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ABSTRACTS

Oral and Poster Presentations

at the

84th Annual Academic Sessions

of the

GALLE MEDICAL ASSOCIATION

24th - 26th September 2025

at the

T. W. Wikramanayake Auditorium

Faculty of Medicine

University of Ruhuna

Galle, Sri Lanka



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From the GMA Editors

It gives us great pleasure to present this collection of abstracts of the free paper sessions of the 84th Annual Academic Sessions of the Galle Medical Association (GMA), published online as a supplement to the *Galle Medical Journal* (GMJ).

The Annual Academic Sessions, held from 24th to 26th September 2025 at the T W Wikramanayake Auditorium, Faculty of Medicine, University of Ruhuna, is the pinnacle of the academic calendar of the GMA. It brings together a diverse assembly of healthcare professionals and experts in related disciplines, providing an opportunity to share the research and clinical insights on common or emerging health problems in Sri Lanka and beyond. The theme of this year's GMA Academic Sessions - 'Health Frontiers through Technological Advancement and Advanced Medical Education' - is a testament to its commitment to keeping up with recent healthcare advancements.

Moreover, the GMA Academic Sessions offers a platform for researchers across Sri Lanka to disseminate their research findings on a wide array of topics related to health sciences, selected through a rigorous and unbiased review process that encourages the highest standards of scientific and ethical practices.

As the co-editors, we congratulate all authors whose valuable work has been selected for presentation at the GMA Academic Sessions. We are grateful for the trust you placed in the GMA and wish you good luck in your presentations at the forthcoming sessions.

Champa Wijesinghe

Harshani Thabrew

Co-Editors – The Galle Medical Association

Oral Presentation - 01**Audit on the Rational Use of Computed Tomography Brain in Mild Head Injury Patients Presenting to the Accident & Emergency Department of a Tertiary Care Hospital****Basnayake IU, Pusparasa S***Colombo South Teaching Hospital, Kalubowila, Sri Lanka.***Introduction:**

Mild head injury is a common presentation in emergency departments. The overuse of Computed Tomography (CT) imaging not only contributes to unnecessary radiation exposure and increased healthcare costs, but also burdens limited radiological resources. This audit aimed to assess the appropriateness of CT brain scan requests in patients presenting with mild head injury, based on established clinical guidelines.

Methods:

A retrospective data collection was conducted using a structured form for all patients with mild head injury [Glasgow Coma Scale (GCS) score 12-15] who presented to the Accident and Emergency Department of Colombo South Teaching Hospital, Kalubowila during the audit period of 02 months (01/04/2025 - 31/05/2025). Data on demographics, mechanism of injury, GCS score, presence of guideline-based indications for CT, CT findings and appropriateness of scan requests were analysed. Patients who presented with moderate to severe head injury were excluded from the study.

Results:

A total of 48 patients were included (median age 63.5 range 14 - 90 years; male - 83.33%) with falls at ground level (n=24) and road traffic accidents (n=12) being the leading mechanisms of injury. All patients had a GCS score of 13 -15 on arrival. Immediate CT indications were present in 18 (37.5%) and delayed indications in 02 (4.16%) of the cases. CT was performed in 42 (87.5%), and among those, 08 (19%) were positive for traumatic brain injury. Appropriate indication rate (47.6%) of CT requests aligned with national guidelines, while 52.3% were not clearly indicated. Documentation of CT indications in clinical notes was lacking in 40 (95.2%) of the cases.

Conclusion:

The audit reveals a moderate level of adherence to guideline-based indications for CT in mild head injury. A significant proportion of scans were performed without clear documentation or indications. Educational interventions and implementation of standardised protocols are recommended to promote rational CT use and ensure patient safety.

Oral Presentation - 02

Prescribing Pattern of Antibiotics for Common Infections in an Inpatient Tertiary Care Setting in Southern Sri Lanka

Dewmini KLD¹, Ranathunga TK¹, Perera AMS¹, Amaraweera D¹, Abeygunawardhana NTB¹, Yasara HWN¹, Sinhabahu TK², Jayasekera K³, Lekamwasam S¹, Piyasiri DLB³, Fonseka CL¹

¹Department of Medicine, ²Department of Pharmacology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.

³Microbiology Department, National Hospital Galle, Sri Lanka.

Introduction:

Appropriate antibiotic use is vital in addressing the global threat of antibiotic resistance. This study assessed inpatient antibiotic prescription patterns at the National Hospital Galle, comprising medical, surgical, paediatric, psychiatric wards and ICUs, to guide stewardship interventions.

Methods:

A retrospective analysis was done using bed head tickets (BHTs) of patients treated for pneumonia, cellulitis, urinary tract infections (UTIs), and sepsis from January 2023 to June 2024 at National Hospital Galle. Antibiotic choice and appropriateness were evaluated according to the Empirical Use of Antimicrobials National Guidelines 2024.

Results:

Among 489 patients, 18.8% (n=92) had cellulitis, 29.0% (n=142) UTIs, 38.2% (n=187) pneumonia, and 12.7% (n=62) sepsis. Appropriate empirical therapy was observed in only about half of the patients, with lower rates in pneumonia (42.1%) and sepsis (43.5%). Broad-spectrum antibiotics were used most frequently in sepsis (21.0%) compared

to pneumonia (5.3%), UTIs (9.9%), and cellulitis (1.0%). Prolonged antibiotic use (>7 days) was highest in sepsis (25.4%), but also notable in cellulitis (19.3%) and pneumonia (17.0%). Use of more than two empirical antibiotics was strikingly high in cellulitis (69.3%) and pneumonia (62.9%), indicating overtreatment. Meropenem and piperacillin-tazobactam were used mainly in sepsis (9.7% and 3.2%, respectively), though occasional use in pneumonia and cellulitis suggested inappropriate escalation. The highest percentage of the therapy escalation was required in sepsis (33.9%). Redundant use of ceftriaxone was common, especially in cellulitis (37.4%), highlighting poor stewardship practices. Mortality was highest in sepsis (59.7%) and pneumonia (18.2%), compared to UTIs (2.8%) and cellulitis (3.1%).

Conclusion:

Inappropriate antibiotic use and poor adherence to guidelines were common, especially in sepsis and pneumonia. Strengthened stewardship, audits, and guideline reinforcement are needed to optimise therapy and improve the outcome.

Oral Presentation - 03

Antimicrobial Stewardship in the Management of Sepsis and Outcomes

Jayawardena SC¹, Dewmini KLD¹, Sabeeha MMF¹, Wijesuriya NT¹, Samarakkodi CP¹, Yasara HWN¹, Sinhabahu TK², Jayasekera K³, Lekamwasam S¹, Piyasiri DLB³, Fonseka CL¹

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³Microbiology Department, National Hospital Galle, Sri Lanka.

