ClinPharm 2026

Personalised Medicine:
Shaping the Future of Prescribing

PROCEEDINGS

6th – 7th August 2026

Academic Centre, Postgraduate Institute of Medicine (PGIM)
Colombo, Sri Lanka

Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT)

in collaboration with

National Medicines Regulatory Authority (NMRA)

SRI LANKA ASSOCIATION OF CLINICAL PHARMACOLOGY AND THERAPEUTICS (SLACPT)

NMRA
NATIONAL MEDICINES REGULATORY AUTHORITY

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MESSAGE FROM THE CHIEF GUEST

It is a distinct honour and privilege to join the clinical pharmacology community as Chief Guest at the Biennial Academic Sessions of the Sri Lanka Association of Clinical Pharmacology and Therapeutics—*ClinPharm* 2026—centered on the timely theme, "*Personalised Medicine: Shaping the Future of Prescribing*."

Globally, personalised medicine has evolved rapidly—from an aspirational concept to an essential component of modern clinical care. In leading healthcare systems, advances in pharmacogenomics, biomarker-guided therapies and data-driven decision-making—powered increasingly by artificial intelligence—are redefining the standards of prescribing. These innovations allow us to move beyond the traditional "one-size-fits-all" approach toward therapies that are safer, more precise and tailored to each patient's unique biological profile.

In Sri Lanka, the journey toward personalised medicine is still unfolding, yet it holds tremendous promise. The country's strong public health foundation, well-established clinical services and growing academic and research capacity provide a solid platform for progress. Early efforts in pharmacovigilance, rational prescribing and emerging pharmacogenetic research reflect a clear and growing recognition of the value of individualised therapy.

However, important challenges remain. These include limited access to advanced genomic technologies, cost constraints and the need to strengthen infrastructure, workforce capacity and interdisciplinary collaboration. Addressing these gaps will be essential to translating promise into practice.

Importantly, Sri Lanka has a unique opportunity—to develop a model of personalised medicine that is not only evidence-based, but also contextually relevant: one that reflects local priorities, ensures equitable access and delivers meaningful benefit across all segments of society.

This gathering provides a vital platform to bridge global advances with local realities. By fostering dialogue, collaboration, and shared learning, *ClinPharm 2026* can play a pivotal role in accelerating the integration of personalised medicine into routine clinical practice in Sri Lanka—and in shaping a safer, smarter future for prescribing.

Professor Selvanayagam Nirthanan
Dean of Medicine
Griffith University
Australia

MESSAGE FROM THE GUEST OF HONOUR

It is with great pleasure that I write this message for the proceedings book as the Guest of Honour for the Clin Pharm 2026 conference. I consider it a great honour and privilege to participate at this conference under the theme " Personalised Medicine: Shaping the Future of Prescribing".

The Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT) is one of the youngest Professional Associations in our country. Since its inception in 2015, the Association has been responsible for promoting " Rational use of Medicines " and CPD activities.

Education and training are vital components of our Association for young doctors, especially for those aiming to become Clinical Pharmacologists.

The topics to be discussed are very appropriate and I congratulate the organisers for their hard work and dedication. I look forward to participating at the fruitful discussions and sharing information.

Finally, I thank the President and the Council of the SLACPT for inviting me.

I wish the conference all success.

Warm regards,

Professor Gita Fernando
Emeritus Professor of Pharmacology
University of Sri Jayewardenepura
Sri Lanka

MESSAGE FROM THE PRESIDENT – SLACPT

It is my great pleasure to welcome you to ClinPharm 2026, the Biennial Scientific Conference of the Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT), held on 6th and 7th August 2026 in Colombo. On behalf of the Council of SLACPT, I extend a warm welcome to our distinguished speakers, delegates, researchers, healthcare professionals, students, and guests who have joined us for this important scientific gathering. Reflecting our shared commitment to promoting the safe, effective, and rational use of medicines, this conference is being held in collaboration with the National Medicines Regulatory Authority of Sri Lanka (NMRA).

The theme of this year's conference, "Personalised Medicine: Shaping the Future of Prescribing," reflects one of the most exciting developments in modern healthcare. As our understanding of individual variability in disease and drug response continues to advance, personalised medicine is creating new opportunities to optimise therapeutic outcomes while enhancing patient safety. The integration of pharmacogenomics, artificial intelligence, big data, and pharmacovigilance into clinical practice while being mindful of the indvidual, is transforming the way medicines are prescribed, monitored, and evaluated.

The scientific programme has been carefully curated to stimulate discussion on these emerging advances while addressing the practical challenges of translating them into routine clinical practice. Through plenary lectures, symposia, oral and poster presentations, and interactive discussions led by eminent local and international experts, we hope to foster collaboration, inspire innovation, and strengthen evidence-based prescribing.

I extend my sincere appreciation to our invited speakers, the Scientific and Organising Committees, the National Medicines Regulatory Authority, and all those whose dedication and hard work have made ClinPharm 2026 possible. I wish every participant a stimulating, productive, and enjoyable conference. May the knowledge shared, the discussions fostered, and the collaborations established during ClinPharm 2026 contribute meaningfully to advancing clinical pharmacology and therapeutics and improving patient care in Sri Lanka and beyond.

Senior Professor Chandanie Wanigatunge

President

Sri Lanka Association of Clinical Pharmacology and Therapeutics

MESSAGE FROM THE SECRETARY – SLACPT

It is with great pleasure that I write this message for the proceedings book of ClinPharm 2026 as the Secretary of the Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT).

This year, we delve into the transformative theme of *"Personalised Medicine: Shaping the Future of Prescribing"*. Exploring frontiers like pharmacogenomics, digital health, and tailored therapeutics requires immense collaboration across disciplines. It is our hope that the carefully curated sessions over these two days will bridge the gap between cutting-edge research and evidence-based prescribing at the bedside.

The organizing committee has worked tirelessly to put together a vibrant and diverse scientific programme. Featuring a dynamic mix of plenary lectures, symposia, and research presentations led by eminent local and international experts, we hope this event serves as a catalyst for intense learning and academic debate.

I would like to express my deepest gratitude to our President, Professor Chandanie Wanigatunge, the members of the Council of SLACPT, the Chairman and team at the National Medicines Regulatory Authority, and the members of the Scientific and Organizing Committees for their unwavering dedication and hard work in making this event a reality. Most importantly, I thank our delegates, researchers, and students whose participation drives the success of ClinPharm 2026.

Thank you for joining us, and I wish everyone a productive, and inspiring experience at ClinPharm 2026.

Professor Gayani Liyanage

Secretary

Sri Lanka Association of Clinical Pharmacology and Therapeutics

MESSAGE FROM CHAIRMAN
NATIONAL MEDICINES REGULATORY AUTHORITY, SRI LANKA

It gives me great pleasure to extend my warm greetings to all participants of ClinPharm 2026, the Biennial Scientific Conference of the Sri Lanka Association of Clinical Pharmacology and Therapeutics, organised in collaboration with the National Medicines Regulatory Authority.

The conference theme, "Personalised Medicine: Shaping the Future of Prescribing," is both timely and highly relevant. As healthcare continues to evolve, advances in pharmacogenomics, pharmacovigilance, digital health, and data-driven decision-making present new opportunities to enhance the safe, effective, and rational use of medicines. At the same time, they highlight the importance of strong regulatory systems that support innovation while safeguarding public health.

The NMRA is pleased to collaborate with SLACPT in bringing together clinicians, researchers, academics, and policymakers to share knowledge and foster meaningful dialogue. Such partnerships are essential for translating scientific advances into policies and practices that benefit patients.

I congratulate the organisers on this important initiative and wish all participants a successful, productive, and enriching conference.

Dr. Ananda Wijewickrama
Chairman
National Medicines Regulatory Authority, Sri Lanka

Sri Lanka Association Clinical Pharmacology & Therapeutics
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Absent – Prof. Menik Hettihewa, Prof. Priyanga Ranasinghe (Editor), Prof. Sujeewani Kurukulasuriya, Dr. Chiranthi Liyanage, Dr. Gayana Amiyangoda and Dr. Supun Wedasinghe

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Dr. Inidka Wettasinghe
Dr. Asanka Eriyawa

Editors
Professor Pradeepa Jayawardane
Dr. Chiranthi Liyanage

SLACPT ORATOR 2026

Professor Roshini Murugupillai

Professor Roshini Murugupillai is a Professor in Pharmacology in the Department of Clinical Sciences, Faculty of Health-Care Sciences, Eastern University, Sri Lanka. She earned her MBBS degree from Manipal College of Medical Sciences, Pokhara, Nepal, in 2006 and joined the Faculty of Health-Care Sciences, Eastern University, Sri Lanka, as a Lecturer in 2008. She obtained her PhD from the University of Colombo, Sri Lanka, in 2017.

Her research interests encompass core outcome set (COS) development, epilepsy, clinical pharmacology, and medical education. She has played a pioneering role in introducing problem-based learning and online distance learning at the Faculty of Health-Care Sciences, contributing significantly to innovations in teaching and learning.

