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IMPA NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

FROM THE PEN OF THE PRESIDENT. . .

Dear Members,

Let me discuss some issues relevant for the day to day running of the IMPA.

1. Our attempts at getting the approved annual 500,000/= grant from the Ministry of Health have so far unsuccessful. But we need not get discouraged as we have already received this for the year 2018. It is just that there had been some minor issue of misplacing an important document at the MOH main office. Anyhow we need to follow up this at the MOH level. Those of you who have much experience in this regard could help us to achieve this goal.
2. Some of the structural defects of the IMPA office need urgent repairs. This is being done.
3. We need more money for several recurrent expenditure items including electricity bills, telephone bills and the stationery bills.
4. I earnestly solicit your whole hearted support for the running of IMPA by way of getting advertisements and sponsorships.
5. Please make an attempt to use the Newsletter for communications between the membership.We should send more articles to the news letter to improve our CPD activity. I kindly request the subject experts among our membership in this regard.
6. Please remember that IMPA is not a profit making business venture. Our CPD activities are purely Pharma Industry driven. Some of the basic activities are driven by the advertisements collected by a few dedicated individuals. Please get together to make IMPA a live organization in the medical world in Sri Lanka.

Finally let me congratulate our member Dr. Lucian Jayasuriya who was honored recently at the 132nd SLMA anniversary session inauguration. Amidst a gathering of who's who of the Sri Lankan Medical landscape the citation read by Prof Jennifer for the grant of the honorary SLMA Life Membership to Dr Lucian Jayasuriya was ample testimony for an honor which was duly earned.

As a postscript may I also bring to your attention the fact that recently we documented the history of the IMPA to the year 1929. Our first president who held the post of IMPA presidency for an uninterrupted tenure of office for 21 years has written in his own hands a minute where it is mentioned that we have been in existence from the year 1929.

Dr Ananda Perera

Editor - Dr A L P de S Seneviratne

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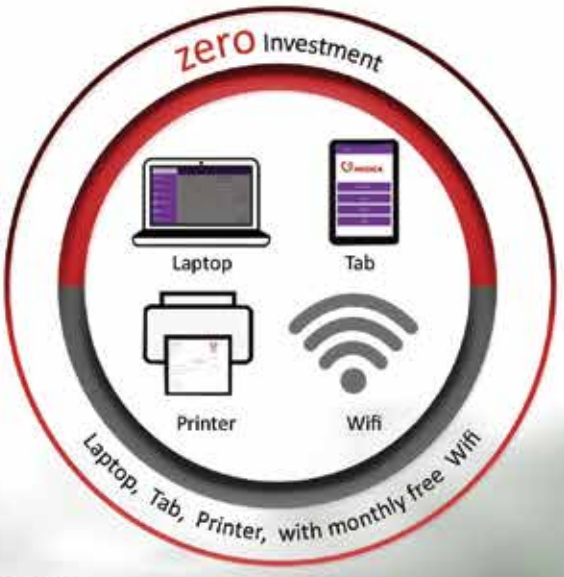

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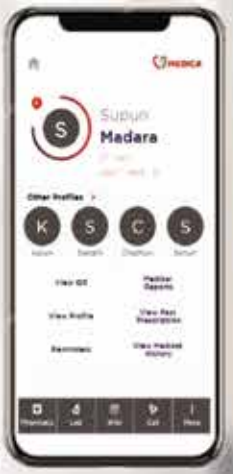

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CASE OF FIBROMYALGIA - RESPONSE

Dr. Ananda Perera MD (Family Medicine), DFM, FCGP, MBBS
Board Certified Specialist in Family Medicine

Kudos to Drs Seneviratne and De Silva for having discussed a very important clinical entity in the field of Family Medicine. The case discussion which appeared in the last Newsletter (1) is very comprehensive except for 2 reasons - the differential should have included myofascial pain syndrome and chronic fatigue syndrome (very unlikely in this case as fibromyalgia is very securely diagnosed but the discussion should have included some reference to this ?) and the reassurance given by the authors should have been more detailed. I will be discussing the second reason in this response and keep the other for a later issue. The authors have given reassurance quite rightly at the initial step of the management. Unfortunately it is limited to a mere "Patient's illness and suffering was acknowledged and the likely diagnosis was explained" and "Offered to discuss with her family members". This discussion in the management of this case is all the more important for 2 reasons given by the authors in the case introduction which I again quote : "She was unable to carry out her household chores due to her illness and the family members are very supportive". And the next reason being : "She has much concern about the illness and requests medicine to cure her symptoms". Please notice the discerning use of the term "illness" by the authors and also the degree of disability of the patient – it appears to be almost above 85% at least. On these grounds I presume the step of REASSURANCE in the MANAGEMENT should have occupied more detail. I am sure the authors have done such a good analysis that this detail would have missed them. But the important signs of ILLNESS the authors speak should have included the details of the "MUCH CONCERN ABOUT THE ILLNESS" and the "REQUEST FOR MEDICINE TO CURE HER SYMPTOMS". The art and science of REASSURANCE is totally dependent on these 2 statements as quite rightly the authors have mentioned. The discussion would have been more helpful if these were elicited and detailed in the examination section of the case history. What are the CONCERNS about the illness THIS PATIENT had and the what are the SYMPTOMS for which this patient requested medications? The outcome of this consultation probably would depend on the management of these 2 key issues. REASSURANCE will depend on eliciting what exactly are the concerns - ANY FEARS, FEAR OF THE UNKNOWN, FEAR OF PARALYSIS, FEAR OF CANCER, FEAR OF BEING BED BOUND AND HOUSE BOUND in Sinhala "ek than veyida ?" etc, etc. The reassurance of this patient will be complete with this discussion I feel. Thank you again Drs Seneviratne and De Silva for having started this valuable discussion.