Introduction:

Sepsis remains a leading cause of morbidity and mortality worldwide. Timely initiation of appropriate empiric antibiotics is crucial, while inappropriate use contributes to poor outcomes. This study evaluated the appropriateness of patient assessment and empiric antibiotic therapy in sepsis at a tertiary care hospital and its outcomes.

Methods:

A retrospective review of bed head tickets (BHTs) was conducted for patients treated for sepsis from January 2023 to June 2024 at National Hospital, Galle. Antibiotic appropriateness was assessed using the Empirical Use of Antimicrobials National Guidelines 2024. Patients were triaged with the age-appropriate Emergency Treatment Unit (ETU) scale, which considers waiting time, airway, respiratory rate, oxygen saturation, systolic blood pressure, pulse, and GCS, with severity rising from category 4 to 1.

Results:

Among 48 patients, 43.8% were male and 56.3% female. Triage was completed in 60.4%, not done in 12.5%, and data were missing in 27%, reflecting gaps that could delay antibiotics. Most were in less severe categories: 3 (29.2%) and 4 (25%), while only 2.1% and 4.2% were in more severe categories 1 and 2. Appropriate empiric therapy was given in 31.3% of cases. Inappropriate use resulted from failure to administer both ceftriaxone and gentamicin (31.3%), failure to administer only gentamicin (35.4%), and failure to administer only ceftriaxone (2.1%). Second- and third-line antibiotics were used in 35.4% and 6.3% of patients, reflecting frequent escalation. Clinical outcomes were poor: 42.9% developed septic shock requiring inotropes, 14.3% required ICU admission, and overall mortality reached 43.8%.

Conclusion:

Nearly half of patients progressed to septic shock, highlighting the consequences of delayed or inappropriate empiric therapy and incomplete triage. Strengthening antimicrobial stewardship with consistent triage and strict adherence to national guidelines is essential to improve outcomes.

Oral Presentation - 04**Factors Affecting Lecture Attendance through Perspective of Pre-clinical Students in Faculty of Medicine, University of Ruhuna****Egodage UK, Wijewickrama C, Thabrew I, Thilakarathne S, Gunawardana S***Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.***Introduction:**

Regular lecture attendance is important for academic success and professional development in medical education. At the Faculty of Medicine, University of Ruhuna, lecture attendance is not mandatory. This study describes the perceptions of pre-clinical students of the Faculty of Medicine, University of Ruhuna on factors affecting lecture attendance.

Methods:

An observational cross-sectional study was conducted among all pre-clinical students (first- and second-year medical students) using an anonymous, self-administered online questionnaire. The questionnaire collected demographic information, frequency of lecture absenteeism, and students' perceptions regarding lecture attendance. Perceptions were assessed using a 5-point Likert scale.

Results:

Of the 602 students invited to participate, 369 responded, with a response rate of 61.3%. After excluding incomplete responses, only 302 were analysed. Age of most fell within 21-23 years age group and majority were females (71.9%). Commonly cited reasons for lecture absenteeism were poor teaching style (57.6%) and inability to concentrate for more than two hours (57.3%).

Language (79.8%), seniors' advice (94.7%), intimidation (61.2%), tardiness (65.9%) and non-compulsory nature of lectures (58.9%) were cited as factors that have not influenced their decision to attend lectures. Few were absent due to poor mental (8.6%) or physical (13.9%) health, interpersonal (2.3%) or family issues (0.7%), poor lecture hall facilities (3.3%), part-time jobs (1%), extracurricular activities (4.6%) and influence of recreational drugs (0.7%). Majority preferred to attend lectures of lecturers with strong academic knowledge (87.7%), presentation skills (98.7%), engaging teaching styles (86.8%), delivering exam-focused (94.7%) or up-to-date (91.7%) information. The study found no statistically significant association between lecture attendance and socio-demographic factors such as gender, travel time, district of entry, or family income of the students.

Conclusions:

Lecturer-related factors played a major role in determining lecture attendance with students being more likely to attend lectures delivered by lecturers who were interactive, engaging, exam-oriented, or perceived as highly knowledgeable. Therefore, it is recommended that lecturers adopt interactive and engaging teaching methods while maintaining up-to-date knowledge to enhance lecture attendance among students.

Oral Presentation - 05

Rabies Exposures, Post-exposure Prophylaxis and Public Awareness Among Patients Attending Rabies Clinic in a Tertiary Care Hospital in Southern Sri Lanka

Wickramasinghe SS, Liyanage UP

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²*Department of Mathematics, Faculty of Science, University of Colombo, Sri Lanka.*

Introduction:

Exposure to rabies virus through animal-bite injuries is a serious public health problem. Regular surveillance of animal bites and enhancing public awareness are essential steps in prevention and control of rabies as the Sri Lankan government has set the target of zero rabies by 2030. We aimed to describe the rabies exposures, Post-Exposure Prophylaxis (PEP), awareness and its associated factors among patients attending rabies clinic in National Hospital, Galle.

Methods:

A cross-sectional study was conducted using an interviewer-administered questionnaire from April to June 2025. All consecutive patients belonging to WHO exposure categories II and III were included. Details of socio-demographic characteristics, animal exposure, PEP and associated factors were collected. The Odds Ratios (OR) and 95% Confidence Interval (CI) were calculated using logistic regression. A p -value <0.5 was considered as significant.

Results:

Of 401 participants, mean age was 35.9 (SD $\pm$ 23.2) years; majority (42.6%) were aged between 25-64 years and 54.6% were females. The pet owners were 67.6% and among them 30.4% allowed their pets to roam around freely without caged.

Of all, 33.3% had previous exposure history. Dogs accounted for 61.3% bites and 47.4% injuries occurred at home. The 4-site ID rabies vaccine schedule was administered to 44.1%. Mean values of knowledge and attitudes of participants were 6.2 ($\pm$ 1.6) from a maximum of 8 and 6.4 ($\pm$ 2.4) from a maximum of 12 respectively. Overall, 46.4% had good knowledge whereas 44.9% had positive attitudes. A significant association was shown between knowledge and attitudes ($p=0.03$, OR=1.5, 95% CI: 1.03, 2.28). Pet ownership was significantly associated with good knowledge ($p=0.004$, OR=1.92, 95% CI: 1.23, 3.0). Positive attitudes were observed with increasing age ($p=0.001$, OR=2.8, 95% CI: 1.7, 4.8) and among the participants who did not have pets ($p=0.02$, OR=1.8, 95% CI: 1.11, 2.72).

Conclusion:

Preventing animal bites, improving public health awareness, and implementation of responsible dog ownership would be key strategies for more effective prevention and control towards rabies elimination in Sri Lanka.