Professor Roshini Murugupillai served as the Head of the Department of Medical Education and Research, Faculty of Health-Care Sciences, from 2018 to 2021 and was reappointed for a second term from 2023 to 2026. She currently serves as the Postgraduate Degree Coordinator of the Faculty at the Faculty of Graduate Studies, Eastern University, Sri Lanka. In addition to her academic responsibilities, she also serves as the Secretary of the Specialty Board of Clinical Pharmacology at the Postgraduate Institute of Medicine, University of Colombo. She has also been a Council Member of the Sri Lanka Association of Clinical Pharmacology and Therapeutics since its inception.

SLACPT ORATION 2026

OPTIMIZING ANTIEPILEPTIC THERAPY IN CHILDHOOD EPILEPSY: AN OUTCOMES-BASED CLINICAL PHARMACOLOGY APPROACH

Roshini Murugupillai

Clinical pharmacology has traditionally evaluated antiepileptic therapy through measures of efficacy such as seizure reduction and adverse effect profiles. While these outcomes remain essential, they do not fully capture the broader impact of epilepsy and its treatment on the lives of affected children and their families. Increasingly, there is recognition that therapeutic effectiveness must be assessed through outcomes that reflect real-world functioning, development, and quality of life.

This oration presents a series of research that has sought to redefine treatment effectiveness in childhood epilepsy through an outcomes-based clinical pharmacology framework. Drawing on epidemiological studies, qualitative research, outcome science, and psychometric instrument development, this work explored what constitutes meaningful therapeutic success from the perspectives of patients, caregivers, and healthcare professionals.

The research studies established baseline epidemiological data on childhood epilepsy in Sri Lanka, documented caregiver priorities and experiences, and contributed to the development of the first Core Outcome Set for antiepileptic therapy in children. Recognizing the absence of culturally appropriate outcome measures, age-specific health-related quality-of-life instruments for Sri Lankan children with epilepsy were developed and validated. These studies consistently demonstrated that seizure control alone is insufficient to reflect treatment success, particularly in children with severe epileptic encephalopathies, where developmental, psychological, social, and functional outcomes may remain substantially impaired despite satisfactory seizure control.

The findings underscore the need to move beyond a disease-centered model of evaluation towards a patient-centered model that incorporates outcomes important to children and families. They further highlight the contribution of pharmacists and multidisciplinary teams in enhancing medication adherence, continuity of care, and overall treatment effectiveness. Collectively, this work supports a broader conceptualization of therapeutic success that integrates clinical and quality-of-life outcomes which aligns clinical pharmacology with the priorities of children and families.

THE FACULTY

Professor Gitanjali Batmanabane
Pro Vice-Chancellor (Medical Sciences)
GITAM Deemed to be University
Visakhapatnam
India

Professor Rohini Fernandopulle
Senior Professor in Pharmacology
Faculty of Medicine
General Sir John Kotelawala Defence University, Sri Lanka

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Head, Borderline Products Regulatory Division, National Medicines, Regulatory Authority, Sri Lanka

Mr. Arjuna Pathmaperuma
Director Regulatory (Acting)
National Medicines Regulatory Authority
Sri Lanka

DETAILED PROGRAMME

6th & 7th AUGUST 2026

"Personalised Medicine: Shaping the Future of Prescribing"

Venue: Auditorium, Academic Centre, Postgraduate Institute of Medicine, Colombo, Sri Lanka

Thursday 6th, August 2026	
INAUGURATION CEREMONY	
9.00 am	**Guests take their seats**
9.15 am	**Arrival of Chief Guest and Guest of Honour** Introduction of Council to Chief Guest and Guest of Honour
9.25 am	**Ceremonial Procession**
9.30 am	**National Anthem**
9.35 am	**Lighting of the Oil Lamp**
9.50 am	**Welcome Address** *Professor Shalini Sri Ranganathan, President Elect*
9.55 am	**Induction of the President** *Professor Priyadarshani Galappatthy* *Immediate Past President*
10.05 am	**Presidential Address** *Professor Chandanie Wanigatunge* *President, SLACPT*
10.25 am	**Award of Past President's Medal to Immediate Past President, Professor Priyadarshani Galappatthy**
10.30 am	**Address by the Guest of Honour** *Professor Gita Fernando* *Emeritus Professor of Pharmacology, University of Sri Jayewardenepura*
10.40 am	**Address by Chief Guest** *Professor Selvanayagam Nirthanan* *Dean of Medicine, Griffith University, Queensland, Australia*
11.00 am	**SLACPT Oration** **"Optimising Antiepileptic Therapy in Childhood Epilepsy: An Outcomes-Based Clinical Pharmacology Approach"** *Professor Roshini Murugupillai* *Eastern University, Sri Lanka*
11.40 am	**Vote of Thanks** *Professor Gayani Liyanage* *Secretary, SLACPT*
11.50 am	Procession leaves the hall
12.00 pm	Lunch

Thursday 6th, August 2026	
DAY 1: CONFERENCE 1.30 pm – 4.30 pm	
12.45 pm - 1.30 pm	**Registration**
1.30 pm - 2.00 pm	**Plenary 1**
	The Paradox of Personalised Medicine: How Individualisation Challenges Rational Prescribing *Professor Gitanjali Batmanabane* *Pro Vice-Chancellor (Medical Sciences)* *GITAM Deemed to be University* *Visakhapatnam, India*
	Symposium 1
2.00 pm - 3.30 pm	**Pharmacovigilance: From Signals to Safety**
	Pharmacovigilance in Sri Lanka: Current to Future *Professor Rohini Fernandopulle* *Senior Professor in Pharmacology, Faculty of Medicine* *General Sir John Kotelawala Defence University*
	When an Adverse Drug Reaction Occurs: Practical Aspects of Pharmacovigilance *Ms. D. D. Udeshika Wijerathna* *Pharmaceutical Assessor* *National Medicines Regulatory Authority, Sri Lanka*
	"Drug Reactions" - Is the Drug the Culprit? *Dr. Rajiva de Silva* *Consultant Immunologist* *Medical Research Institute, Sri Lanka*
	Discussion
3.30 pm - 4.30 pm	Poster Presentations

Friday, 7th August 2026	
DAY 2: CONFERENCE 8.00 am to 4:30 pm	
8.15 - 8.30 am	**Registration**
8.30 - 9.30 am	Oral Presentations
	Plenary 2
9.30 - 10.00 am	**AI, Big Data and Personalised Therapeutics: Transforming Modern Medicine** *Dr. Nirmala Wijekoon* *Senior Lecturer, Curtin Medical School, Faculty of Health Sciences, University of Curtin, Perth, WA, Australia*
	Plenary 3
10.00 - 10.30 am	**Challenges and Opportunities of Investigator-Initiated Phase 4 Clinical Trials** *Professor Jithangi Wanigasinghe* *Professor in Paediatric Neurology, Faculty of Medicine, University of Colombo*
10:30 - 11:00 am	**Tea**

	Plenary 4
11.00 - 11.30 am	**From Evidence to Action: Implementing Pharmacogenomics in Sri Lanka** *Professor Priyanga Ranasinghe* *Professor in Pharmacology, Faculty of Medicine, University of Colombo*
	Symposium 2
11.30 - 1.00 pm	**Prescribing Across the Ages: Challenges When Resources are Limited**
	Challenges in Neonatal Therapeutics *Professor Nishani Lucas* *Professor in Neonatology, Faculty of Medicine, University of Colombo*
	Challenges in Prescribing for Adolescents *Dr. Navoda Atapattu* *Consultant Paediatric Endocrinologist, Lady Ridgeway Hospital for Children*
	Challenges in Prescribing for Elderly *Dr. Maheshi Wijayabandara* *Consultant Geriatrician, National Hospital, Kandy*
	Discussion
1.00 - 2.00 pm	Lunch
	Symposium 3
2.00 - 3.30 pm	**Borderline Products: Science, Regulation and Practice**
	Advancing Scientific Evidence and Claims Validation: Ensuring Credibility, Compliance, and Consumer Trust *Dr. Renuka Jayatissa* *Specialist in Community Medicine, Vice Chancellor & Head, Department of Food and Nutrition, International Institute of Health Sciences (IIHS)*
	Navigating Industry and Regulatory Bottlenecks: Strategies for Efficient Product Development and Market Access *Ms. Wasana Walipitiya* *Head, Borderline Products, Regulatory Division, National Medicines Regulatory Authority, Sri Lanka*
	Addressing Classification Challenges in Emerging Health and Consumer Products: Regulatory and Practical Perspectives *Mr. Arjuna Pathmaperuma* *Director Regulatory (Acting), National Medicines Regulatory Authority, Sri Lanka*
	Discussion
3.30 - 4.00 pm	Awards and Closing Ceremony
4.00 pm	Tea

LISTS OF ORAL & POSTER PRESENTATIONS

ORAL PRESENTATIONS

7th August 2026 (Friday) 8.30 am – 9.30 am

OP 1

VARIATIONS IN DENGUE FEVER MANAGEMENT PRACTICES AND OUTCOMES: EXPERIENCE FROM A TERTIARY CARE HOSPITAL IN GAMPAHA DISTRICT, SRI LANKA

