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IMPA NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

IMPA News

A medical update programme on **"Pharmacotherapy for Depression" by Dr Sunera Fernando**, Consultant Psychiatrist, Wollongong Hospital, NSW, Australia will be held at the IMPA office on Monday 4th June 2018 at 3.00 pm.

The AGM of the College of General Practitioners was held on Sunday 20th June 2018. The IMPA Hony. Joint Secretary Dr. Jayantha Jayatissa was elected as the New President.

The 31st Annual Conference of the OPA "Innovative Digitalization" will be held on 26th and 27th September 2018 at the Cinnamon Lakeside Hotel, Colombo.

The OPA has requested the IMPA to forward nomination for the conferment of National Honours 2018.

The Primary Care Diabetic Group (PCDG) is organizing a DINISA programme on Sunday 28th October 2018 at the BMICH. They have requested the support of IMPA members at this event at which a database of all diabetics in Sri Lanka is to be launched.

Editor - Dr A L P de S Seneviratne

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CHILDHOOD OBESITY

A global health issue. Are we aware of it?

Dr. Shalinie N. Malintha MBBS (Col), DFM
Registra in Family Jaffna Medicine

Overview:
Obesity in general is defined as the accumulation of excess fat in adipose tissue in the body associated with adverse health outcomes. Obesity has become a global epidemic in todays' world and childhood obesity is one of the most serious health challenges in the 21st century. The prevalence of obesity is increasing both in developed and developing countries and has become a major health burden.

Up to the 1980s developing countries were with the lowest trends but since then overweight and obesity prevalence have gradually increased in children. According to researchers, overweight and obesity among children in countries in the South Asia indicates increasing prevalence at an alarming rate.

Sri Lanka is in a rapid demographic, epidemiological and nutritional transition. As a consequence obesity is becoming an increasingly important health concern. Under nutrition was once the main form of malnutrition seen in Sri Lankan children. Despite the existence of undernutrition and micronutrient deficiencies, recent socioeconomic transition and changes in lifestyle with regard to physical activity pattern have led to the emergence of obesity as an increasingly prevalent form of malnutrition among Sri Lankan children.

Childhood obesity outcomes
Childhood obesity is associated with many short term and long term adverse outcomes both physical as well as psychosocial.

Obese children have a higher possibility to remain obese when they step into adult life. Therefore they are at an increased risk of developing obesity related diseases, such as type 2 diabetes, cardiovascular disease, hypertension, dyslipidemia, non-alcoholic fatty liver disease, metabolic syndrome, certain types of malignancies and osteoarthritis, which place a significant burden on the individual and on the healthcare system.

There is highly consistent evidence that overweight and obesity in childhood were associated with increased risk of both premature mortality and adult morbidity, particularly cardio-metabolic morbidity.

Obesity negatively influences a child's self-esteem and results in impaired quality of life.

Psychosocial issues have an impact even in early schooling years.

Social isolation, lack of self confidence, and abnormal behavioral patterns have been frequently reported among obese children. Changing physical appearance leads to peer rejection and bullying, discrimination and isolation at school creating a social stigmata.

In addition to the above, obese girls are at a higher risk of early menarche. Further they are more prone to develop polycystic ovarian syndrome and when they reach the reproductive age as obese females subfertility becomes an issue.

Determinants of Childhood Obesity
There are several key determinants widely acknowledged as the main drivers of the obesity epidemic among children.

Genetics: Obesity runs in families and one of the strongest predictors of a child's overweight is the BMI of the parents. Efforts have been made in identifying genes that may contribute to the above effect and studies have revealed a strong association of the FTO (fat mass and obesity - associated) gene with BMI and weight of children.

Age and Gender: Age as well as gender have been recognized as major determinants of obesity among children. A study conducted among Sri Lankan children clearly confirms that Sri Lankan children have high Fat Mass Index (FMI) from young age and a low Fat Free Mass Index (FFMI). With age more changes occur in FM than in FFM. It is evident that the weight gain in Sri Lankan children is mainly due to the increase in body fat than nonfat tissues.