Oral Presentation - 06

Comparative Effectiveness of Myofascial Release and Conventional Electro-therapy on DASH Score Improvement in Bicipital Tendinopathy: A Randomised Controlled Trial at the National Hospital, Galle

De Silva YSH¹, Weeraratna TP², Samarawickrama MB³, Gunawardena S⁴, Amerasinghe DMY⁴, Thebuvanaarachchi ST¹, Perera K¹, De Silva OL⁵, Perera HMD⁶, Ransara HGS¹

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²*Department of Medicine,* ³*Department of Anatomy,* ⁴*Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.* ⁵*Emergency Treatment Unit, National Hospital of Sri Lanka.* ⁶*Sri Lanka Foundation Institute.*

Introduction:

Bicipital tendinopathy is a common cause of anterior shoulder pain and functional limitation. Conventional electrotherapy (CE) such as ultrasound and TENS is widely used, while myofascial release (MFR) has emerged as a promising alternative. This trial compared the effectiveness of MFR and CE in improving functional outcomes using the Disabilities of the Arm, Shoulder and Hand (DASH) score.

Methods:

A randomized controlled trial was conducted at the Sports Medicine Unit, National Hospital, Galle, on patients with anterior shoulder pain. One hundred patients (80 males, 20 females; aged 18-65 years) with clinically diagnosed bicipital tendinopathy were recruited through purposive sampling, with sample size calculated using G-power 3.1. Inclusion criteria were anterior shoulder pain with point tenderness of the long head of biceps (LHB) in the bicipital groove at 10° internal rotation. Exclusion criteria included prior MFR or CE within two weeks and fractures around the shoulder. Participants were randomized into two groups (n=50 each) using computer-generated numbers. The MFR group received manual therapy, while the CE group received

ultrasound or TENS on days 1, 5, and 10. Data were collected through an interviewer-administered questionnaire, with DASH scores recorded pre-treatment (day 1) and post-treatment (day 14). Analysis was performed using SPSS Version 26. Blinding was not feasible due to the nature of interventions. Ethical approval was obtained from the Ethics Review Committee, Faculty of Medicine, and University of Ruhuna.

Results:

Mean pre-treatment DASH scores for MFR and CE groups were 76.52±15.85 and 80.88±22.53 ($p=0.2658$). Post-treatment scores were 48.73±10.65 and 77.26±23.52 ($p<0.0001$). Both groups improved significantly ($p<0.0001$), but the greater reduction in the MFR group (35.2±11.8% vs 5.01±7.9%) was statistically significant ($p<0.0001$).

Conclusions:

Myofascial release produced significantly greater functional improvement than CE in patients with bicipital tendinopathy at the Sports Medicine Unit, National Hospital, Galle, supporting its use as an effective rehabilitation strategy.

Oral Presentation - 07

Comprehension and Satisfaction in the Informed Consent Process: A Cross-Sectional Study Among Elective Surgery Patients at National Hospital Galle**Dissanayake DMNI¹, Jayathilaka RGGM¹, Kaushalya DHV¹, Samarawickrama MB²**¹*Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna, Galle, Sri Lanka.*²*Department of Anatomy, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.***Introduction:**

Informed consent plays a critical role in safeguarding patient autonomy and supporting ethical medical practice, especially in surgical settings. However, the effectiveness of this process depends not only on providing information but also on ensuring that patients truly understand it. The study aimed to assess whether patients who undergo elective surgery at National Hospital Galle receive comprehensive, clear, and relevant information during the informed consent process and their level of understanding of the informed consent process.

Methods:

A descriptive cross-sectional study was conducted among 302 patients undergoing elective surgeries in the National Hospital Galle. Participants were selected using a convenient consecutive sampling method. Data were collected using a pretested, interviewer-administered questionnaire. Comprehension was evaluated in two dimensions: overall comprehension (based on essential information expected during informed consent) and comprehension of received information (based only on what the patient reported having been told). Data were analysed using *SPSS* version 25 with descriptive statistics and non-parametric tests.

Results:

The study revealed that only 0.7% (n=2) of participants demonstrated excellent overall comprehension, while 47.6% (n=144) had good comprehension and 51.7% (n=156) had poor comprehension. Analysis of the information received showed significant gaps: only 22.2% (n=67) were informed regarding surgical risks, while 4.0% (n=12) were informed regarding anaesthesia-related risks, and 23.2% (n=70) of alternative treatment options. In contrast, comprehension of received information was much higher. Out of all participants, 77.2% (n=233) showed an excellent understanding, and 22.8% (n=69) had a good understanding. This suggests that patients were generally capable of understanding the information provided, but the overall quality of the information shared during the consent process was inadequate.

Conclusion:

The study highlights a clear disparity between the patients' ability to understand and the completeness of the information provided. These findings underscore the need for standardised, comprehensive, and patient-centred communication during the consent process to ensure ethical and informed surgical care.

Oral Presentation - 08**Diagnostic Value of Single High-Sensitivity Cardiac Troponin I Level in Patients Presented to Emergency Treatment Unit with Suspected Myocardial Infarction****Begum MAA¹, Wickramatilake CM², Dissanayake M³**¹*Department of Medical Laboratory Science, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka.*²*Department of Biochemistry, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.*³*Department of Chemical Pathology, National Hospital Galle, Sri Lanka.***Introduction:**

Adopting rapid and reliable diagnosis of patients with suspected myocardial infarction (MI) in emergency settings is crucial for appropriate resource management and improved patient outcomes. High-Sensitivity Cardiac Troponin I (Hs-cTnI) assays have been proposed for MI evaluation and can effectively rule-out MI. However, inappropriate hs-cTnI testing of triage patients with acute chest pain can result in increased healthcare burden. In local setting limited data are available on diagnostic value hs-cTnI as a single measurement. This study aimed to assess the diagnostic value of single hs-cTnI level in patients presented to Emergency Treatment Unit (ETU) with suspected MI.

Methods:

A prospective observational study was conducted over 30 days at the National Hospital Galle, Sri Lanka. Adult patients presented to the Emergency Treatment Unit with features suggestive of acute coronary syndrome (ACS) who underwent hs-cTnI assay using the VITROS^R 3600 analyser were recruited. Patients were categorized as 'rule-out' (<2 ng/L), 'rule-in' (≥ 40 ng/L) or 'observe' (2-39 ng/L) according to predefined assay specific thresholds. The final diagnoses were adjudicated by cardiologists. Categorisation of a single measurement was validated against these adjudicated diagnoses and sensitivity, specificity,

predictive variables and area under Receiver Operating Characteristics curve (AUC) were calculated.

Results:

Out of 249 patients suggestive of ACS, 110 patients whose cTnI analysis was performed by the chemiluminescence immunoassay technique were included in final analysis. At presentation, 14.5% were 'rule-out', 49.1% were 'rule-in', and 36.4% were categorised into 'observe' category. MI was confirmed among 41.8% of the patients and non ST-elevation MI (73.9%) was predominant. There was no missed MI cases in the 'rule-out' group. Application of single measurement strategy achieved negative predictive value (NPV) and sensitivity of 100.0% for the rule-out threshold. However, the rule-in threshold showed a PPV of 61.5% and specificity of 48.7%. The overall diagnostic accuracy was excellent, as shown by an AUC of 0.831.