Ranasinghe SDAE[1], Danthanarayana CN[1], Egodage TD[1], Perera GKH[1], Jayamanne SF[1,2] ,Mettananda S[1,2], Premarathne BHR [1,2], Mettananda KCD[1]

[1] Faculty of Medicine, University of Kelaniya, Kelaniya, Sri Lanka

[2] North Colombo Teaching Hospital, Ragama, Sri Lanka

OP 2

IMPORTATION OF MEDICINES THROUGH A WAIVER OF REGISTRATION IN SRI LANKA: PUBLIC HEALTH CONSEQUENCES AND COMPARISON OF EXTENT OF IMPLEMENTATION OF GOOD REGULATORY PRACTICES (GRP)

Karunathilaka KNL[1], Fernandopulle R[2]

[1]Department of Pharmacy, Faculty of Health Science, The Open University Sri Lanka

[2]Department of Pharmacology, Kotelawala Defense University, Sri Lanka

OP 3

TRANSLATION AND VALIDATION OF THE TAMIL VERSION OF THE MEDICATION ADHERENCE UNIVERSAL QUESTIONNAIRE

Nasrifa MHF.[1], Murugupillai R[2]

[1]Faculty of Graduate Studies, Eastern University, Sri Lanka

[2]Department of Clinical Sciences, Faculty of Health-Care Sciences, Eastern University, Sri Lanka

OP 4

EFFICACY OF CLINICAL PHARMACY SERVICES IN BLOOD PRESSURE CONTROL: AN INTERIM ANALYSIS OF A RANDOMIZED CONTROL TRIAL FROM A TEACHING HOSPITAL IN SRI LANKA

Fernando PSN[I], Dissanayake DMS[I], Kariyawasam T[I], Mahawattage S[I], Mallawa MSR[I], Premaratna RA[I], Fernando JSU[I], Premaratna R[2], Mettananda KCD[I]

[1]Department of Pharmacology, Faculty of Medicine, University of Kelaniya, Sri Lanka

[2]Department of Medicine, Faculty of Medicine, University of Kelaniya, Sri Lanka

OP 5

ANALYSIS OF ANTIBIOTIC CONSUMPTION BY AWaRe CLASSIFICATION AT TEACHING HOSPITAL, JAFFNA: A RETROSPECTIVE STUDY

Guruparan Y[1], Meenadchisundaram P[1], Amarasingam S[1], Nithiyananda S[2], Navaratinaraja TS[1]

[1]Department of Pharmacology, Faculty of Medicine, University of Jaffna, Jaffna, Sri Lanka

[2]Teaching Hospital, Jaffna, Sri Lanka

POSTER PRESENTATIONS

6th August 2026 (Thursday) 3.30 pm to 4.30 pm

PP 1

PROBABLE DRUG-INDUCED EOSINOPHILIA WITH SEROSITIS FOLLOWING DOXYCYCLINE EXPOSURE: A CASE REPORT

Wanniarachchi WTT[1], Pelpola KN[2], Jayasekara R[1]

[1]University of Moratuwa, Sri Lanka

[2]Kings Hospital Colombo, Sri Lanka

PP 2

DEMOGRAPHIC AND CLINICAL FEATURES OF PARACETAMOL OVERDOSE IN RATNAPURA DISTRICT

Rathnayaka RMMKN [1,2], Ranathunga PEAN[2], Ranatunga PKB[2], Umayangana WU[1]

[1]Department of Pharmacology, Faculty of Medicine, Sabaragamuwa University of Sri Lanka

[2]Teaching Hospital, Ratnapura, Sri Lanka

PP 3

KNOWLEDGE AND PREVALENCE OF SELF-MEDICATION WITH ANALGESICS AMONG UNDERGRADUATES OF RAJARATA UNIVERSITY OF SRI LANKA

Sendanayake DH[1], Sarambage P[1], Senadheera KMT[1], Senanayake HKK[1], Senanayake MVSC[1], Senevirathna DMKU[1], Wedasingha WASN[2]

[1]Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

[2]Department of Pharmacology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

PP 4

INFLIXIMAB-INDUCED DEMYELINATION IN A PATIENT WITH CROHN'S DISEASE PRESENTING WITH ACUTE NEUROLOGICAL DEFICITS

Wimalarathne LAMK[1], Wijayawardana KCT[1], Perera N[2], Indrakumar J[2], Thivakaran T[1], Mananjala S[1], Udayakumaran P[1]

[1]Colombo South Teaching Hospital, Sri Lanka

[2]Department of Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura. Sri Lanka

PP 5

ADVERSE EFFECTS OF ANTISIZURE MEDICATIONS AMONG ADULTS WITH EPILEPSY AT TEACHING HOSPITAL, JAFFNA

Guruparan Y [1], Rajasekaran T[1]. Keshavaraj A[2], Navaratinaraja TS[1]

[1]Department of Pharmacology, Faculty of Medicine, University of Jaffna, Jaffna, Sri Lanka

[2]Teaching Hospital, Jaffna, Sri Lanka

PP 6

PATTERN OF COMPLEMENTARY AND ALTERNATIVE MEDICINE USE ACROSS SOCIODEMOGRAPHIC FACTORS AMONG ADULT PATIENTS ATTENDING THE OUTPATIENT DEPARTMENT OF DISTRICT HOSPITAL MALIGAWATTA, SRI LANKA

Dahanayake AJGTG[1], Dajanthan N[1], Chathuranga RK[1], Dayananda JHMSR[1], Sri Ranganathan S[2]

[1] Department of Community Medicine, Faculty of Medicine, University of Colombo

[2] Department of Pharmacology, Faculty of Medicine, University of Colombo

PP 7

ANTICOAGULATION DURING ANTI-TUBERCULOSIS THERAPY IN PATIENTS RECOVERING FROM DRUG-INDUCED LIVER INJURY: A PHARMACOLOGICAL CHALLENGE — A CASE SERIES

Wettasinghe I[1], Sampayo RWWHT[2], Mohammed MLA[2], Liyanarachchi G[2], Mendis S[2],

[1]University of Sri Jayewardenepura, Sri Lanka

[2]National Hospital of Sri Lanka

PP 8

APPROVED MEDICATION USE AND BARRIERS TO MEDICATION ADHERENCE AMONG PATIENTS WITH CIRRHOSIS IN A TERTIARY CARE HOSPITAL IN SRI LANKA: A CROSS-SECTIONAL OBSERVATIONAL STUDY

Warnakulasooriya WMEN[1], Senarathne NS[2], Siriwardana RC[3], Bagyawantha NMYK[4]

[1]Department of Pharmacy, Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka

[2]Colombo North Teaching Hospital, Ragama, Sri Lanka

[3]Colombo North Centre for Liver Diseases, Ragama, Sri Lanka

[4]School of Allied Health and Human Performance, College of Health, Adelaide University, Adelaide, South Australia, Australia

ABSTRACTS

PLENARY 1

THE PARADOX OF PERSONALISED MEDICINE: HOW INDIVIDUALISATION CHALLENGES RATIONAL PRESCRIBING

Prof. Gitanjali Batmanabane
Pro Vice-Chancellor (Medical Sciences), GITAM Deemed to be University, Visakhapatnam, India

The promise of precision medicine to transform patient care by tailoring treatment to the individual's biology, using advances in genomics, biomarkers, and data science, is so fundamental to medicine that it barely needs to be defended. Yet, overall outcomes have not improved markedly, except in some defined areas like oncology, which have substantially improved. With precision medicine, diseases are being sub-grouped into smaller and smaller groups until it no longer becomes financially viable for a pharmaceutical company to develop and manufacture a medication for a small subset of patients. As treatments become more individualised, the foundations of rational prescribing, such as randomised controlled clinical trials, population-based effects, equity, and cost-effectiveness, do not seem to fit this paradigm. This talk examines the central tensions that emerge when individualisation meets the realities of clinical evidence, pharmacogenomics, health equity, cost considerations and shared decision-making. The future does not lie with choosing between the two; rational prescribing needs to be reimagined within the framework of precision medicine towards an evidence-informed, contextualised approach for country-specific data collection and interpretation, balancing population health priorities with individual needs and perhaps using models and systems that work well in other areas and need to be adopted and adapted in medicine.

PLENARY 2

AI, BIG DATA AND PERSONALISED THERAPEUTICS: TRANSFORMING MODERN MEDICINE

Dr. Nirmala Wijekoon
Senior Lecturer, Curtin Medical School, Faculty of Health Sciences, University of Curtin, Perth, WA, Australia

The convergence of big data, artificial intelligence (AI), and precision medicine is reshaping the future of healthcare. An unimaginable amount of data is constantly generated in the modern digital world. Integrating multimodal health data spanning genomics, multi-omics, medical imaging, electronic health records, wearable device outputs and lifestyle datasets unlocks unprecedented opportunities to individualise patient care. Recent advances in AI enable the analysis of massive, dynamic and complex datasets, revolutionising drug discovery and personalised therapeutics. Despite these advances, important challenges remain,

including ethical, technical and operational constraints. Clinicians will play a critical role in ensuring that these technologies are applied safely, effectively and equitably. Understanding the evolving interface between personalised therapeutics, big data, and AI is therefore essential for modern medical practice.