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NB:
Postgraduate students in Family Medicine are encouraged to read the following 3 reviews of the subject :

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Dear Ananda
I do agree and thank you for your comments. The concept of "ICE"-patients ideas, concerns and expectations were taken into consideration with due respect to the patient in this situation.

Editor

SUBSTANCE USE DISORDER (SUD)

By Nalin K. Ashubodha MD

Above disorder is also known as a drug use disorder, is a medical condition in which the use of one or more substances leads to a clinically significant impairment or distress. [Ref.1]

Drug classes that are involved in SUD include in the following frequency in Sri Lanka

1. **ALCOHOL** (Beer, imported whisky, brandy rum etc... and locally manufactured alcohol sold legally- arrack and illicit liquor such as kassippu, amerijan, toddy...etc - sold illegally) Prevalence estimates for alcohol use disorders (12-month prevalence, %)
   Female (15+ years) Year 2004 - 0.44
   Male (15+ years) Year 2004 - 4.34 (Ref. 2)

Prevalence estimates for drug use disorders (12-month prevalence, %)
Female (15+ years) - Year 2004 - 0.11
Male (15+ years) - Year 2004 - 0.40 (Ref. 2)

2. **TOBABACCO** - include Cigarettes, betel chewing with tobacco, rolled up locally manufactured "beedi" with no filters. Hookas and inhalent/snuffed tobacco is not common in Sri Lanka.
   Cigars may be used in the upper class of Sri Lankans but not common.

Adult smoking (15+ years of age) using tobacco daily in 2015 was at 28.4%.

Even though fewer men smoke on average in Sri Lanka than on average in HDI countries, there are still more than 1,619,800 men who smoke cigarettes each day, making it an ongoing and dire public health threat.

Children smoking (10-14 Y.O.)
Using tobacco daily in 2015 was 0.45%

Even though fewer boys smoke in Sri Lanka than on average in HDI countries, there are still more than 3,700 boys who smoke cigarettes each day, making it an ongoing and dire public health threat (Ref.4).

3. **CANNABIS / MARIJUANA** - Ganja, kerala ganja (KG) Other words used for above include Hemp, Bhang, Ganjika, Qunubu and Hashish- though these names are not used in Sri Lanka. (Ref. 5)

Below is a legally grown cannabis plantation in Sri Lanka.

Weed Infused Candy?
A few years ago, protective Sri Lankan parents had the scare of their lives when local "petti kades" were reportedly selling "Madana Modaka", an ayurvedic cannabis-infused drug, to unwitting school children at Rs.5 a packet. Parents were afraid that their children, mistaking the drug for a toffee, would unknowingly consume it and eventually get addicted to the substance. (Ref.6)

4. **SEDATIVES** - Sedatives in Sri Lanka are sold at certain pharmacies without prescription. Sedatives of all types are used in Sri Lanka by all age groups, addicts and non-addicts.

   At times when the addictive drug they are using is not available, ADDICTS resort to the following in Sri Lanka.

4.1 Diazepam and other Benzodiazipines- In Sri Lanka the street name for diazepam is "nilla soya". The educated use it's trade name -Valium

4.2 Phenobarbitone- street names include barbitone, barbital and PB.

4.3 **CODEINE PHOSPHATE** - they whack the whole bottle to get the kicks, instead of tea/table spoons. Commonly used are-

CREX D AND ACTIFED DM. Syrups SOME addicts NOT KNOWING THE EFFECTS, ABUSE PLAIN COREX AND OTHER VARITIES OF ACTIFED syrups.

Cont. on page 05

4.4 **TRAMADOL ABUSE** - When the ideal drugs - alcohol or heroine - are not available, they retort to Tramadol (Ref 7.)

4.5 Strong sedatives are not commonly used but the affluent use it in this island of ours.

5. **HEROIN - SEMI SYNTHETIC OPIOID DRUG**
Street names in Sri Lanka are "kudu", dope, brown sugar and junk.

In Sri Lanka, it is mostly used by snorting insufflation or by heating it in an aluminium foil / spoon.

HEROINE SNORTED - SEE PHOTO BELOW

6. **INJECTABLE DRUGS** - Injectable drug users are on the rise in Sri Lanka. Injecting drug users (per 100'000 inhabitants) -

Number of injecting drug users: The number of intravenous drug users was estimated to be between 5-6% of the total drug using population (Ref.3).

COCAINE - Street names used in Sri Lanka include - Crack cocaine and Rush.