Conclusions:

A single hs-cTnI measurement at presentation demonstrated excellent NPV and sensitivity for ruling-out MI, supporting its safe use in low-risk patients. However, due to lower PPV and specificity, serial testing are recommended for accurate rule-in MI. These approaches would improve patient flow while optimising the use of hospital resources.

Oral Presentation - 09

Clinical Presentations, Management and Outcomes of *Physalia physalis* Injuries: The First Scientific Study in Southern Sri Lanka**Ruben J¹, Kalansuriya P¹, Warakagoda UB², Jayaweera M²**¹*Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.*²*National Hospital Galle, Sri Lanka.***Introduction:**

A marine hydrozoan *Physalia physalis* envenomates ocean visitors and causes a number of hospital admissions each year. Moreover, the exact number of victims seems underreported. This study aims to observe and review the patient's clinical conditions and management reported in the Southern province of Sri Lanka.

Method:

A non-probability referral sample of 32 patients admitted to the National Hospital Galle and other hospitals, including private sector facilities was interviewed to ascertain the mechanism of injury, clinical presentations, complications, and the management provided.

Results:

The *Physalis* injuries were only reported from June to the end of August. The majority of the patients were adult males (62.5%) and females (14.3%) and the rest were children. Twenty-eight patients (88%) had injuries on the trunk (between the hip and shoulders) and on the upper limbs.

Those who were envenomated on thin-skinned areas experienced immediate pain at the site of injury, followed by adjacent lymph node pain and weakness of affected limbs, which forced them to exit the water. However, four patients (12.5%) developed delayed weakness in muscle movements after contact on thick-skinned areas, which made them vulnerable to drowning. Most victims and medical staff had minimal knowledge of the cause of injury and the management. Patients were managed with pain relief and medication for allergic reactions in the wards, with an average hospital stay of three days. No fatal cases were reported. However, six patients reported a maculopapular skin rash after three to four days.

Conclusion:

Physalis injuries seem easily prevented by avoiding sea baths in June to August on the Southern and South-west coasts. Wearing a long-sleeved wet suit may also prevent injuries. Awareness programmes and management protocols should be developed to fill the knowledge gap of medical teams who are involved in the management.

Oral Presentation - 10**Compliance and Knowledge on Oral Corticosteroids Therapy Among Patients Attending Outpatient Clinics at National Hospital Galle: A Hospital Based Cross Sectional Study****Sankalpa NGVR¹, Jayathilake HMSR¹, Prabodha HBKK¹, Gunawardena S²**¹*Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka.*²*Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.***Introduction:**

Oral corticosteroids (OCS) are commonly used in treating inflammatory diseases and autoimmune diseases, but they have a significant risk of adverse effects. Global studies show variability in patient compliance and knowledge regarding OCS therapy while there is limited information available from Sri Lanka. This study aimed to assess knowledge and compliance regarding OCS therapy among patients attending Neurology, Dermatology and Rheumatology clinics at National Hospital Galle (NHG) and to identify socio-demographic and clinical factors that influence these outcomes.

Methods:

This is a hospital-based cross-sectional study, conducted on 240 patients between 18 - 80 years of age. We used a validated, interviewer-administered questionnaire to assess knowledge (12 questions), and compliance (10 questions) on OCS therapy. Compliance was categorised as Compliant, Probable Compliant, Probable Low Compliant and Low Compliant depending on the number of screens they responded. We analysed associations with socio-demographic and clinical factors, using Fisher's exact test and Chi-square tests.

Results:

Only 22.9% of the respondents reported good compliance while, 26.7% indicated probable non-compliance to the prescribed OCS therapy. Although 32.5% reported that, OCS therapy is a highly effective medication, the knowledge regarding adverse effects such as osteoporosis (45.4%) and immunosuppression (35.8%) was limited. Age ($p=0.014$), marital status ($p=0.042$), income ($p=0.002$), educational levels ($p=0.000$), and ethnicity ($p=0.000$) were associated with knowledge. Compliance was associated similarly with ethnicity, education, employment status and polypharmacy. Well educated younger population and those who were employed indicated better compliance and knowledge regarding OCS therapy. In contrast, elderly participants, ethnic minority groups, individuals with lower education and patients on multiple medications demonstrated poorer compliance and knowledge.

Conclusions:

This study showed significant gaps in knowledge and compliance regarding OCS therapy, mainly among older population and socioeconomically disadvantaged groups. Therefore, implementing culturally sensitive patient education and simplified treatment plans are essential to achieve better patient outcomes. Providing self-awareness materials and conducting further studies on this area could enhance patient knowledge and compliance.

Oral Presentation - 11

Neonatal and Maternal Outcome Following Pre-labour Rupture of Membranes at Term in the German Sri Lanka Friendship Hospital for Women (GSLFHW)**Gunarathna KA, Senevirathne TACM**¹*Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.***Introduction:**

Pre-labour rupture of membranes (PROM) at term is a significant contributor to maternal and neonatal morbidity and mortality in modern obstetric care. This study aims to identify the incidence of PROM at term in GSLFHW and determine the maternal and fetal complications.

Methodology:

A descriptive cross-sectional study was conducted at the GSLFHW over 3 months, from 1st March 2025 to 31st May 2025. A total of 97 pregnant women diagnosed with term PROM were included. Data were collected using a structured questionnaire and analysed using SPSS version 27. Maternal infection was defined as postpartum fever requiring antibiotics (endometritis, wound, or urinary infection). Neonatal infection was defined as clinical sepsis or pneumonia requiring antibiotics. CTG findings were classified as normal, suspicious, or pathological according to NICE guidelines. Incidence was calculated as the number of term PROM cases recorded in the hospital delivery register during the study period divided by total deliveries at the hospital in the same period. Descriptive statistics were used, and a p -value of <0.05 was considered statistically significant.

Results:

The incidence of term PROM during the study period was 6.6%. The mean age of the study participants was 28.69 ± 5.22 years. Most mothers were primiparous (66%) and had completed 39 weeks of gestation (40.2%) at the time of PROM diagnosis. A majority (71.1%) were in early labour at diagnosis and were allowed to progress spontaneously. Among those assessed, 19.6% were managed expectantly until the onset of labour, while only 9.3% required emergency cesarean section at the time of diagnosis of PROM. Postpartum maternal infections were observed in 20.6% of cases, and neonatal infections in 14.4% of cases. Maternal infections were significantly associated with a higher number of vaginal examinations ($p=0.001$) and lower parity ($p=0.027$). Neonatal infections showed a marginal association with pathological CTG findings and the number of vaginal examinations.