Birth weight: Rapid weight gain which was traditionally considered as a healthy intervention for low birth weight infants is now recognized as a potential risk factor of increasing interest for obesity. Evidence supports the concept of, early postnatal catch up growth, between birth and two years is a risk factor for childhood obesity.[8]

Moreover large birth weight, maternal obesity, excess prepregnancy weight gain of mothers or maternal undernutrition, maternal hyperglycemia, maternal

Cont. on page 04

smoking and also the obesity of fathers at the time of conception, increase the likelihood of obesity in infancy and childhood.

Dietary patterns: Fast food plays as a key contributor to the rising prevalence of obesity among children due to the poor nutritional quality of fast food, as fast foods have high calorie content, high in fat and saturated fats, have refined carbohydrates and low fiber content in them. In addition fast food consumption is greatly associated with higher intake of sugar - sweetened beverages and French fries but low intake of milk, fruits or vegetables.

Breakfast is the most important meal to start the day with skipping breakfast leads to hunger and results in a heavy lunch.

Behavioural Characteristics: Sedentary activities and increased screen viewing time: Rapid rise in childhood obesity has been attributed to the shift in the activity pattern of children from outdoor play in to indoor entertainment: television viewing, internet and computer games Studies have shown that having a TV in the bed room is a risk factor for childhood obesity.

Physical activity pattern: Physical activity plays a major role in protection from obesity. Children who engage in physical activities like running, football, swimming and travel to school by foot or have a reduced risk of being overweight. Physical activity more than 30 minutes a day have a definite protective action against the development of Non Communicable Diseases(NCD) and it also improves a child's ability to learn, their mental health and wellbeing.

Sleeping hours: Short duration night time sleep is a risk factor for obesity in children. Duration of night time sleep may alter the risk of obesity through growth hormone secretion or as the sleep reduces the child's exposure to environmental factors that promote obesity.

How to identify childhood obesity: In clinical practice Body Mass Index (BMI) is used as a convenient surrogate marker to diagnose obesity in adults .But the same cannot be used with children as their bodies undergo many physiological changes when they are young.

Growth monitoring charts in Child Health Development Record (CHDR) is used to for this purpose. Obesity is diagnosed when a child's weight for age is > 95^{th} (or > 2SD) centile and when it comes between 85^{th} to 95^{th} centiles (or +1 to + 2SD) one is considered to be overweight.

Gender specific BMI for age and WHO growth charts can also be used for calculation of BMI.

Strategies for management and prevention of childhood obesity.

The mainstay of managing childhood obesity is through lifestyle and behavior modification and it should involve the whole family. Ultimate goal of management is to achieve an appropriate weight for height and control and prevent any complications.

Parental initiative is necessary to succeed the home based strategies influencing the diet and physical activity among children. Regular meals consisting of a balanced diet with vegetables, fruits and grains should be encouraged as much as possible.

As the eating behaviours that develop during childhood tend to track into adulthood providing children with healthy food choices and good eating habits would make the future generation healthy. Minimum of 60 minute of moderate to vigorous physical activity is recommended.

Parents are advised to accompany their children in physical activities and to be role models.

School based programs also give a good opportunity to promote healthy nutrition and physical activity. Components on healthy eating, physical activity and body image should be integrated to the school curriculum and a culture should be created that supports a healthy lifestyle.

Clinicians should play an advocacy role in drawing up regulatory polices to prevent targeting of children by unhealthy food promotion, implementing school canteen policy and providing the community with opportunities of safe walking cycling and recreational facilities.

No single intervention can halt the rise in the growing childhood obesity epidemic. successfully challenging this global issue requires addressing the obesogenic environment as well as critical elements in life course.

Childhood obesity undermines the physical, social and psychological wellbeing of children and is a known risk factor for adult obesity and NCDs in later life. Therefore it is an urgent need to act now to improve the health of this generation and the next.

MULTIPLE SCLEROSIS ASSOCIATION OF LANKA (MSAL)

Dr. Inoka Corea
Senior Lecturer, Department of Microbiology
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The Multiple Sclerosis Association of Lanka (MSAL) is an association bringing together persons with MS, their doctors, caregivers and other well wishers with a view to promoting optimum health and improving the lives of persons with MS. MSAL was started in year 2006 and is a registered company with audited accounts. It is affiliated to the Multiple Sclerosis International Federation and is a voluntary organization funded by donations and fund raising activities of the Association.