PLENARY 3

CHALLENGES AND OPPORTUNITIES OF INVESTIGATOR-INITIATED PHASE 4 CLINICAL TRIALS

Prof. Jithangi Wanigasinghe

Professor in Paediatric Neurology, Faculty of Medicine, University of Colombo, Sri Lanka

Investigator-initiated phase 4 clinical trials are essential for answering pragmatic questions that remain unresolved after drug registration, particularly in low- and middle-income countries (LMICs), where disease burden, health-system constraints, treatment access, and patient characteristics may differ substantially from those in pre-licensing trials. These studies allow clinicians to evaluate real-world effectiveness, safety, feasibility, adherence, cost, and acceptability within local contexts. However, conducting such trials in LMICs is challenging. Common barriers include limited research funding, lack of dedicated trial coordinators, delays in ethics and regulatory approvals, inadequate pharmacovigilance systems, difficulties with long-term follow-up, and variable access to laboratory monitoring and investigational medicines. Local experience from investigator-led paediatric neurology trials, including studies comparing treatment strategies for infantile epileptic spasms syndrome shows that clinically meaningful research is possible when protocols are simple, outcomes are practical, and trial procedures are integrated into routine care. The SLISS trial is such an example and highlight opportunities such as building local evidence, strengthening research culture, training young clinicians, improving documentation, and generating data that can influence national guidelines and even regional practices. In LMICs, phase 4 investigator-initiated trials should therefore be viewed not only as research, but also as a pathway to equitable, context-relevant clinical care.

PLENARY 4

FROM EVIDENCE TO ACTION: IMPLEMENTING PHARMACOGENOMICS IN SRI LANKA

Prof. Priyanga Ranasinghe

Professor in Pharmacology, Faculty of Medicine, University of Colombo, Sri Lanka

Pharmacogenomics is an emerging pillar of precision medicine, offering the potential to optimise drug therapy by accounting for individual genetic variability. In Sri Lanka,

accumulating evidence demonstrates that clinically relevant genetic variants affecting drug metabolism, transport and pharmacodynamic targets are common, contributing to significant inter-individual differences in drug response, efficacy and adverse effects. Key examples include statin-associated myopathy linked to SLCO1B1 variants, reduced response to clopidogrel due to CYP2C19 loss-of-function alleles, and variability in warfarin dose requirements associated with CYP2C9 and VKORC1 polymorphisms. These findings highlight the practical relevance of pharmacogenomics in commonly used cardiovascular therapies and underscore its importance in routine clinical decision-making. Despite strong biological plausibility and growing local evidence, implementation remains limited by challenges such as restricted access to testing, cost considerations, limited outcome-based evidence, and gaps in clinician awareness. However, opportunities exist to integrate pharmacogenomics into practice through targeted testing in high-risk clinical scenarios, development of population-specific prescribing guidelines, and incorporation into clinical workflows. Advancing pharmacogenomics from evidence to action requires coordinated efforts in research, education and health system development. As genomic technologies become increasingly accessible, pharmacogenomics has the potential to significantly enhance the safety, effectiveness and individualisation of pharmacotherapy in Sri Lanka.

SYMPOSIUM 1

PHARMACOVIGILANCE: FROM SIGNALS TO SAFETY

PHARMACOVIGILANCE IN SRI LANKA: CURRENT TO FUTURE

Prof. Rohini Fernandopulle

Senior Professor in Pharmacology, Faculty of Medicine, General Sir John Kotelawala Defence University, Sri Lanka

Pharmacovigilance (PV), the science of detecting, assessing, understanding, and preventing adverse effects or any other drug-related problems, plays a critical role in ensuring drug safety. Trust in regulated medical products (medicines, vaccines and other health products) to protect health, is mostly based on a number of principles: the evaluation before marketing authorization, the permanent oversight of manufacturing facilities and a permanent assessment of benefit/risk balance all through the products life cycle. Although the first 2 principles are to some extent practiced in Sri Lanka, assessment of safety throughout the products life cycle is weak due to under-reporting and is somewhat disconnected from the wider health infrastructure. Historically, PV in our country has often been reactive, responding to adverse drug reactions after they occur. However, with the shift towards registering new chemical entities faster and entry of biosimilars not registered in stringent authorities, there should be an increasing emphasis on patient safety, and a focussed shift towards proactive PV. Reactive PV, is the identification of safety issues after they have already impacted patients and withdrawal of drugs from the market. Proactive PV, on the other hand, aims to identify and address potential safety concerns before they cause harm. Today we will explore how best to transit from reactive to proactive PV monitoring, the importance of collaborating with healthcare providers and patients to provide valuable real-world data, and the practical steps that the NMRA can take to make this transition.

WHEN AN ADVERSE DRUG REACTION OCCURS: PRACTICAL ASPECTS OF PHARMACOVIGILANCE

Ms. D. D. Udeshika Wijerathna

Pharmaceutical Assessor National Medicines Regulatory Authority, Sri Lanka

Pharmacovigilance plays a vital role in ensuring medicine safety through the detection, assessment, understanding, and prevention of adverse drug reactions (ADRs). This presentation, titled *"When an ADR Occurs: Practical Aspect of Pharmacovigilance,"* describes the practical procedures followed by the National Medicines Regulatory Authority (NMRA) of Sri Lanka in handling ADRs. The presentation highlights the legal basis for pharmacovigilance under the NMRA Act No. 05 of 2015 and explains the role of the Pharmacovigilance Division as the National Pharmacovigilance Centre. It outlines the functions of the centre, including ADR collection, signal detection, safety evaluation, regulatory action, and reporting to the

WHO global database through VigiFlow. The presentation also explains who can report ADRs, available reporting methods, timelines for reporting serious adverse reactions, and the classification of ADRs according to WHO criteria. Furthermore, the ADR handling process at NMRA is discussed, including database entry, SAFRESC review, causality assessment, and regulatory decision-making. Current ADR reporting performance in Sri Lanka is compared with WHO South-East Asia Region targets, emphasizing the need to strengthen the national reporting culture. Overall, the presentation aims to improve awareness and understanding of practical pharmacovigilance activities and encourage timely ADR reporting to enhance patient safety and public health.

"DRUG REACTIONS" - IS THE DRUG THE CULPRIT?

Dr. Rajiva de Silva
Consultant Immunologist, Medical Research Institute, Sri Lanka

Adverse drug reactions (ADRs) are a major cause of morbidity, mortality, and healthcare utilization worldwide. Determining whether a drug is truly responsible for a patient's clinical symptoms remains a significant challenge in medical practice. Drug reactions can mimic a wide range of diseases, making accurate diagnosis difficult and often leading to unnecessary discontinuation of beneficial therapies or failure to identify the actual causative agent.
The assessment of drug causality requires a systematic evaluation of clinical, pharmacological, and temporal factors. Key considerations include the timing of symptom onset relative to drug exposure, improvement following drug withdrawal (dechallenge), recurrence upon re-exposure (rechallenge), dose-response relationships, and the exclusion of alternative explanations such as underlying disease, infections, or interactions with other medications.
Drug reactions range from predictable, dose-dependent adverse effects to rare, idiosyncratic, immune-mediated hypersensitivity reactions. Genetic predisposition, age, comorbidities, polypharmacy, and organ dysfunction can influence susceptibility and complicate causality assessment. In many cases, multiple drugs are administered simultaneously, making identification of the offending agent particularly challenging. This presentation discusses immune mediated hypersensitivity reactions.

SYMPOSIUM 2

PRESCRIBING ACROSS THE AGES: CHALLENGES WHEN RESOURCES ARE LIMITED

CHALLENGES IN NEONATAL THERAPEUTICS

Prof. Nishani Lucas

Professor in Neonatology, Faculty of Medicine, University of Colombo, Sri Lanka

Neonates are therapeutic orphans. They are a vulnerable population due to their young age, immature physiology and being affected with critical illness requiring intensive care. Lack of precise dosing recommendations due to lack of licensed drugs and licensed indications is a major challenge resulting in high use of off-label drugs in neonates. Neonatal drug development is challenging despite the newer regulations that have been introduced to facilitate it and ensure equity with adult drug development. Rarer disease entities in very young and critically ill population creates a challenge to design clinical trials for neonates. Ontogeny and immunogenicity affecting pharmacokinetics and pharmacodynamics according to the gestational age, birth weight and growth appropriate for gestational age further complicates neonatal drug development. Neonates have been recorded to suffer from medication errors more frequently than once in every 8 minutes with neonates. Contributing factors include dosage variations depending on age, gestational age and weight, increased need for dose calculation and dose dilutions, lack of age-appropriate formulations and frequent use of off-label unlicensed medication. The commonest medication errors include errors in prescribing, incorrect dosing, incorrect time of administration and incorrect dose preparation. Polypharmacy due to complex disease situations and unnecessary prescription due to lack of understanding normal neonatal physiology are further challenges encountered in neonatal therapeutics.