Conclusions:

The incidence of term PROM in this study setting was lower than in comparable international data. However, a higher number of vaginal examinations and lower parity were significantly associated with maternal infections. These findings highlight the importance of minimising invasive procedures and vigilant monitoring of high-risk mothers to reduce infection-related complications.

Oral Presentation - 12**Thera-Band Exercise Versus Electro-physiotherapy on Strength and Pain Outcomes in Elite Martial Artists with Iliotibial Band Syndrome: A Randomised Controlled Trial at National Hospital Galle**

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²*Department of Medicine,* ³*Department of Anatomy,* ⁴*Department of Physiology,* ⁵*Department of Parasitology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.*

Introduction:

Iliotibial Band Syndrome (ITBS) is an overuse injury among elite martial artists, causing pain and diminished muscle strength. The objective of this study was to evaluate the effectiveness of Thera band exercise programme (TBEP).

Methods:

Sixty elite martial artists presenting to Sports Medicine Unit National Hospital Galle with ITBS were recruited and randomly assigned to either the control group (CG), receiving standard electro-physiotherapy (EPT) (n=30) or the intervention group (IG), receiving a TBEP (n=30). Abductor muscle strength (ABS) and pain score (PS) were measured on Days 1, 14, and 28 using a hand-held dynamometer (HHD) and visual analog scale (VAS), respectively. Both groups received standard non-steroidal anti-inflammatory treatment. Statistical analyses were performed using repeated measures ANOVA with post hoc tests to determine significance.

Results:

Baseline characteristics between CG and IG were almost equal including Body Mass Index (23.56 vs. 24.12), male-to-female ratio (16:14 vs. 17:13), and mean age (18.26±1.24 vs. 18.89±1.43 years)

respectively. Within-group analysis showed that in CG, mean differences (MD) in ABS were 7.40N (Day14 - Day1, $p=0.782$), 11.88N (Day 28 - Day 1, $p=0.089$), and 4.48N (Day 28 - Day 14, $p=0.148$), with no statistically significant changes. In the IG, the MD in ABS were 47.36N (Day 14 - Day 1, $p<0.001$), 153.52N (Day 28 - Day 1, $p<0.001$), and 106.16N (Day 28 - Day 14, $p<0.001$), all statistically significant. For PS, the CG showed MDs of -0.69 (Day14 - Day1, $p=0.834$), -2.44 (Day 28 - Day 1, $p=0.501$), and -1.75 (Day 28 - Day 14, $p=0.436$), with no statistically significant reductions. In IG, MDs in PS were -4.22 (Day 14 - Day 1, $p<0.001$), -7.44 (Day 28 - Day 1, $p<0.001$), and -3.22 (Day 28 - Day 14, $p<0.001$), all statistically significant. Between-group analysis for ABS showed no statistically significant difference on Day 1 (MD=2.02N, $p=0.756$), whereas significant differences were observed on Day 14 (MD=38.06N, $p<0.001$) and Day 28 (MD=139.62N, $p<0.001$). Similarly, for PS, no significant difference was found on Day 1 (MD=0.42, $p=0.782$), but significant differences were observed on Day 14 (MD=3.11, $p<0.001$) and Day 28 (MD=4.58, $p<0.001$).

Conclusion:

The intervention with TBEP proved significantly more effective than the standard EPT treatment in ITBS.

Poster Presentation - 01

Undernutrition and Its Determinants Among Children Aged 6-24 Months Attending a Tertiary Care Hospital: A Cross-Sectional Descriptive Study**Mannapperuma MBN¹, Ganesan S²**¹Postgraduate Institute of Medicine, Colombo, ²Colombo South Teaching Hospital, Kalubowila, Sri Lanka.**Introduction :**

Undernutrition continues to be a major concern among Sri Lankan children under the age of two years, despite country's good maternal and child health indicators. There is very limited information on how the economic crisis has affected their complementary feeding (CF). This study assessed the presence of undernutrition and its determinants among infants and young children attending a tertiary care centre.

Methods:

A cross-sectional descriptive study was carried out in paediatric ward and clinic settings of Colombo South Teaching Hospital (CSTH), with sample size of 246 children. Study was conducted from January to June 2024. Study population included children aged 6-24 months attending the clinic/ward with their primary caregiver, who are having minor acute illnesses after stabilization. Patients were recruited via convenience sampling. Children with chronic illnesses and serious acute illnesses or children already on Ready-to-Use Therapeutic Foods were excluded. Anthropometric measurements were used to evaluate nutritional status.

CF practices and socio-demographic variables were assessed via an interviewer-administered questionnaire, prepared based on literature review, expert opinion and pretesting. Primary investigator collected data and anthropometric measurements with the help of pediatric doctors.

Results:

The results revealed that 14.6% of the children were underweight, 18.3% were stunted, and 24.8% were wasted. Among those with wasting, 16% had moderate acute malnutrition and 9% had severe acute malnutrition. Both stunting and wasting were significantly associated with poor maternal education ($p<0.05$) and lower household income ($p<0.01$).

Conclusion:

Undernutrition was common among the children attending paediatric ward and clinic settings. Targeted interventions, particularly maternal education for low-income families, are crucial to improve nutrition in this age group. Management of acute malnutrition was routinely carried out in the study setting.

Poster Presentation - 02

Withdrawn by Authors

Poster Presentation - 03

Relationship of Serum Electrolytes and Haematological Parameters with Troponin I Level in Patients Admitted with Acute Chest Pain at the National Hospital Galle

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²Department of Biochemistry, ³Department of Pharmacology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.

Introduction:

Cardiac troponin I (TnI) is the gold-standard biomarker for the diagnosis of myocardial infarction. However, its levels can be influenced by various non-cardiac factors, including electrolyte imbalances and haematological abnormalities. Understanding the relationship between TnI, serum electrolytes, and haematological parameters could provide valuable insights into the complex pathophysiology of myocardial injury in patients presenting with acute chest pain (ACP). This study aimed to investigate the association of serum electrolytes and hematological parameters with TnI levels in patients presenting with ACP at the National Hospital Galle.

Methods:

A descriptive cross-sectional study was conducted among 256 patients with ACP who underwent TnI testing, serum sodium (Na⁺) and potassium (K⁺) analysis, and full blood count at the National Hospital Galle. Patients with known non-cardiac causes of TnI elevation were excluded. Data were collected using a structured data collection sheet. Statistical analysis was performed using SPSS. Binary logistic regression was applied to assess the association between TnI levels and laboratory

parameters, with TnI positivity as the dependent variable. Ethical approval was obtained from the Ethics Review Committee of the Faculty of Allied Health Sciences, University of Ruhuna.

