

ABSTRACTS OF ORAL PRESENTATIONS

Free Paper Session 1 – Cardiology, Clinical Medicine, Forensic Medicine**OP001****The prevalence of cirrhosis in adults with evidence of immunity against Hepatitis A**

Kobbegala KGVJ¹, Karalliyadda HN¹, Ranawaka C², Niriella M¹, De Silva AP³, Dassanayake AS¹, De Silva HJ³

¹Department of Pharmacology, Faculty of Medicine, University of Kelaniya

²Colombo North Teaching Hospital, Ragama

³Department of Medicine, Faculty of Medicine, University of Kelaniya

Introduction

Hepatitis A is a common and often asymptomatic infection in childhood in the developing world. With improving living standards in some developing countries, its incidence in childhood has decreased leading to a significant proportion of non-immune adults. The infection is a potentially serious illness in adults and can even be fatal in patients with cirrhosis. Vaccination against Hepatitis A is therefore recommended for non-immune cirrhotic.

Objectives

To assess the prevalence of cirrhosis in adults with evidence of immunity against hepatitis A.

Method

As part of their routine investigations, Hepatitis A Ig G antibodies (anti-HAV IgG) were checked using an ELISA technique in 108 cirrhotic patients presenting to a tertiary referral centre for the first time from 2011 to 2014. Patients' demographic data were collected and the possible aetiology of cirrhosis investigated.

Results

The median age at presentation was 55 years (range 28-78) and the Male: Female ratio was 5:1. Most (62.5%) patients had cryptogenic cirrhosis and 27.7% patients had alcoholic

cirrhosis. 48/110 patients (44.4%) were positive and 60 (56.6%) were negative for anti-HAV IgG. None of the patients had received vaccination against hepatitis A.

Conclusions

Most of our patients presenting with cirrhosis did not have evidence of immunity against hepatitis A. In our setting, cirrhotic patients should be investigated for evidence of past infection with Hepatitis A, and vaccination offered to those found to be non-immune.

OP002**Statin-related muscle disease in clinical practice: a descriptive study in a group of Sri Lankan patients**

Wijekoon CN¹, Wijekoon PWMCSB^{1,2}, Sumanadasa S², Bulugahapitiya U², Wijayawardena S¹, Pathirana N¹, Samarasinghe M¹, Senarath U³

¹Faculty of Medical Sciences, University of Sri Jayewardenepura

²Colombo South Teaching Hospital

³Faculty of Medicine, University of Colombo

Introduction

Statin-related muscle disease (SRMD) which affects quality of life and exercise tolerance is often overlooked.

Objectives

Objective of this study was to describe prevalence and associated factors of SRMD in clinical practice. It has not been studied in Sri Lanka previously.

Method

Consecutive patients receiving statin therapy at outpatient clinics of a tertiary-care hospital who were screened for a clinical trial on SRMD were studied. Details were recorded using an interviewer administered questionnaire. SRMD was defined as presence of muscle symptoms started after initiation of statins with no alternative cause detected after clinical assessment and investigations.

Myositis was defined as SRMD with elevated creatine phosphokinase. Data were analysed with SPSS version-19.0

Results

375 patients were studied; 63.7% were females; mean age was 63.2±10years. All were on atorvastatin (dose: mean 16.5mg, range 5-40mg; duration: mean 64.2 months, range 1-241 months). Prevalence of SRMD and myositis was 14.7% (55/375) and 2.1% (8/375), respectively. Most frequent symptoms were cramps (81.8%) and myalgia (43.6%). Mean severity score (Visual Analogue Scale) was 5.4 (range: 2-10). Severity was more in women (6.3 vs 4.2; p=0.015). Mean duration of therapy before onset of SRMD was 53.8months (median: 48months range: 1-172months). 27.3% were on co-medications potentially affecting atorvastatin metabolism. No association was found between SRMD and age, gender, atorvastatin dose, treatment duration or co-medications.

Conclusions

Prevalence of statin-related muscle disease was high and of moderate severity in the study population. It is compatible with reports from other countries. No factors associated with SRMD were identified in this population.

OP003

Awareness on Diagnosis and Management of Transient Ischemic Attacks (TIA) among Sri Lankan Doctors

Metthananda KCD¹, Kumarasiri J², Rajaguru RDHP¹, Perera HAGM¹, Wijerathne PMNM¹

¹Faculty of Medicine, University of Kelaniya, Sri Lanka

²North Colombo Teaching Hospital, Ragama, Sri Lanka

Introduction

Patients with Transient Ischemic Attacks (TIA) are at high risk of recurrent strokes and the risk can be predicted using clinical scoring systems. However, there is no data on doctors' awareness on TIA diagnosis/management in Sri Lanka.

Objective

To assess awareness of doctors on diagnosis and management of TIA.

Method

Therefore, we assessed awareness on diagnosis/management of TIA among first-contact (outpatient department (OPD)) and second-contact (Medical ward) doctors of a tertiary care hospital in Sri Lanka in an observational-study using self-administered questionnaires.

Results

29 OPD (mean-age 44.6±10.3years, female-55.2%) and 24 medical ward doctors (mean-age 35.2 ±10.0years, female-79.2%) volunteered for the study. 28.3% had some post-graduate experience. 47.1% used to attend Continuous Medical Education (CME) activities.

Although all doctors were familiar with the word TIA, only 26.4% knew the correct clinical definition of a TIA. 71.7% had heard about TIA-scoring systems. Compared to 13.8% OPD doctors, 45.8% of Medical ward doctors knew what is denoted by ABCD2 in the TIA-score. However, only 15.1% knew the correct cut-off for diagnosis of high risk TIAs using ABCD2 score. 60.4% appreciated that TIA management changes with risk of stroke recurrence predicted by ABCD2-score. 78.0% were informed that TIAs need brain imaging. Even though 69.8% were aware to give aspirin as emergency treatment for TIAs, less OPD doctors (27.6%) were aware that aspirin can be given without brain imaging compared to medical ward doctors (50%).

Conclusions

Awareness on TIA diagnosis/management of this group of Sri Lankan doctors seems inadequate. Therefore there is room for reducing burden of strokes in Sri Lanka by improving doctors' awareness on diagnosis/management of TIA.