



NEWSLETTER

GALLE MEDICAL ASSOCIATION

GMA – NEWS

March 2014



President's Message

It gives me great pleasure to send this message to our Newsletter.

Once again I would like to thank the membership for the faith they put in me by electing me president, GMA 2014. I would also like to thank the members who agreed to be on the committee for 2014.

We have many academic and non academic activities planned for 2014, the high point of course will be the Annual Academic Sessions planned for the latter part of September 2014.

We have already had several GMA Lectures including 1 Non Medical lecture, Speciality day in Cardiology and the Annual Student vs. Staff cricket encounter, since the AGM in December 2013. I thank all the members for their active participation at these events.

We have the Speciality Day in Endocrinology planned for late March and the Annual Long trip, Speciality day in Gynaecology and Obstetrics and Bhakthi Gee planned for the month of May.

Please check your e-mail regularly, as all notices re. GMA activities will be notified to members via e-mail by Sureka and Savithri.

Looking forward to your continuous support of GMA activities.

Dr. Mihiri Madurawe

President

GMA/2014

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THE ANNUAL GENERAL MEETING – GALLE MEDICAL ASSOCIATION

The Annual General Meeting of the Galle Medical Association was held on 19th December 2013 at 11.00 a.m. at the GMA Lecture Theatre, Teaching Hospital Karapitiya. President Prof. U.K. Jayantha chaired the meeting. He thanked the committee and the members of the GMA for their contribution towards making the activities of the GMA a success. The minutes of the last AGM was read by Dr. Aruna de Silva. Dr. H.H.M. Herath tabled the annual report 2013.

The following GMA members were elected as the office bearers of the GMA committee for the year 2014.

President

Dr. Mihiri Madurawe

President Elect

Dr. Champika Bodinayake

Immediate Past President

Prof. U.K. Jayantha

Vice President

Dr. Satish Goonesinghe

Joint Secretaries

Dr. H.M.M. Herath

Dr. Aruna De Silva

Treasurer

Dr. Kesharie de Silva

Postgraduate Coordinator

Dr. Arosha Dissanayake

Social Secretary

Dr. Ganaka Senaratne

Co-Editors

Dr. Harshini Rajapakse

Dr. Eisha Waidyaratne

Committee Members

Dr. Vajira Lekamwasam

Dr. R.D. Madurawe

Dr. K.D. Mahinda

Dr. Upeksha Liyanage

Dr. Manilka Sumanatilleke

Dr. Sujeewa Kumarasena

Dr. Jeewan Nanayakkara

Dr. Lanka Dasanayake

Dr. Mahesh Perera

Dr. Ruwan Jayasinghe



First Announcement

GALLE MEDICAL ASSOCIATION

73rd Annual Academic Sessions – September 2014

CALL FOR SHORT PAPERS AND GMA ORATION

★ Abstracts of Short Papers / Poster Presentations

The number of words should be limited to 250. Two printed copies should be submitted along with a soft copy in Microsoft Word on a CD or as an e-mail attachment.

★ Galle Medical Association Oration - 2014

Full text must be submitted in triplicate.

Submissions will be accepted up to 15th July 2014

Further details can be obtained from <http://sljol.info/index.php/GMJ/index> and the GMA Office, Teaching Hospital, Karapitiya.

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Staff vs Students Annual Cricket encounter

Staff vs Students Annual Cricket encounter was held on 9th March 2014 at Mahinda College grounds. This year too the event was held with a very good participation from both staff and students.

The female soft ball cricket match between the doctors and students was a very competitive one that ended in a draw. The male soft ball cricket match was won by the students' team while the hard ball match was won by staff team. We had an exciting day of cricket with good participation of members and their families. The event was sponsored by Mega Pharma Cardiac Division.



GMA News

The **Newsletter** will be published quarterly. We welcome topical letters, short book reviews and brief subject updates, letters focusing on current academic and professional issues of relevance etc from the membership to be published in the newsletter.

CALENDAR OF EVENTS 2014

- *Annual Academic Sessions - September 2014*
- *GMA long trip 24th & 25th May 2014*
- *Monthly Non-Medical Lectures*
- *Monthly Speciality Day – Obs & Gyn – May 2014*

Too much protein in middle age 'as bad as smoking'

<http://www.medicalnewstoday.com>

Two new studies reveal that low protein intake may hold the key to a long and healthy life, at least until old age. Both studies also emphasize the need to examine not only calories when deciding what constitutes a healthy diet, but also where those calories come from - such as whether protein is animal or plant-based.

The first study was led by Valter Longo, a professor at the University of Southern California. He and his colleagues showed that high protein consumption is linked to increased risk of cancer, diabetes and death in middle-aged adults, although this was not the case for older adults who may benefit from moderate protein consumption. Also, the effect is much reduced when the protein comes from plant sources. In their study, they analyzed data on over 6,800 American adults who took part in the National Health and Nutrition Examination Survey (NHANES) III, a US national survey that assesses health and diet.

They found that participants aged 50 and over who said they ate a high-protein diet were four times more likely to die from cancer or diabetes, and twice as likely to die from any cause, in the following 18 years. Those who consumed moderate amounts of protein had a three-fold higher chance of dying of cancer. These effects either reduced or disappeared altogether among participants whose high-protein diet was mainly plant-based. However, in those aged 65 and over, the effect was nearly the opposite - high protein intake was linked to a 60% reduced risk of dying from cancer and a 28% reduced risk of dying from any cause, with similar effects for moderate protein intake.

The researchers defined a high-protein diet as one where at least 20% of the calories consumed come from protein. The team suggests that growth hormone and the growth factor IGF-1 may be responsible for these effects.

Cell experiments have suggested the amino acids that proteins are made of can reduce cellular protection and increase damage to DNA, both of which might explain why high-protein intake is linked to cancer.

The second study was led by Stephen Simpson, a professor at the University of Sydney in Australia. From studying mice, he and his fellow authors concluded that diets low in protein and high in carbohydrates are linked to the longest life spans.

In their study, Prof. Simpson and his group trialed the effects of 25 different diets on hundreds of mice to see how different amounts and types of proteins, fats and carbohydrates affected energy intake, metabolic health, aging and lifespan.

They discovered that mice on diets high in protein and low in carbohydrates had reduced food intake and lower levels of body fat, but they also died earlier and had poorer cardio-metabolic health. Mice on low-protein, high-fat diets had the poorest health and shortest life spans. The healthiest, longest living mice were those on diets high in carbohydrates and low in protein - this was in spite of increased food intake and having higher levels of body fat. A calorie-restricted diet did not increase lifespan - which is contrary to evidence from previous studies on mice, other animals, yeast and worms that show calorie restriction lengthens life as long as supplemented with essential nutrients.

Prof. Simpson and his colleagues suggest the ideal diet for a long and healthy life is one with moderate amounts of high-quality protein, low in fat, and high in complex carbohydrates.

Both studies suggest it is not just calories, but also diet composition - particularly in terms of amount and type of protein - that may determine the length and health of a lifespan.

1. Levine ME, Suarez JA, Brandhorst S et al. Low Protein Intake Is Associated with a Major Reduction in IGF-1, Cancer, and Overall Mortality in the 65 and Younger but Not Older Population. *Cell Metab.* 2014;**19**(3):407-17.
2. Piper MD, Partridge L, Raubenheimer D, Simpson SJ. Dietary restriction and aging: a unifying perspective. *Cell Metab.* 2011;**14**(2):154-60.

TO:

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