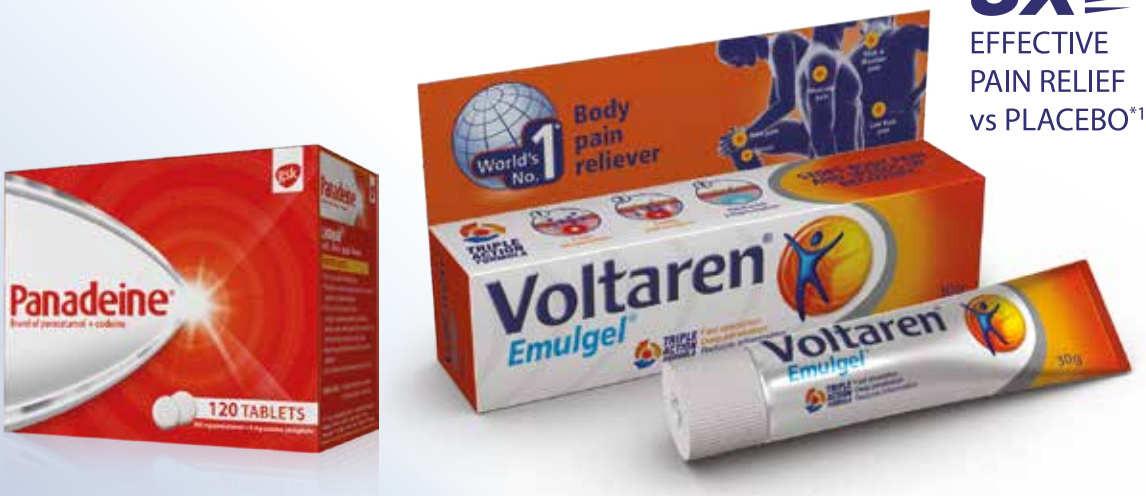
Daycare sessions are also arranged for family members to attend. Here the KW explores the family member's feelings, discusses the relationship with the user, the progress so far and how they could empower the user to progress further. Even if the user is not interested in help we work towards minimizing the discomfort suffered by his family and by helping them to begin looking closely at their own values, attitudes and beliefs including those connected with substance use. The family is encouraged to appreciate and acknowledge even when there are minute changes in the life of the user. The Daycare sessions thus continue (with both the family and the user) for two years or until the user states that he is no more dependent and wishes to disconnect from Daycare or is disinterested in continuing. If the user is unable to be present at our premises he may call us or we may call him and provide the Daycare service on the phone. The Centre calls the user if he does not turn up for Daycare and talks about the importance of follow up care.

It must be mentioned in conclusion that, the highest rates of addiction are seen in alcohol and tobacco consumption which are the "legal drugs". Since reducing access is the key towards prevention, policy makers must be brave and take note of this data.

For the use of registered medical practitioner or a hospital or a laboratory.

BE SURE OF RELIEF FROM PAIN

3X EFFECTIVE PAIN RELIEF vs PLACEBO*[1]



Panadeine

Formulation: With the combined strength of paracetamol and codeine, Panadiene offers relief from strong pain

Indication: Used in backache and muscular pain

Voltaren

Penetrates deep through the skin and fights pain at the source, by sensitising the pain receptors and inhibiting the activity of the pain-responsive nerve cells[2]

Pain reduces by half, after **24 hours**†[1]

*vs placebo in acute neck pain † Pain at rest in acute neck pain

References: 1. Predel HG. *et al.* efficacy and safety of diclofenac diethylamine 1.16% gel in acute neck pain: a randomized, double-blind, placebo-controlled study. *BMC Musculoskeletal Disord*. 2013;14:250. **2.** Brune K. Persistence of NSAIDs at effect sites and rapid disappearance from side-effect compartments contributes to tolerability. *Curr Res Opin.* 2007; 23:2985-95.

Use as directed on pack. Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver. If fever persists, consult your doctor.
For adverse events reporting please call on 0112636341 or email on pharmacovigilance@gsk.com

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