CHALLENGES IN PRESCRIBING FOR ADOLESCENTS

Dr. Navoda Atapattu

Consultant Paediatric Endocrinologist, Lady Ridgeway Hospital for Children, Sri Lanka

Adolescents (ages 10–19) represent a distinct population bridging the period between pediatrics and adult medicine. Prescribing for this cohort is challenging due to physical psychological and social influences during this period. Pubertal development causes rapid, non-linear changes in body composition (fat-to-muscle ratios), changing drug distribution volumes, hepatic metabolism, and renal clearance, making standard adult or pediatric dosing protocols unreliable. Rapidly changing Pharmacokinetics during puberty highlights the importance of calculating medication doses carefully using age, weight, and body surface area. This is the period during which adolescents seek independence and form new social connections affecting compliance on medication. Physicians need to balance parental

involvement with the adolescent's emerging autonomy and right to confidentiality. It is important to involve the youth in their own treatment plans to improve medication adherence. Evolving cognitive maturity heightened the risk of prescription misuse or experimentation making both prescriber and the parents responsible to prevent such misuse or sharing of prescription medications. The treating physicians therefore need to be aware of the physical. psychological and social influences when prescribing for this unique group of patients make appropriate adjustments according to their physical needs, maturity, social circumstances and cognitive development

CHALLENGES IN PRESCRIBING FOR ELDERLY

Dr. Maheshi Wijayabandara
Consultant Geriatrician, National Hospital, Kandy, Sri Lanka

Population ageing has increased the number of older adults living with multimorbidity, frailty, and complex healthcare needs. Achieving optimal prescribing in this group is challenging, particularly in resource-limited settings where specialist services, medication availability, monitoring, and continuity of care may be constrained. Polypharmacy is often necessary to manage multiple chronic conditions but increases the risk of adverse drug reactions, drug–drug and drug–disease interactions, and medication-related problems due to age-related physiological changes, cognitive impairment, and adherence difficulties. Prescribing for older adults requires a shift from disease-focused care to individualized, goal-directed management. Clinical guidelines are often based on younger, healthier populations and may not fully apply to frail older adults with multimorbidity. Clinicians must therefore balance potential benefits and harms while considering frailty, life expectancy, treatment burden, patient preferences, and quality of life. Optimizing prescribing involves regular medication review, identification of potentially inappropriate medications, assessment of anticholinergic burden and fall-risk-increasing medications, and evidence-based deprescribing. Tools such as STOPP/START, Beers Criteria, STOPPFrail, and STOPPFall can support clinical decision-making. A patientcentred approach emphasizing safety, function, and quality of life is essential for achieving optimal outcomes.

SYMPOSIUM 3

BODERLINE PRODUCTS: SCIENCE, REGULATION AND PRACTICE

ADVANCING SCIENTIFIC EVIDENCE AND CLAIMS VALIDATION: ENSURING CREDIBILITY, COMPLIANCE, AND CONSUMER TRUST

Dr. Renuka Jayatissa

Specialist in Community Medicine, Vice Chancellor & Head, Department of Food and Nutrition, International Institute of Health Sciences (IIHS), Sri Lanka

Borderline products—including nutrition supplements, vitamins, and nutraceuticals—occupy a complex space between food and medicine. Their rapid growth reflects consumer demand for preventive health solutions, yet the scientific evidence supporting their claims often remains inconsistent, fragmented, or insufficiently validated. This ambiguity challenges regulators, clinicians, and researchers alike, raising concerns about credibility, compliance, and consumer trust. In the United States, the Food and Drug Administration (FDA) distinguishes between nutrient content claims, function claims, and health claims. While nutrient content and function claims are permitted with disclaimers, health claims require "significant scientific agreement" or carefully qualified language. The European Food Safety Authority (EFSA) applies a more rigorous model: manufacturers must submit comprehensive scientific dossiers, reviewed by expert panels, before any health claim is authorized. EFSA demands robust human data, validated biomarkers, and reproducibility across populations, setting a high bar for substantiation. Internationally, Codex Alimentarius provides harmonized guidelines for vitamin and mineral supplements and for nutrition and health claims. These establish compositional limits, labelling requirements, and principles for scientific substantiation, serving as a global baseline for national regulation and trade. In Sri Lanka, Codex guidelines are formally referenced by the Food Authority for legislation, while the Drug Authority often classifies nutraceuticals as borderline commodities or pharmaceuticals. This duality creates regulatory uncertainty and complicates rational use. A feasible mechanism would be a hybrid model: adopt Codex compositional and labelling standards as the baseline, while requiring EFSA style scientific dossiers for health claims, reviewed by a national expert panel under the Ministry of Health. Such a framework would safeguard consumers, promote rational use, align with international trade norms, and ensure that supplements marketed locally are supported by credible, validated evidence. Ultimately, advancing scientific evidence and claims validation is essential to strengthen regulation and rational use in Sri Lanka—transforming borderline products from contested commodities into trusted interventions in clinical nutrition and public health.

NAVIGATING INDUSTRY AND REGULATORY BOTTLENECKS: STRATEGIES FOR EFFICIENT PRODUCT DEVELOPMENT AND MARKET ACCESS

Ms. Wasana Walipitiya
Head, Borderline Products Regulatory Division, National Medicines, Regulatory Authority, Sri Lanka

The development and successful market entry of healthcare products are increasingly challenged by complex regulatory requirements, evolving quality standards, and industry operational constraints. Delays in product development and market access can significantly affect innovation, patient access, business sustainability, and public health outcomes. Therefore, identifying and addressing regulatory and industrial bottlenecks is essential for establishing efficient and resilient healthcare product ecosystems. This presentation explores key challenges encountered during product development and regulatory approval processes, with particular emphasis on pharmaceuticals, borderline products and related healthcare products. Common bottlenecks include regulatory complexity, documentation deficiencies, manufacturing compliance issues, fragmented stakeholder communication, evolving technical requirements, and limitations in regulatory and industry capacity. The discussion highlights practical strategies to improve regulatory efficiency and facilitate timely market access. These include early regulatory engagement, risk-based regulatory approaches, strengthened quality management systems, regulatory reliance and harmonization practices, enhanced industry–regulator collaboration, digitalization of regulatory processes, and capacity building through technical training and international knowledge exchange. Drawing from regulatory experience and international regulatory perspectives, including training exposure from WHO, the Therapeutic Goods Administration (TGA), Australia, and other competent regulatory authorities, this presentation emphasizes the importance of collaborative, science-based, and transparent regulatory systems in supporting innovation while ensuring product quality, safety, and efficacy.
Strengthening regulatory preparedness and adopting proactive development strategies can help minimize delays, optimize compliance pathways, and promote sustainable and efficient access of healthcare products to the market.

ADDRESSING CLASSIFICATION CHALLENGES IN EMERGING HEALTH AND CONSUMER PRODUCTS: REGULATORY AND PRACTICAL PERSPECTIVES

Mr. Arjuna Pathmaperuma
Director Regulatory (Acting), National Medicines Regulatory Authority, Sri Lanka

The rapid expansion of the global health and wellness market has led to the emergence of hybrid product categories, including nutraceuticals, health supplements, and cosmeceuticals, thereby challenging established regulatory classification frameworks. These products frequently exhibit overlapping characteristics of foods, medicines, and cosmetics, creating ambiguity in determining appropriate regulatory pathways and complicating the application

of proportionate oversight mechanisms. Inconsistent or inappropriate classification may result in regulatory gaps, insufficient oversight, potential risks to public health, and opportunities for regulatory arbitrage. Therefore, it is imperative that potential determinants of product classification, including intended use, nature of claims, composition, dosage form, and mode of action, with particular emphasis on the central role of claims in guiding regulatory decision-making are examined. Exploring prevailing regulatory approaches, including risk-based and claims-based frameworks, and assessing their applicability across diverse regulatory contexts; particularly in resource-constrained and fragmented systems will give valuable insights. The importance of establishing clear definitions, harmonized classification principles, and transparent, evidence-based decision-making processes is underscored. Strengthening inter-agency coordination, enhancing technical and regulatory capacity, and implementing proportionate post-market surveillance systems are critical priorities. An adaptive and balanced regulatory approach is essential to ensure effective oversight, safeguard public health, and support responsible innovation and equitable market access.

ORAL PRESENTATIONS

OP 1

VARIATIONS IN DENGUE FEVER MANAGEMENT PRACTICES AND OUTCOMES: EXPERIENCE FROM A TERTIARY CARE HOSPITAL IN GAMPAHA DISTRICT, SRI LANKA

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Background

There is no consensus on optimal fluid management during the febrile phase or corticosteroid use in severe dengue. Therefore, we retrospectively compared outcomes of restricted fluid (RF) versus liberal fluid (LF) strategies during the febrile phase and assessed a short course of corticosteroids initiated at the onset of the critical phase only in patients with high fever.