Results:

Out of 256 patients, 112 (43.8%) showed positive results for TnI. Haematological parameters including white blood cell count, neutrophil count, platelet count, neutrophil-to-lymphocyte ratio (NLR), and platelet-to-lymphocyte ratio (PLR) showed significant associations with TnI positivity ($p < 0.05$). Neutrophil count was an independent predictor of TnI positivity (OR = 1.30; 95% CI: 1.16-1.46; $p < 0.001$) while there was no significant association with serum sodium and potassium.

Conclusions:

Haematological parameters, particularly neutrophil count, NLR, PLR, and platelet count, were significantly associated with elevated TnI levels in ACP patients. Serum electrolyte levels were not independent predictors of positive TnI results. Haematological markers have a potential role in improving risk assessment in acute coronary syndrome.

Poster Presentation - 04

Attitudes and Perceptions on Age-appropriate Comprehensive Sexual and Reproductive Health Education Among Science and Health & Physical Science Teachers of Public Schools in Galle District, Sri Lanka**Dodamgoda A¹, Mampitiya AGI², De Silva PV³**¹*The German-Sri Lanka Friendship Hospital for Women, Karapitiya, Galle, Sri Lanka.*²*Department of Obstetrics & Gynaecology,* ³*Department of Community Medicine, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka.***Introduction:**

Sexual and reproductive health (SRH) knowledge among Sri Lankan youth is unsatisfactory, resulting in poor menstrual hygiene, lack of contraceptive knowledge, sexual assault and abuse, and high rates of teenage pregnancies leading to illegal, unsafe abortions. This study aimed to evaluate the attitudes and understand the perceptions of teaching SRH among Science and Health & Physical Science teachers in Galle District, Sri Lanka.

Methods:

Data were collected individually by a face-to-face interview using a semi-structured interview guide, from 23 Science and Health & Physical Science teachers of grade 6-11 classes at six government schools in the Galle educational zone. Collected data was translated, transcribed, and manually thematically analyzed by using a hybrid coding system approach.

Results:

Almost all the teachers of the study were not satisfied with the knowledge of Sexual and Reproductive Health of Sri Lankan youth. Some of them were very much concerned about how they gained knowledge. Results showed strong positive attitudes of teachers toward SRH education.

The noted student curiosity, advocated for age-appropriate curriculum updates, stressed the importance of addressing practical SRH issues and recognised the need for improving the standards. They recommended the use of modern teaching methods and equipment, and believed that school teachers are best suited to deliver SRH education. The best age to start teaching SRH in schools was identified as Grade 06.

Conclusion:

Sexual and reproductive health knowledge of the Sri Lankan youth is not satisfactory in the teachers' view. The curriculum must be age-appropriate, comprehensive, culturally sensitive, and aligned with international standards. SRH-related practical issues need to be addressed and modern pedagogical teaching methods should be applied. Specific training for the teachers to conduct the lessons more attractively and to face more sensitive questions related to SRH is highlighted. The researchers suggest conducting more motivational workshops or seminars with resource personnel from the health sector to develop SRH education in the school setup.

Poster Presentation - 05

Analysis of Risk Factors and Histopathological Features of Patients with Oral Cancer Diagnosed at the National Hospital Galle

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Introduction:

Oral cancer (OC) is the sixth most common cancer among people across the world and it shows an increasing trend. The major risk factors for OC are tobacco and smokeless tobacco commonly used for betel chewing. The Tumour Node Metastasis (TNM) system categorises the OC into stages I to IV. This study was conducted to assess the histopathological features and risk factors of patients with OC diagnosed at the National Hospital Galle (NHG).

Methods:

A descriptive cross-sectional study was conducted at the Histopathology Laboratory of the NHG. All patients who presented with OC who sought services from NHG from March 2019 to March 2024 were enrolled. Data were retrieved from the laboratory records and clinic files according to a data sheet. Data were analysed and associations were determined using the Chi-Square test.

Results:

A total of 160 patients with OC were enrolled by a consecutive sampling technique. The mean age of the OC patients was 62.01 ± 10.21 years. The majority of the OC were moderately differentiated and diagnosed at stage II. The buccal mucosa and tongue were the most commonly affected sites. Three significant associations were identified. Oral cancer patients who chewed betel without tobacco were significantly more likely to have poorly differentiated tumours ($p=0.000$), and the presence of oral *Candida* infection ($p=0.020$). The number of exposed risk factors was significantly associated with tumour site ($p=0.023$).

Conclusions:

Betel chewing without tobacco was significantly associated with poor tumour differentiation, and oral *Candida* infection, while the number of risk factors was associated with tumour site. Habitual betel chewing exerts the immune-suppressive and mucosal-altering effects. Therefore, betel chewing should be reduced to prevent OC progression. The predominance of moderately differentiated, stage II tumours with minimal invasive features suggests a trend toward earlier detection in the study population.

Poster Presentation - 06

Referral and Participation in Cardiac Rehabilitation and Secondary Prevention after Coronary Artery Bypass Graft (CABG) Surgery: A Single Centre Study from Sri Lanka

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Introduction:

Cardiovascular disease remains the leading cause of death worldwide. As advances in revascularisation and medical therapy have improved survival, more patients need further care. Cardiac rehabilitation and secondary prevention (CR/SP) is a proven, cost-effective strategy that improves recovery, reduces hospital readmissions, enhances quality of life and survival after revascularisation. Despite strong evidence, CR/SP referral and participation remains low globally. This study evaluates the referral and participation of the CR/SP programme after Coronary Artery Bypass Graft (CABG) in a single cardiothoracic centre.

Methods:

A retrospective descriptive study was conducted at the Cardiothoracic Unit from August 2010 to April 2025 (176 months). All patients who survived CABG, including routine and urgent as well as isolated and combined procedures, were included. All deaths were excluded. Attendance data of the outpatient phase II CR/SP program was collected from the clinic and rehabilitation records.

Results:

There were 940 patients [mean age 59 (range 37 - 82) years] of which 678 (72.1%) were males and 262 (27.8%) females. The (routine and urgent) in-hospital mortality was 3.2%. Upon discharge of the 910 (96.8%) survivors, all were referred for Phase II CR/SP. Attendance of the programme - defined as attending at least one session - was 76%. Average attendance was 44.9% and 18% completed the full programme.

Conclusion:

The high referral rate was possible because the same surgical team conducted the CR/SP programme, combined with the surgical and medical follow-up plan. This is likely to be the reason for the high attendance rate of 76% (in comparison with 53% internationally and 50% nationally) as well. However, a lack of a uniform definition of "attendance rates" in other studies makes comparison difficult. Still, this study provides a strong case for the team doing the revascularisation to actively endorse and prescribe CR/SP during the duration of rehabilitation as patient acceptance and attendance are likely to be higher.

Poster Presentation - 07

Reflections of Pre-Clinical Medical Students of the Faculty of Medicine, University of Ruhuna on Lecture Absenteeism

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Introduction:

Lecture attendance is important for effective learning in medical education, yet absenteeism among pre-clinical students is rising. Understanding students' perceptions on the effects of absenteeism could offer valuable insights for enhancing the delivery of course content.

