THE SRI LANKA MEDICAL ASSOCIATION

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BOOK OF ABSTRACTS

"Professional Development for Quality Enhancement of Healthcare: Beyond the COVID-19 Pandemic"

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Results: N=723; mean age 72.23±6.3 years with 40.2% females, of whom 71.9% reported at least one morbidity and 16.9% one ADL limitation; 24.7% reported neither morbidity nor ADL limitations. Hypertension (43.6%) and diabetes (32.1%) were common morbidities. Morbidity was significantly associated with ADL limitations ($p<0.05$). Although 41.4% reported multimorbidity, this had no significant association with ADL limitations. Stroke (OR=6.12, $p<0.001$) and chronic arthritis (OR=1.96, $p<0.05$) were predictors of ADL limitation, when adjusted for age, gender and presence of one or more diseases. Of total sample 43.4% perceived their health as poor, which was significantly associated with ADL limitations ($P<0.001$). Majority (68%) with ADL limitations perceived their health as poor.

Conclusions: Morbidity is associated with ADL limitations in the elderly. Stroke and chronic arthritis are significantly associated with ADL limitation. Majority of the affected elderly perceive their health as poor. We recommend addressing diseases that lead to ADL limitations to enhance self-perceived health and wellbeing of the elderly citizens.

PP: 104

Impact of a 6-Month Combined Exercise Regimen on Taste Perception for Sucrose in Patients with T2DM

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Introduction and Objectives: Regular exercise is a key element in the management of type 2 diabetes mellitus (T2DM). Although the importance of regular exercises on glycaemic control is studied extensively, its impact on sweet taste perception is less reported. The aim of this study was to assess the impact of regular combined exercises for 6 months on taste perception for sucrose in T2DM.

Methods: T2DM patients (n=115) aged 35-60 years were recruited and assigned randomly into an exercise group (n=55) and a control group (n=60). A graded exercise protocol was introduced to the exercise group which included aerobic exercises (brisk walking) for 30 minutes/day, 4-5 days/week and resistant exercises (with Thera bands) 20 minutes/day, 2-3 days/week for 6 months without changing diet and medications. Supra-threshold intensity ratings for sucrose were tested using 'General Labeled Magnitude Scale' and preference for sucrose by 'Monell 2-Series-Forced Choice Method'. Data were compared after 6 months.

Results: Exercise group showed increased supra-threshold intensity ratings for all solutions with statistically significant results for 2.02M (Mean difference; 9.14/±0.72, $p=0.016$) and 0.64M (Mean difference; 11.78/±0.68, $p=0.011$) concentrations when compared to baseline values. Also, the preference for sucrose was significantly reduced compared to the baseline (Mean difference; 0.08/±0.05, $p=0.001$) in the exercise group. The above changes in supra-threshold intensity ratings and preference for sucrose were not observed in the control group.

Conclusions: Taste sensitivity increases especially for higher sucrose concentrations and taste preference decreases in T2DM patients with regular combined exercises for a duration of 6 months.