Methods

A retrospective analysis of all dengue patients managed by four consultants in a tertiary care hospital in Gampaha district, Sri Lanka, from 1st January to 31st December 2021 was conducted over one year. Data were extracted from medical records. Outcomes: progression to severe dengue (defined by plasma leakage), mean hospital stay, Intensive Care Unit (ICU) admission, mean ICU stay, and recovery/death, in addition to corticosteroid side effects (secondary infections and gastrointestinal (GI) bleeding). Data were analysed using SPSS 22.0. The chi-square and the t-test were used for comparisons. P-value <0.05 was taken as significant.

Results

Among 253 patients, severe dengue developed in 26/153 receiving RF and 10/100 receiving LF ($p>0.05$). Mean hospital stay was significantly shorter in the LF group ($p<0.05$), with no difference in ICU admission ($p>0.05$) or ICU stay ($p>0.05$).

Of 97 patients entering the critical phase, 37 received corticosteroids. Severe dengue occurred in 29 (48.3%) without corticosteroids versus 7 (18.1%) with corticosteroids ($p<0.05$), with no differences in hospital/ICU stay, ICU admission, or secondary infections. No GI bleeding was observed.

Conclusion

LF compared to RF, initiated on admission to the hospital, significantly reduced progression to severe dengue, mean hospital stay, ICU admission and mean ICU stay. Treatment with corticosteroids in patients with high spiking fever at the onset of fluid leakage reduced ICU admission and mean ICU stay. These findings support the need for prospective trials to guide dengue management strategies.

OP 2

IMPORTATION OF MEDICINES THROUGH A WAIVER OF REGISTRATION IN SRI LANKA: PUBLIC HEALTH CONSEQUENCES AND COMPARISON OF EXTENT OF IMPLEMENTATION OF GOOD REGULATORY PRACTICES (GRP)

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Background

Sri Lanka increasingly relied on the Waiver of Registration (WOR) pathway under Section 109 of the NMRA Act No. 5 of 2015 to import unregistered medicines, particularly during periods of economic instability and supply shortages. However, concerns have emerged regarding the safety, quality, and regulatory adequacy of this mechanism. This study evaluated the consequences of WOR use over a five-year period and compared Sri Lanka's regulatory implementation of GRP with stringent regulatory authorities (SRAs) with the objective of proposing a new guideline based on GRP.

Methods

A retrospective review of WOR approvals issued from 2019–2023 was conducted using NMRA electronic and written databases. Variables included ATC classification, manufacturer details, EML status, and quality failures. Pharmacovigilance data were matched to identify adverse events associated with WOR products. The study also calculated the Relative Implementation Index (RII) using a 19-parameter template derived from WHO guidelines on GRP to be fulfilled relative to two comparators drawn from countries with stringent regulatory systems; Canada and UK.

Results

A total of 1,409 WOR approvals were issued over five years, with a marked surge in 2022. Most products belonged to ATC categories J (anti-infectives) and L (antineoplastic/immunomodulating agents). Approximately 70% of WOR medicines were listed in the WHO EML. India accounted for 77% of manufacturing sources. Twenty-six quality-failure incidents were identified, including product recalls and withdrawals. Sri Lanka's overall RII was 43%, significantly lower than Canada (81%) and the UK (85%), indicating substantial gaps in legal, quality, safety, and efficacy requirements.

Conclusion

The study demonstrates that Sri Lanka's current WOR mechanism lacks adequate regulatory safeguards, contributing to the entry of substandard and falsified medicines and posing risks to public health. Adopting the new guideline aligned to SRA based on GRP is recommended.

OP 3

TRANSLATION AND VALIDATION OF THE TAMIL VERSION OF THE MEDICATION ADHERENCE UNIVERSAL QUESTIONNAIRE

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Background

Medication Adherence Universal Questionnaire (MAUQ) is one of the standardized tools available to measure adherence among the patients on chronic medication. However, a validated Tamil version is currently unavailable. This study aimed to validate a translated and culturally adapted Tamil version of the MAUQ for Sri Lankan population.

Methods

The translation was performed according to World Health Organization (WHO) forward-backward translation protocol. Bilingual experts carried out the translation and an expert panel of clinician, pharmacist and language specialists reviewed the version for semantic and conceptual equivalence. Approval was obtained from the original developers. Based on previous literature, Tamil MAUQ was applied to 250 adult patients (≥18 years) who were diagnosed with chronic conditions (hypertension, diabetes and asthma). Stratified random sampling technique was used for recruitment. Sampling frames were established from randomly selected community pharmacy in Valaichchenai MOH division and outpatients of Base Hospital, Valaichchenai. Participants were selected randomly from these lists using computer generated random numbers. The finalized Tamil MAUQ consisted of 16 items addressing positive attitudes towards health care and medication, lack of discipline, aversion towards medication and active coping with health problem.

Results

The Tamil MAUQ demonstrated acceptable internal consistency with a Cronbach's alpha of 0.907. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.892, indicates excellent suitability for factor analysis and the Bartlett's test of sphericity was significant. Exploratory factor analysis confirmed construct validity, with item Factor loadings ranged from 0.419 to 0.881 across the subscales.

Conclusion

The Tamil MAUQ is a valid and reliable tool. Its use may facilitate better evaluation of adherence behaviors.

OP 4

EFFICACY OF CLINICAL PHARMACY SERVICES IN BLOOD PRESSURE CONTROL: AN INTERIM ANALYSIS OF A RANDOMIZED CONTROL TRIAL FROM A TEACHING HOSPITAL IN SRI LANKA

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Background

Hypertension control is suboptimal worldwide and more in low- and middle-income countries (LMIC). Clinical pharmacy services have the potential to improve blood pressure (BP) control, but data on the efficacy of this is lacking from LMIC. Therefore, we aimed to study the efficacy of a clinical pharmacy service in improving BP control in Sri Lankan adults with hypertension.

Methods

We are conducting a randomized controlled trial (RCT) on BP control at two medical clinics of the Colombo North Teaching Hospital from April 2025 to date (SLCTR/2024/028). All consenting adults ≥ 40 years with hypertension attending the clinic are allocated to the intervention(Usual care + Clinical Pharmacy service) or control group (Usual care). Patients with even ID numbers received the intervention; those with odd IDs served as controls. The clinical pharmacy service includes medication reconciliation and pharmacist counselling. We compared the percentage with controlled BP (BP <140/90) at 6 months between the 2 groups using chi square. The percentage reduction of low adherence to medications (Morisky Medication Adherence Scale(MMAS-4) > 2) and the mean SBP/DBP reduction between 6 months and baseline in the intervention group were compared using paired sample t test. $p<0.05$ was considered statistically significant.

Results

By the 25th of April 2026, 38:39 participants were randomized to intervention: control arms. Comparing intervention: control groups the percentage with controlled BP, 25(65.8%): 26(56.4%) (p=1.000) The mean reduction in BP at 6 months and the decrease of percentage with low adherence to medications were; SBP 5.16mmHg (p=0.15), DBP 1.6 mmHg (p=0.33) and 21% (p=0.03) respectively.

Conclusions

This Interim analysis indicates that integrating clinical pharmacy services into hypertension care reduced poor medication adherence. However, a larger sample size is required to confirm the intervention's efficacy in achieving BP control.

OP 5

ANALYSIS OF ANTIBIOTIC CONSUMPTION BY AWaRe CLASSIFICATION AT TEACHING HOSPITAL, JAFFNA: A RETROSPECTIVE STUDY

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Background

Antibiotic resistance is a major global health challenge, leading to adverse health outcomes and increased healthcare costs. In response to this growing threat, the World Health Organization (WHO) introduced the Access, Watch, and Reserve (AWaRe) classification of antibiotics in 2017 as a surveillance tool, recommending that at least 60% of total antibiotic consumption should be from the Access group. This study aimed to analyse antibiotic consumption at Teaching Hospital, Jaffna, according to the WHO AWaRe classification from 2018 to 2022.

Methods

A retrospective analysis of systemic antibiotic consumption was conducted at the Teaching Hospital, Jaffna, from 2018 to 2022. Antibiotic supply data were obtained from the hospital pharmacy database. Antibiotics were classified into Access, Watch, and Reserve groups according to the 2021 WHO AWaRe classification. Trends in antibiotic consumption were assessed using percent change for Access and Watch categories over a period of five years, taking 2018 values as the baseline, and between consecutive years. Antibiotic consumption was summarised by AWaRe category, and changes over time were evaluated by comparing percentages with the 2018 baseline and across consecutive years.

Results

Throughout the five-year period, consumption of Access group remained above the WHO-recommended target of 60%, accounting for 68.1%, 72.3%, 76.4%, 67.9%, and 70.1% of total antibiotic consumption in 2018–2022, respectively. The corresponding proportions of Watch group were 31.7%, 27.4%, 23.1%, 31.4%, and 29.0%, while Reserve group contributed 0.01%, 0.01%, 0.04%, 0.03%, and 0.01%, respectively. The Access-to-Watch ratio remained consistently above 2 throughout the study period. An increasing trend in the proportion of Access group was observed except in 2021, when it declined from 76.4% to 67.9% with a reciprocal increase in the Watch group from 23.1% to 31.4%.