The main aim of the Association is to provide support to persons living with MS. Activities of the Association include providing moral support to patients and caregivers through home visits, organizing talks by experts to help patients understand and cope with their disease and by providing financial assistance, where necessary, for wheelchairs, physiotherapy, purchase of drugs and disposables, for travel to MS meetings and for daily living especially in cases where the bread winner has been affected. The association serves as a support group for patients and their families where they can share their day to day problems and solutions. Through the association, people round the country could be made aware of Multiple Sclerosis and know that something can be done about preventing permanent disability. The association hopes to raise funds to build awareness, train nurses, attendants and family members, provide rehabilitation accessories, counseling, and support and effect infrastructure changes in patients' homes to aid in improving mobility and self-sufficiency.

MS meetings are held in Colombo and Kandy. These meetings provide an opportunity for MS patients to share their experiences and coping mechanisms with other patients and are open to anyone interested in MS.

We have had many speakers addressing our meeting including international specialists in MS, neurologists, urologists, speech therapists, physiotherapist and nurses, including nurses specializing in rehabilitation. We have published articles on MS and interviews with MS patients in the newspapers, in both English and Sinhala, in our effort towards creating greater public awareness and are hoping to have some publicity in the Tamil language newspapers as well.

The latest venture of the association is a programme to conduct a needs assessment of each patient in their own home environment to generate recommendations for patient care, physiotherapy, assistive devices and alterations of home infrastructure needed to improve the quality of life of MS patients and their caregivers.

What is your message to the public?
People with disabilities would like to be treated as equals and not viewed with pity or disgust. Everyone will become disabled as they grow older. Therefore we should all join to ensure that the disabled are given the same opportunities for education, higher education and employment as everyone else. Buildings, entertainment centres and recreational facilities should have equal access for the disabled.

The MSAL would like to invite all persons with MS to join the MSAL and contribute to its activities. We will be grateful if doctors who care for MS patients would inform patients of this Association and its activities and refer them to the association or send us names and addresses of patients. MSAL can be contacted at msalinfo@sltnet.lk or MS Association, 144 Vipulasena Mawatha, Colombo 10 or at the following number 0777319333. More information can be found on our website www.mssrilanka.org.

OPA STANDS FOR PRIVATE MEDICAL EDUCATION

The Organization of Professional Associations of Sri Lanka consists of 46 member associations encompassing 32 professions. It meets regularly and discusses important issues that affect the country. One issue that has been discussed many times has been that of medical education provided by non-state institutions or to put it more simply, private medical education in connection with the SAITM problem. The OPA has been concerned about the effect that this issue has had on the provision of medical services at various times as well as the disruptions in University education in the country.

The OPA is aware that there are many educational pathways leading to professional qualifications in many fields provided by private, fee-levying organizations, and it cannot understand why similar educational opportunities cannot, and should not, be provided for medical qualifications, provided that proper standards and training facilities are made available.

OPA also notes with concern the failure of the government to pronounce clearly its policy on private medical education in the country and stand firm though it had already allowed and facilitated the commencement of a Private Medical institution. The said private Medical Institution carried on with a number of batches of students enrolled since is commencement. Even when the future of these students became unclear, when many state university students and several trade unions protested against the said private medical institution demanding its closure, the government did not stand firm on the Private Medical Education Policy it deem to have resolved.

The OPA resolved at its General Forum meeting almost unanimously to pronounce that it stands firm on the need for Non state sector tertiary education including medical education in the country The resolution read as follows:

Recognizing that many students who qualify for university education are unable to enter State Universities due to limited vacancies available; and

Acknowledging that the Government is obliged to provide educational opportunities for all citizens at all levels and that it is not financially able to discharge that obligation fully,

The Organization of Professional Associations of Sri Lanka calls upon the Government of Sri Lanka to affirm its commitment to enable all citizens to obtain education at all levels according to their means; and to this end to provide for appropriate mechanisms to ensure the highest standards in schools, universities and other institutions of higher education including Medical education, whether free or fee levying; the said mechanisms to be drawn up and implemented by professionals in the respective fields, without political interference.

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