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doctor. For those who had waited for more than one seizure to seek help from a medical professional, the reported reasons for delay were; ignorance (77.7%), other commitments (5.5%), social stigma (2.8%) and seeking alternative treatment (2.8%). The only factor significantly associated with a delay in seeking medical attention was having a seizure type other than generalized tonic-clonic seizures ($p=0.03$).

Conclusions: A large percentage of patients presented early for medical attention following their first ever seizure.

PP 05 - Health Related Quality of Life in patients following stroke attending a teaching hospital in Sri Lanka- preliminary study findings

P N Kariyawasam¹, K D Pathirana², D C Hewage³

¹BSc Nursing Degree Programme, ²Faculty of Medicine, University of Ruhuna

³Department of Physiology, Faculty of Medical Sciences, University of Sri Jayewardenepura

Objectives: To determine the Health Related Quality of Life (HRQL) in patients following stroke attending a teaching hospital in Sri Lanka

Methods: A descriptive cross sectional study was conducted among 61 patients (3 months after stroke) who were attending clinics at Teaching Hospital, Karapitiya. HRQOL was evaluated using the proxy version of Stroke Aphasia Quality of Life generic (SAQOL-39g- Sinhala) scale. The categorization in the Kannada version of SAQOL-39 was followed to describe the level of overall and subdomain scores on QOL (score of 0-2 as severely, score of 3 as moderately, score of 4 as mildly affected QOL and score of 5 as normal QOL). The disability level of the patients were assessed using Modified Rankin Scale (MRS).

Results: The mean age of the patients with stroke was 65.26 (SD±12.83, range 33-81), of whom 67.2% were males. Eighty three percent had ischemic strokes while rest had hemorrhagic strokes. The overall mean score for HRQOL of the participants was 3.43 (SD±0.94) while mean scores for subdomains of physical, psychosocial and communication were 3.35, 3.46 and 3.56 respectively. Out of 61 patients 4.9%, 59% and 31.1%, patients had severely, moderately, and mildly affected HRQOL respectively while only 4.9% had a normal HRQOL. The level of QOL was significantly associated with side of the lesion ($p<0.05$) and there was a significant correlation with the level of disability. QOL was not significantly associated with factors such as age, gender and type of stroke.

Conclusions: Majority of patients with stroke in the study had moderately impaired QOL. This needs to be taken into account when planning for rehabilitation.

PP 06 - Association of age, gender and educational status with working memory and inhibitory control of elderly people living in elderly care institutions in the Galle District

Gamage MWK¹, Hewage DC², Pathirana KD¹

¹University of Ruhuna, Sri Lanka, ²University of Sri Jayewardenepura, Sri Lanka

Objectives: Working Memory (WM) and Inhibitory Control (IC) are higher order cognitive processes, which are vital for goal directed behaviour. WM temporarily holds and manipulates information while IC inhibits irrelevant information. This study aims to assess the association of age, gender and educational status with WM and IC.

Methods: Study sample was 251 elderly people living in elderly care institutions in the Galle District. Computerized visuospatial WM, verbal WM, stroop, go/no-go (GNG) and stop signal (SS) tasks were administered to assess visuospatial WM, verbal WM, interference control, ability to inhibit pre-potent and ongoing responses respectively. Pearson correlation, independent sample t test and MANOVA were used to analyze the data while significant level was kept at <0.05 .

Results: The sample comprised of 65.7% (n=165) of females with mean age of 71.51 (+6.61) years. Majority had obtained only primary education (n=119). Age of the participants had significant negative correlation with verbal ($r=-0.22, p<0.01$) and visuospatial ($r=-0.21, p<0.01$) WM scores while significant positive correlation with number of incorrect responses in GNG ($r=0.15, p<0.05$), SS ($r=0.13, p<0.05$) and stroop ($r=0.32, p<0.01$) tasks. Educational status was significantly associated with all the tasks except GNG. Gender was not significantly associated with any of the tasks. The effect of interaction of age and educational status was not significant but the interaction between educational status and gender was significant ($p<0.05$) showing that effect of education was not equal in both sexes.

Conclusions: Results of the present study show that age and educational status have a significant effect on both WM and IC in the study sample.

PP 07 - Prevalence of undetected risk factors in patients with stroke in a Sri Lankan tertiary care centre

Ranawaka UK^{1,2}, Muwanwella RMSP¹, Sooryabandara VL¹, Nanayakkara YP², Tissera WGM², Goonetilleke CU², Wijesena BWSM², Karunarathne MAVMU², Pathmeswaran A¹
¹Faculty of Medicine, University of Kelaniya, ²Colombo North Teaching Hospital, Ragama

Objectives: Knowledge regarding the presence of cardiovascular risk factors is important in secondary stroke prevention. There is no data on the prevalence of undetected risk factors in Sri Lankan stroke patients.

Method: We collected data from all consenting patients with stroke admitted to the stroke unit of Colombo North Teaching Hospital over a four-year period. Prevalence of previously diagnosed and undetected common risk factors was assessed. Diagnoses were made based on internationally accepted criteria using clinical findings and investigation results. Data was analysed using SPSS.

Results: We studied 688 patients [59.7% males; mean age (SD) - 58.9 years (10.1); 87.4% ischaemic strokes]. Prevalence of key cardiovascular risk factors were: hypertension (61.6%), diabetes mellitus (52.3%), hyperlipidaemia (32.6%) and atrial fibrillation (2.8%). Thirty one percent of cases of atrial fibrillation, 18.6% of diabetes mellitus, 13.8% of hypertension and 7.1% of hyperlipidaemia were newly diagnosed. Nineteen percent were newly diagnosed with pre-diabetes. One hundred and eleven (16.1%) patients had at least one newly diagnosed risk factor, and 22 (3.2%) patients had two or more newly diagnosed risk factors. On bivariate analysis, undiagnosed hyperlipidaemia was commoner in males, and undiagnosed atrial fibrillation was commoner with age ≥ 65 years. Type of stroke, stroke severity, delays in seeking medical care and disability were not associated with the presence of undetected cardiovascular risk factors.

Conclusions: Previously undetected cardiovascular risk factors were common in this cohort of stroke patients.