Conclusion

The proportion of Access group remained above the WHO-recommended target of 60% throughout the study period. Routine monitoring of antibiotic consumption using hospital supply data could support surveillance of prescribing patterns and inform antimicrobial stewardship strategies in resource-limited settings.

POSTER PRESENTATIONS

PP 1

PROBABLE DRUG-INDUCED EOSINOPHILIA WITH SEROSITIS FOLLOWING DOXYCYCLINE EXPOSURE: A CASE REPORT

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Background

Drug-induced eosinophilia is an uncommon Type B hypersensitivity reaction mediated by T-cell activation and cytokine release. Although doxycycline is widely used and generally well tolerated, rare immune-mediated adverse effects have been reported.

Case Description

A 23-year-old healthy male presented with abdominal distension and exertional dyspnoea one week after completing a 7-day course of doxycycline for an upper respiratory tract infection. Clinical examination revealed bilateral pleural effusions and ascites. There were no skin manifestations or lymphadenopathy. Ultrasound scans and contrast-enhanced CT of the chest and abdomen confirmed the above findings. Laboratory evaluation showed significant eosinophilia of 11.1×10^9/L (> 0.5×10^9/L), with otherwise unremarkable hematological and biochemical parameters. Pleural fluid analysis demonstrated an exudative effusion.

Empirical albendazole and diethylcarbamazine were administered as parasitic infections remained a differential diagnosis in the setting of eosinophilia, to provide coverage against common helminthic and filarial infections respectively. However, infectious workup including filarial serology, toxoplasma, toxocara, stool for ova and cysts and tuberculosis were negative, making a parasitic aetiology unlikely. Following discontinuation of doxycycline, the patient improved without corticosteroid therapy, with gradual resolution of eosinophilia and complete radiological resolution of serositis over three weeks. In the absence of an alternative etiology, a diagnosis of probable doxycycline-induced hypersensitivity reaction was made.

Discussion

Drug induced eosinophilia is a diagnosis of exclusion. In this case, the temporal relationship between doxycycline exposure and symptom onset, together with exclusion of common alternative causes suggested, a probable drug induced reaction. A Naranjo Algorithm - causality assessment, resulting in a score of 6, further classified this as a probable adverse drug reaction.

Conclusion

This case describes eosinophilia with serositis occurring after doxycycline exposure in a young adult and highlights the importance of high clinical suspicion, early diagnosis, drug discontinuation and early treatment to prevent life threatening manifestations.

PP 2

DEMOGRAPHIC AND CLINICAL FEATURES OF PARACETAMOL OVERDOSE IN RATNAPURA DISTRICT

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Background

Paracetamol, a widely used over-the-counter analgesic and antipyretic, is the most common agent involved in drug overdose in both urban and rural areas of Sri Lanka. This study aimed to describe the demographic and clinical characteristics of adult patients admitted with paracetamol overdose to Teaching Hospital Ratnapura (THR).

Methods

A prospective observational study was conducted among adult patients admitted with paracetamol overdose to the medical wards of THR over one year, commencing in September 2018. Data were collected using an interviewer-administered questionnaire and analysed using SPSS version 24 with descriptive statistics.

Results

A total of 115 patients (54.2%) presented with paracetamol overdose; 67 (58.3%) were females and 48 (41.7%) were males. All cases were intentional ingestions, and 12 (10.4%) involved co-ingestants. The mean age was 23.1 ± 7.4 years (range 18–65), with 88 (76.5%) aged 18–25 years. Educational attainment included grades 5–11 in 51 (44.3%), up to GCE O/L in 45 (39%), and up to GCE A/L in 13 (11%). The majority were unemployed (76;66%), while others were estate workers (8;7%), garment workers (8;7%), or manual labourers (7;6%). Thirty-seven (32.2%) were married, and 27 (23.5%) were students. Most patients were from Ratnapura (32;27.8%), followed by Kuruvita and Nivithigala (each 11;9.6%).

The median hospital stay was 3 days (IQR 2–3), and the median number of ingested tablets was 22 (IQR 14.5–30.5). Presenting symptoms included vomiting (67;58.3%), nausea (60;52.2%), faintness (30;26.1%), headache (26;22.6%), abdominal pain (21;18.3%), and vertigo (5;4.3%). Acute liver failure occurred in 5 patients (4.3%), and acute kidney injury in 1 (0.9%). Gastric decontamination was performed in 78 patients (67.8%), including gastric lavage in 45 (39.1%) and administration of activated charcoal in 53 (46%). N-acetylcysteine was administered to 79 patients (68.7%). No patients in this study received methionine.

Conclusion

Paracetamol is the most common agent implicated in overdose in Ratnapura, predominantly affecting young adults.

PP 3

KNOWLEDGE AND PREVALENCE OF SELF-MEDICATION WITH ANALGESICS AMONG UNDERGRADUATES OF RAJARATA UNIVERSITY OF SRI LANKA

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Background

Although self-medication is a global phenomenon, it is more prevalent in developing countries. There is a scarcity of studies exploring the prevalence of self-medication with analgesics among undergraduates in Sri Lanka. This study aimed to determine the knowledge and prevalence of self-medication with analgesics among undergraduates of Rajarata University of Sri Lanka.

Methods

A descriptive cross-sectional study was conducted among the undergraduates of Rajarata University of Sri Lanka. A total of 400 undergraduates (convenient sampling method) of six faculties in the university were recruited. A self-administered questionnaire via a google form was used for data collection from November 2023 to December 2023. Data were analyzed using SPSS version 23.

Results

Most undergraduates (84%) engaged in self-medication with analgesics such as Paracetamol, Ibuprofen, Diclofenac sodium, Mefenamic acid etc. Most participants had used them either within the past week (33%) or within the past month (38%). 79% used analgesics to relieve headaches and 62% as a remedy for fever and common cold. Mostly used medication was paracetamol with 95% using as analgesia. 60% had learned about self-medication through friends and family members, while 43% had gained knowledge from previous prescriptions. 90% had purchased the drugs from the pharmacies. 64% were aware of the possibility of side effects of the medication they were using. 18% had experienced side effects at some point and heartburn was the commonest (64%). Majority (59%) did not believe self-medication to be a safe practice. Additionally, 54% were unaware of regulations or restrictions applicable when purchasing analgesics.

Conclusion

Self-medication is prevalent among undergraduates, but there is a lack of knowledge in some domain such as regulations and restrictions on purchasing analgesics, potential side effects of long-term usage etc. Implementation of awareness programs is desirable.

PP 4

INFLIXIMAB-INDUCED DEMYELINATION IN A PATIENT WITH CROHN'S DISEASE PRESENTING WITH ACUTE NEUROLOGICAL DEFICITS

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Background

Infliximab-induced demyelination in Crohn's disease is rare, with an estimated incidence of less than 0.2% and a number needed to harm (NNH) of approximately 4202 for Crohn's patients. To the best of our knowledge, this is the first reported case of infliximab-induced central nervous system demyelination from Sri Lanka. We aim to highlight the importance of pharmacovigilance in clinical practice.

Case Description

A 30-year-old female with Crohn's disease (diagnosed in 2022 and followed up at a tertiary care hospital) on immunomodulatory therapy received first two induction doses of infliximab in January 2025. Clinical presentation, imaging, cerebrospinal fluid (CSF) analysis, microbiological investigations, and multidisciplinary team (MDT) assessment were used to evaluate the etiology of new-onset neurological deficits.

Following infliximab initiation, the patient developed fever and perianal sepsis, followed by acute right lower limb weakness with upper motor neuron signs, progressing to right-sided numbness and dysarthria. MRI brain showed demyelinating changes in the left frontal and parietal lobes. CSF analysis revealed elevated protein (96mg/dl) with lymphocytic predominance. Infectious workup including bacterial, fungal, and tuberculosis studies, was negative. MDT evaluation excluded infective and Crohn's related neurological causes. A temporal association with infliximab suggested drug-induced demyelination. Infliximab was discontinued. Due to concurrent infection, intravenous immunoglobulin was administered instead of corticosteroids. The patient also received antibiotics, surgical drainage, physiotherapy, and azathioprine as a steroid-sparing agent. She demonstrated complete neurological recovery.

Conclusion

Infliximab-induced demyelination is a rare but significant adverse effect. Early recognition, exclusion of alternative causes, and prompt discontinuation of therapy can result in complete recovery. Clinicians should maintain vigilance for neurological symptoms in patients receiving TNF-α inhibitors.

PP 5

ADVERSE EFFECTS OF ANTISIZURE MEDICATIONS AMONG ADULTS WITH EPILEPSY AT TEACHING HOSPITAL, JAFFNA

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Background

Antiseizure medications (ASMs) are the cornerstone of epilepsy management. However, adverse effects (AEs) associated with ASMs may affect adherence and, thereby, the control of epilepsy. This study aimed to evaluate the treatment pattern and adverse effects of ASMs among adults with epilepsy who are being followed up at Teaching Hospital, Jaffna.