Methods:

A cross-sectional observational study was carried out using an online, self-administered anonymous questionnaire to-gather information on demographics and students' perceptions of the impact of their lecture absenteeism. A 5-point Likert scale was used to assess the perception. All first- and second-year medical students of the Faculty of Medicine, University of Ruhuna were invited to participate.

Results:

Of the 602 students invited, 369 (61.3%) responded. After excluding incomplete responses, 302 were included in the analysis. The majority were female (n=217, 71.9%). Participants' ages ranged from 18 to 26 years, with most falling between 21 and 23 years. A large proportion (n=233, 77.2%) agreed or strongly agreed that they regretted missing lectures, while 238 (78.8%) expressed concern about missing important concepts.

Nearly half of the students (n=148, 49%) agreed or strongly agreed that absenteeism negatively affected their long-term retention of content. Conversely, 127 (42%) disagreed or strongly disagreed that they saved time by not attending lectures. Over one-third (n=110, 36.4%) reported that they wasted time searching online resources as a consequence of missing lectures. In addition, 205 (67.9%) felt that they could have been more actively involved in tutorials and 192 (63.6%) believed their examination performance would have been better had they attended lectures. Furthermore, 245 (81.1%) agreed or strongly agreed that frequent absenteeism created a negative impression of their batch.

Conclusions:

Many students expressed regret over missing lectures, fearing poor exam performance and loss of key concepts. Additionally, they felt that compensating through alternative learning methods was time-consuming and less effective. It is recommended that measures be implemented to promote consistent lecture attendance among students, to avoid the aforementioned consequences.

Poster Presentation - 08

Haematological and Biochemical Parameters of the Clinically Suspected Leptospirosis Patients at National Hospital Galle: A Descriptive Study**Arachchi KAHNK¹, Peiris HH¹, Piyasiri B², Abeywardana S²**¹*Department of Medical Laboratory Science, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka.*²*National Hospital Galle, Sri Lanka.***Introduction:**

Leptospirosis is a widespread zoonotic infection with diverse clinical manifestations, often mimicking other febrile illnesses. In Sri Lanka, confirmatory testing using the Microscopic Agglutination Test (MAT) is restricted to the reference laboratory at Medical Research Institute (MRI), Colombo. Hence, diagnosis in peripheral centres is often based on clinical manifestations supported by haematological and biochemical findings. This study aimed to evaluate the association between haematological and biochemical parameters of MAT-confirmed and non-confirmed leptospirosis patients to determine their diagnostic utility.

Methods:

A descriptive cross-sectional study was conducted from June to August 2024 at the National Hospital in Galle. Patients clinically suspected of leptospirosis and admitted to medical wards were included. Data on clinical history and laboratory investigations were collected from patient records. MAT was performed to confirm leptospirosis, with a titer $\geq 1:320$ considered positive. Statistical analysis was carried out using SPSS, applying paired t-test, Wilcoxon Signed-Rank tests, independent t-tests, and Mann-Whitney U test, with significance set at $p < 0.05$.

Results:

Of the 30 suspected patients, 86% were male with a mean age of 42 ± 19.94 years. Of the total, the majority of suspected patients, 86.7% had neutrophilia ($>70\%$), 90% had lymphopenia ($<20\%$), and 96.67% had thrombocytopenia ($<100 \times 10^9/L$) at hospital admission. All patients showed elevated C-reactive protein (CRP) levels ($>5\text{mg/L}$). AST was elevated ($>35\text{ U/L}$) in 63.3% patients, while ALT ($0-45\text{ U/L}$) and serum creatinine ($74-110\text{ }\mu\text{mol/L}$) remained within reference ranges in 66.7% and 53.3% patients, respectively. Significant improvements during hospitalisation were observed in platelet count ($p=0.03$), RBC count ($p<0.01$), haemoglobin ($p<0.01$), hematocrit ($p<0.00$), neutrophil count ($p<0.01$) and lymphocyte count ($p<0.01$). Of the total, 16 patients were confirmed positive by MAT. Although the majority of suspected patients presented with elevated CRP levels and reduced platelet counts, statistical analysis revealed that CRP level ($p=0.01$) and platelet count ($p=0.02$) showed highly significant associations between MAT-confirmed and non-confirmed cases.

Conclusion:

Haematological and biochemical abnormalities were frequently observed among the majority of clinically suspected patients, while platelet counts and CRP levels showed highly significant associations between MAT-confirmed and non-confirmed cases. These findings may aid early suspicion and monitoring, but MAT remains essential for confirmation.

Poster Presentation - 09

Beliefs and Practices of Medical Staff Towards Patients Admitted with Deliberate Self-harm

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Introduction:

Although the rates of suicide deaths in the country have declined during the past decade, hospital admissions for intentional self-poisoning remain high.

The current exploratory study aimed to learn about beliefs and judgments of medical staff about deliberate self-harm (DSH) and how they affect the care that staff provide for DSH patients.

Methods:

This qualitative, phenomenological study was conducted among 10 doctors (5 males and 5 females) serving in medical wards in the National Hospital, Galle. The doctors with a work experience ranging from two to seven years who consented were the participants. In-depth interviews were conducted to explore their experience of caring for DSH patients. According to their estimates, number of DSH patients they treated ranged from 20 to 200. The in-depth interviews were transcribed verbatim and were analysed using a grounded theory approach.

Results:

Participants distinguished between DSH patients who had 'suicidal intention' and a larger group whose DSH was 'impulsive'. A substantial number in the latter group were young and they were mostly females. According to the participants, young females' DSH was related to their romantic relationships. Following four themes emerged in the analysis:

1. Young people engage in DSH in acute conflicts mostly to "scare" others;
2. Attending to DSH patients involves extra work compared to caring for other patients;
3. Medical staff take measures to prevent the patient from future self-harm;
4. Punishment was generally seen as an effective measure to deter future self-harm.

Conclusion:

Participants identified that the responsibility of the staff of the medical wards is strictly to provide medical care for their patients. They acknowledged the mental health needs of DSH patients and they were readily referred for psychiatry services. Nevertheless, practices of medical staff indicate that their moral judgments about DSH patients colour the care they provide for these patients.

Poster Presentation - 10

Severity of Adverse Drug Reactions Reported Among Inward Patients: A Surveillance Initiative at National Hospital, Galle

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Introduction:

Adverse drug reactions (ADRs) constitute a major health challenge globally, with a pronounced impact in developing countries due to their substantial contribution to morbidity and mortality. However, Sri Lanka lacks comprehensive data detailing the prevalence and characteristics of ADRs within its general population. This study was undertaken to evaluate the nature, severity, and implicated agents of ADRs among inpatients at the National Hospital Galle (NHG).