'Krokodil' - It combines codeine, lighter fluids, gasoline, paint thinner, alcohol, and other ingredients. A deadly drug which has entered Sri Lanka (Ref.8).

In my practice I have seen Sri Lankan basses using thinner, perfumes, eau -de cologne and petroleums. I came across only one case of Krokodil user.

7. **CLUB DRUGS** - These are used at parties and raves in Sri Lanka. It has been associated with beach boys and "Hikka fest" in Hikkaduwa.

7.1 **MDMA** - Methylene- dioxy -methamfetamine- Street names used are Ectasy, Hug drug and Lovers speed.

ICE is a slang term for methamphetamine. Ice is a very pure form of meth containing large amounts of dextromethamphetamine and very little levomethamphetamine. Dextromethamphetamine (d-methamphetamine) is responsible for euphoria and other addictive properties of meth (Ref.9)

7.2 **GHB** - Gamma - hydroxybutyrate - Street names include Liquid Ectasy, nitro, and bodily harm not very common in Sri Lanka though available. (Ref.10)

7.3. **GBL** - CHEMICAL PRECURSOR OF GHB
Street names are Blue Nitro, Nectar and Revitalize plus - though not very common in Sri Lanka (Ref. 11).

7.4 Flunitrazepam (Rohypnol) - Street names in Sri Lanka are Resto and Roche.

7.5 Ketamine (Ketalar) - Street names in Sri Lanka are Kit Kat, Special K and Vitamin k.

8. **Combinations**
Flakka (also called gravel or flocka) is a combination of heroin and crack cocaine , or heroin and methamphetamines, but in reality, Flakka is just a newer-generation version of a type of synthetic drug called bath salts (MDPV). Bath salts, in general, are psychoactive synthetic drugs (designer drugs) made in large quantities in foreign drug labs (Ref.12)

9. **LSD**
LSD (lysergic acid diethylamide), first synthesized in 1938, is an extremely potent hallucinogen. It is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is produced in crystalline form and then mixed with excipients, or diluted as a liquid for production in ingestible forms. It is odorless, colorless and has a slightly bitter taste. LSD is sold in tablet form (usually small tablets known as Microdots), on Sugar Cubes or in thin squares (Ref . 13).

LSD has been used at Hikka fest.

10. Newer drugs entering Sri Lanka - these are mostly combinations just like ICE mentioned earlier.

Vanilla - scented fumes of yaba, a small pink pill that is rapidly sweeping Asia, its rise powered not just by its saccharine aroma, but also by its primary active ingredient - methamphetamine.

Cont. on page 06

Bangladesh is the latest country to fall for this neatly packaged dose of stimulants that includes caf-feine, vanilla flavorings and bulking agents along with the meth. It's usually smoked off tinfoil, as the pill melts and the user inhales plumes of vanilla-scented vapor. A densely populated nation of some 150 million people (Ref 14), Bangladesh is now on the front lines of the yaba epidemic (Ref 15).

This drug is known to come from India to Sri Lanka hence the street names are Calcutta yaba or Ma-nipur yaba. To be frank I have not yet seen a case of yaba.

Worldwide some 275 million people were estimated to have used an illicit drugs in 2016. Of these 27 million have high-risk drug use otherwise known as recurrent drug use, causing harm to their health, psychological problems, or social problems or puts them at risk of these dangers.

in 2015 substance use disorders resulted in 307,400 deaths, up from 165,000 deaths in 1990. Of these, the highest numbers are from alcohol use disorders at 137,500, opioid use disorders at 122,100 deaths, amphetamine use disorders at 12,200 deaths, and cocaine use disorders at 11,100. The number of deaths directly caused by drug use has increased over 60 percent from 2000 to 2015.

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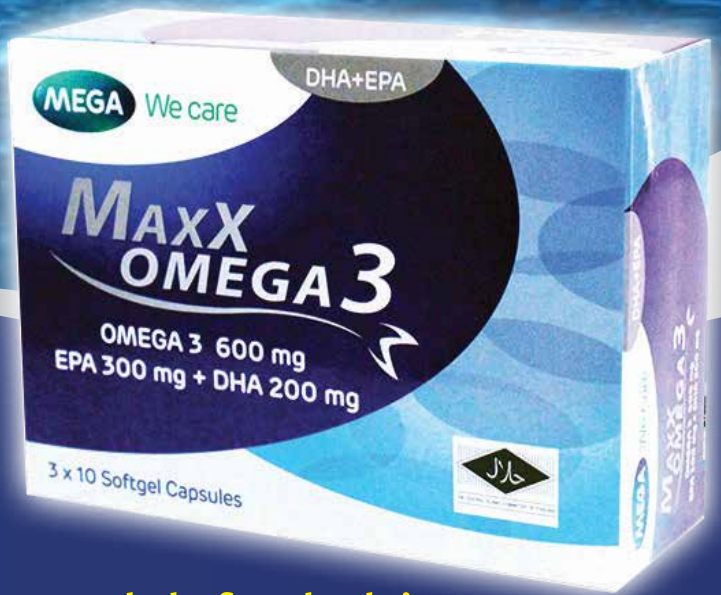

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