Methods

A descriptive cross-sectional study was conducted among adult patients receiving ASMs for ≥3 months at the neurology outpatient clinic, Teaching Hospital, Jaffna. Eligible participants were recruited using consecutive sampling over a 4-month period. Data were collected using a pretested interviewer-administered questionnaire developed by the investigators based on the literature. The questionnaire captured sociodemographic and clinical characteristics, ASM use, and self-reported adverse effects. Logistic regression was performed to determine the factors associated with adverse effects. A $p \leq 0.05$ is considered statistically significant.

Results

Data from 213 participants were analysed. The mean age was 36.3 ± 0.92 years, and the majority (52%) were males. Focal seizure (n=129, 60.6%) was the most common type. Nearly two-thirds (64.8%) received dual or polytherapy, and older (first-generation) ASMs were predominantly prescribed (74.5%). Only one-third (34%) were seizure-free for ≥ 2 years. A total of 333 AEs were reported in 146 participants (prevalence 68.5%; mean 1.6 per patient). Common AEs included sedation (27%), memory impairment (24%), and dizziness (21%). Advancing age (AOR 4.3; 95% CI: 1.87–10.29; p<0.001), late onset of epilepsy (AOR 0.35; 95% CI: 0.14–0.87; p=0.023), and polytherapy (AOR 2.7; 95% CI: 1.4–5.3; p=0.003) were significantly associated with AEs. Valproic acid and clobazam were significantly associated with sedation (p<0.001 and p=0.003, respectively) and dizziness (p=0.013 and p=0.006, respectively), while carbamazepine was significantly associated with memory impairment (p=0.022). Among those who experienced AEs, one-fourth required switching ASMs. Carbamazepine was the most commonly replaced ASM, and levetiracetam was the most common alternative.

Conclusion

Older antiseizure medications and polytherapy were commonly prescribed, and adverse events were frequent. Larger studies are needed to evaluate current prescribing practices and develop strategies to optimise epilepsy care.

PP 6

PATTERN OF COMPLEMENTARY AND ALTERNATIVE MEDICINE USE ACROSS SOCIODEMOGRAPHIC FACTORS AMONG ADULT PATIENTS ATTENDING THE OUTPATIENT DEPARTMENT OF DISTRICT HOSPITAL MALIGAWATTA, SRI LANKA

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Background

This study assessed patterns of complementary and alternative medicine (CAM) use and their association with sociodemographic factors among adults attending an urban outpatient setting.

Methods

A cross-sectional analytical study was conducted among adults aged 18–70 years attending the OPD of District Hospital Maligawatta. A systematically selected sample of 120 participants was recruited (interviewed=130, response rate 92.3%). Data were collected using an interviewer-administered questionnaire based on existing study tools to assess sociodemographic characteristics, CAM modalities, indications, reasons for selection and cessation, expenditure, and COVID-19-related changes. Data were analysed using descriptive statistics, chi-square tests, and Fisher–Freeman–Halton exact tests.

Results

62.5% were female and 39.2% were aged 60–70 years. Herbals (89.2%) and Ayurveda (67.5%) were the commonest modalities. CAM was mainly used as needed (60.8%), with 52.5% using over three years. Herbal remedies were used mainly for acute conditions, whereas Ayurveda, Deshiya-Chikithsa, Unani, Siddha, acupuncture, and homeopathy were used for chronic conditions. Meditation and yoga were used for wellbeing. Nearly half spent less than 500 LKR monthly on CAM. Accessibility (23%), satisfaction (22%), recommendations (22%), and positive experiences (18%) were the main reasons for CAM selection. Improvement or cure (61%) was the main reason for discontinuation. More than half reported increased use during COVID-19 pandemic. CAM practices varied significantly by sociodemographic factors. Participants aged 60–70 years were more likely to use Ayurveda (p=0.035) and select CAM based on previous experience (p=0.014). Females more often cited safety (p=0.038). Unmarried participants had higher dietary supplement use (p=0.004) and were more influenced by recommendations (p=0.014). Spiritual healing, Deshiya Chikithsa, and Ayurveda were associated with religion (p=0.047), employment (p=0.033), and family decision-making (p=0.008), respectively.

Conclusion

CAM use was common, with patterns varying by health needs and sociodemographic factors. Routine enquiry about CAM use from patients will improve safe and patient-centred care.

PP 7

ANTICOAGULATION DURING ANTI-TUBERCULOSIS THERAPY IN PATIENTS RECOVERING FROM DRUG-INDUCED LIVER INJURY: A PHARMACOLOGICAL CHALLENGE — A CASE SERIES

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Background

Initiating anticoagulation in patients with tuberculosis is pharmacologically complex due to the interplay between hepatic dysfunction and drug–drug interactions. Rifampicin, a potent inducer of cytochrome P450 enzymes and P-glycoprotein, reduces the plasma concentrations of vitamin K antagonists and direct oral anticoagulants. Drug-induced liver injury (DILI) further alters hepatic synthetic function and drug metabolism, resulting in unpredictable anticoagulant response.

Case Description

We describe two patients with tuberculosis who developed thrombotic complications during recovery from anti-tuberculosis therapy (ATT)-induced liver injury.

The first case was a 76-year-old male with central nervous system tuberculosis who developed severe hepatocellular injury shortly after initiation of ATT (peak AST-4340 U/L and ALT-2028 U/L), necessitating treatment interruption and initiation of a bridging regimen. During recovery, he developed deep vein thrombosis and was commenced on warfarin following normalization of coagulation parameters.

The second case was a 37-year-old female with disseminated tuberculosis on ATT who presented with acute left-sided weakness and was diagnosed with cerebral venous sinus thrombosis (CVT). She was also found to have DILI. Following biochemical improvement on a bridging anti-tuberculosis regimen, anticoagulation with warfarin was initiated.

In the first patient, following recovery from DILI, rifampicin reintroduction resulted in a fall in INR from 2.4 to 1.2, necessitating warfarin dose escalation from 5mg/day to 10mg/day to maintain therapeutic anticoagulation.

In the second patient, therapeutic INR could not be achieved following rifampicin introduction despite increasing the warfarin dose from 6 mg daily to 16 mg daily. INR dropped from 2.6 prior to ATT introduction, to 1.6 thereafter, necessitating the transition to LMWH. The patient completed one year of ATT and LMWH therapy, with complete radiological resolution of CVT.

Conclusion

These cases highlight the risk of subtherapeutic anticoagulation and potential treatment failure when pharmacokinetic interactions are not adequately considered. Individualized, mechanism-based decision-making is essential in managing such complex clinical scenarios.

PP 8

APPROVED MEDICATION USE AND BARRIERS TO MEDICATION ADHERENCE AMONG PATIENTS WITH CIRRHOSIS IN A TERTIARY CARE HOSPITAL IN SRI LANKA: A CROSS-SECTIONAL OBSERVATIONAL STUDY

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Background

Effective pharmacotherapy is crucial for managing liver cirrhosis. Assessing the prescribing patterns of approved medications for cirrhosis provides a baseline to promote guideline-based, patient-centred prescribing in Sri Lankan hospital settings. Medication adherence among cirrhotic patients is critical for positive therapeutic outcomes and managing complications. Hence, identifying barriers to adherence is essential. Objective was to assess the prescribing patterns of approved medications in cirrhotic patients and identify barriers to adherence among cirrhotic patients attending the gastroenterology clinic and special liver clinic in Colombo North Centre for Liver Diseases (CNCLD) at Colombo North Teaching Hospital (CNTH).

Methods

A descriptive cross-sectional study involving cirrhotic patients was conducted in the gastroenterology and special liver clinics in CNCLD at CNTH. The prescribing patterns of approved medications was evaluated using clinic medication records from the previous month. Patient-reported barriers to medication adherence were recorded based on the questions of a validated medication adherence assessment tool, the brief medication questionnaire (BMQ).

Patient-reported barriers were identified from responses to the BMQ.

Results

Clinic medication records of 203 patients were assessed, and the most frequently prescribed medications were lactulose (15.18%), carvedilol (14.98%), spironolactone (14.98%), furosemide (13.88%), and eplerenone (13.88%). Other medications included ursodeoxycholic acid (7.99%), rifaximin (5.49%), atorvastatin (4.89%), and vitamins/minerals (4.99%), while rosuvastatin, simvastatin, prednisolone, and naltrexone were prescribed infrequently (<1%). Patients reported high cost as a major barrier to rifaximin therapy. Furthermore, limited awareness of indications, misconceptions about side effects, and frequent purchases were other major barriers to adherence.

Conclusion

The prescribing pattern indicated that nearly all patients (approximately 99%) received guideline based recommended medications under specialist care, suggesting prescibers' adherence guidelines despite variations in regimens based on the type and severity of disease complications. Commonly prescribed medications were identified to guide targeted medication counselling. Adherence improvement programmes, that address barriers such as high cost, limited awareness of indications, and misconceptions about side effects are essential to optimise clinical outcomes.

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