Methods:

The Department of Pharmacology, Faculty of Medicine, University of Ruhuna, is conducting an active surveillance to report ADRs from NHG. This study was based on ADRs reported among patients admitted to Medical, Surgical and Paediatric wards of NHG from February to June 2025. The collection of ADR data was done by pre-intern doctors, using the national ADR report form. Severity of ADRs were classified using the Modified Hartwig and Siegel scale. Descriptive statistics were done using SPSS statistical software.

Results:

A total of 62 ADRs were collected. Of these, 30 (48.3%) were males. Among the total, 42 (57.8%) were adults and 20 (32.2%) were paediatric patients. Out of ADRs collected 43 (69.3%), 8 (12.9%) and 11 (17.7%) were categorized as mild, moderate and severe reactions respectively. Of the total ADRs, 43 (69.3%) were due to antibiotics. Among these, vancomycin (14.5%), clindamycin (9.6%), ciprofloxacin (8%) and co-amoxiclav (8%) were the commonest antibiotics. Among the severe ADRs, one death was reported due to anaphylaxis following administration of teicoplanin.

Conclusion:

The majority of ADRs reported were mild reactions and (69.3%) were due to antibiotics.

Poster Presentation - 11

Availability of Pocket Money Influences Unhealthy Snacking among Adolescent School Children: Findings from a Cross-sectional Study in Galle Municipality

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Introduction:

The prevalence of snacking among all age groups has increased worldwide over the years. Adolescents are vulnerable to unhealthy snacking and can be the ideal target group for early nutrition interventions that promote behavioural changes. This study aimed to assess the snacking behaviour and its determinants among students of Grade 6 - 9 in schools of the Galle Municipality area.

Methods:

A cross-sectional study was conducted among 540 early adolescents in Grades 6-9 of the government schools in the Galle Municipality area, recruited using multistage, cluster sampling. A pre-tested, self-administered questionnaire was used for data collection. Unhealthy snacking were defined as '*consuming any food or drink that is usually taken between meals that has high amounts of added salt and sugar or provides more than 150 kcals*'. Associations were assessed using Chi-square test.

Results:

The prevalence of snacking among adolescents was 96.1%, and unhealthy snacking was prevalent among 22.2%. Snacks were taken 1-2 times a day by 81.8%. Unhealthy snacking was significantly associated with the availability of pocket money ($p=0.001$), high family income ($p=0.001$) and the amount of money spent on unhealthy snacks ($p=0.033$), but not with gender, parental educational status, or other contextual factors, such as residential place and mode of transport.

Conclusions:

Snacking is highly prevalent among adolescents, although unhealthy snacking is less common and significantly associated with financial determinants such as availability of pocket money. Nutrition education interventions should focus not only on adolescents, but their families to change unhealthy snacking behaviours.

Poster Presentation - 12

Readiness and Capacity of Designated Health Promotion Teachers in Schools of Galle Education Zone, Sri Lanka

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Introduction:

As adolescents are experiencing serious health issues, the importance of the Health Promotion (HP) school program has been highlighted more than ever. HP teachers play a crucial role in implementing the HP school program. This study was carried out to describe readiness and capacity in conducting health promotion activities among designated health promotion schoolteachers in the Galle education zone.

Methods:

A descriptive cross-sectional study was conducted. A list of the designated health promotion schoolteachers in the Galle zone was obtained from the Zonal office, and all were invited to participate. An interviewer-administered questionnaire was used to collect information, and it was developed following expert opinion. Data collection was done via telephone interviews.

Results:

A total of 96 HP teachers responded (response rate - 67%). There were 68 schools with secondary classes, and a 'health teacher' was serving as the HP teacher in 40 of these schools (59%). English teachers conducted the HP programme in 6 schools, while Science teachers conducted it in 4 schools. In 2 schools, a development officer was taking responsibility. Twenty-two (23%) HP teachers had no free periods in the timetable. Thirty-one (32%) HP teachers mentioned that they were appointed without their consent. However, 92% of the sample indicated that they were willingly taking on the responsibility. The majority (54%) had no training in the HP school programme. It was good to see that 90% reported that they receive good support from other teachers, and 93% mentioned that support from the MOH office is satisfactory.

Conclusion:

A significant number of 'non-health' teachers are serving as HP teachers, and nearly 1/4 of HP teachers had no free periods. The majority had no training. Therefore, it's important to assign health science teachers for this task, allocate adequate free periods and arrange training.

Poster Presentation - 13**An Audit on Knowledge and Confidence on Phlebotomy among Healthcare Personnel in Southern Sri Lanka****Senevirathna DCL, Chinthanie KKS, Ushari RGPS, Yapa HDN, Ubeysekara PM, Dissnayake M***Department of Chemical Pathology, National Hospital Galle, Sri Lanka.***Introduction:**

Phlebotomy is a major step in the pre-analytical phase of laboratory testing. Errors at this stage affect the diagnostic accuracy of test results, hence adverse patient outcomes. We aimed to evaluate the gaps in knowledge and confidence on standard phlebotomy practice based on WHO guidelines among a group of health care personnel, [designated phlebotomists, nurses and medical laboratory technologists (MLTs)] of Southern Sri Lanka.

Methods:

A structured, pre-validated questionnaire comprising 14 knowledge-based and confidence-based questions were administered to participants of a workshop on phlebotomy (n=118), held at National Hospital Galle by the Department of Chemical Pathology. Data related to demography and training exposure were obtained. Responses were scored and analysed using descriptive statistics and Chi-square tests.

Results:

Among 118 participants, 63.5%, 19.6% and 16.9% of participants were phlebotomists, MLTs and nurses respectively. The majority of them were female (96%). Most participants were between the age of 25 to 35 years with 1 - 5 year of work experience (40%).

The majority reported have undergone a prior phlebotomy training (85%), while only one third (32%) reported, to have a basic certificate-level course or advanced level as their highest qualification. Overall, 29.7% (n=35), 44% (n=52) and 26% (n=31) demonstrated the good (80% marks), moderate (50 - 79% of marks) and poor (<50% marks) knowledge on phlebotomy respectively. Knowledge gaps were observed in 47.5% of participants in areas of specimen collection, handling and integrity. Poor knowledge of paediatric sampling was seen in 55% of participants. All these prevailing figures were assessed against the WHO guidelines on best practices in phlebotomy. Higher level of phlebotomy knowledge was significantly associated with having more than 6 years of work experience ($p<0.05$) and a higher educational qualification ($p<0.05$). In the study sample, 65% showed above moderate level confidence. The level of confidence was not significantly associated with educational level ($p>0.05$) and knowledge ($p>0.05$).

Conclusions:

Significant knowledge gaps were identified in key phlebotomy practices. Confidence despite required knowledge is seemingly risky. Knowledge gaps should be filled with frequent educational programmes and targeted training. Further studies must be promoted with multivariable analysis.

