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CONTENT

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DISCLAIMER

Articles

Addressing Loneliness in Older Adults: The Role of Nurses in Promoting Healthy Ageing Introduction

Increasing aging population is now a global health concern. By 2030, the number of people aged 60 years and older is projected to reach 1.4 billion worldwide, and by 2050, it may exceed 2 billion (World Health Organization, 2025). This global demographic change offers an opportunity for the society to benefit from the valuable experience, knowledge, and contributions of older adults. However, it also creates challenges for the society in terms of maintaining the physical, mental, emotional, and social well-being of older adults. One crucial yet often overlooked dimension of healthy ageing is loneliness which is a subjective feeling of being alone that can profoundly impact health outcomes (Salari et al., 2025). According to the World Health Organization (WHO), social isolation and loneliness are significant determinants of health, affecting quality of life and increasing risks of depression, cognitive decline, and early mortality (World Health Organization, 2025).

Nurses are in a unique position to address this issue, particularly those working in community and public health settings. They are at the forefront of identifying loneliness and putting interventions that promote mental health and social connection into practice. This article discusses the impact of loneliness among older people on public health, the role that nurses play to address it, and low-cost, nurse-led approaches that support older persons' social engagement and mental health.

Loneliness and Ageing

Loneliness is not just an emotional experience. It has clear implications for physical and mental health. Research shows that almost one in four older adults report feelings of loneliness, with higher prevalence among those living alone or in institutional settings (Salari et al., 2025). This is particularly concerning because loneliness is associated with increased risks of depression, anxiety, cognitive impairment, cardiovascular disease, and even premature death (Salari et al., 2025).

Notably, loneliness differs from social isolation. Social isolation refers to an objective lack of social contacts or interactions. Loneliness, is a subjective perception of an unmet desire for connection. However, both conditions can coexist (Grey et al., 2024).

Role of Community and Public Health Nurses

Community and public health nurses play a multifaceted role in supporting older adults' mental well-being, including early identification and assessment, providing person-centered care, advocacy, and care coordination.

1. Early Identification and Assessment

Nurses often engage with care of older people through home visits, community clinics, and health screenings. This regular contact enables nurses to observe and identify behavioural and emotional cues that may signal loneliness or mental distress. Training nurses to use validated screening tools and engage in meaningful dialogues can help to identify those who are at risk before complications develop. Research indicates that many nurses feel uncertain about identifying psychological aspects like loneliness without additional mental health training (Hauger et al., 2025).

2. Holistic, Person-Centered Care

Unlike episodic clinical care, community nursing emphasizes long-term relationships. Nurses can assess not only physical health but also emotional needs, living environments, social support networks, mobility limitations, and access to community resources. This holistic perspective is critical for effectively supporting older adults' quality of life.

3. Advocacy and Care Coordination

Nurses act as vital links between older adults, healthcare systems, and community resources. They can advocate for age-friendly services, collaborating with social workers and volunteers, and help older adults to access programs that build social connections. Their role as patient advocates also extends to influencing health policy towards more supportive, integrated care for ageing populations.

Low-Cost Nurse-Led Strategies to Combat Loneliness

Community nurses can implement several effective and sustainable approaches to battle with the loneliness of elderly adults in a scalable way.

1. Structured Home Visits and Check-Ins

Regular home visits or scheduled telephone check-ins offer more than clinical monitoring; they provide social interaction. Even simple conversations about daily life or concerns can alleviate feelings of disconnection and convey care and attention. Telephonic check-ins or video calls can also reach those who are' or geographically isolated (Grey et al., 2024).

2. Facilitating Group Activities and Peer Support

Nurses can organise or support community-based groups that promote shared interests, such as walking clubs, reading circles, or health education sessions. These group interactions help build peer support, reduce loneliness, and encourage physical activity. Group activities also align with activity theory in ageing, which suggests that meaningful engagement fosters improved health outcomes.

3. Digital Inclusion and Technology Support

Although technology may not be accessible or suitable for all older adults in developing countries such as Sri Lanka, many older adults can benefit from technology that connects them with family and community. Nurses can help older people learn to use smartphones, tablets, and social platforms for video calls and online group activities. Hybrid approaches that mix in-person and digital engagement have shown promise in reducing loneliness (Grey et al., 2024).

4. Social Prescribing and Community Partnerships

Social prescribing involves linking individuals with non-clinical services that address social needs. Nurses can connect older adults with local clubs, volunteer programmes, and age-friendly initiatives. Partnerships with community organizations broaden the support network available for older adults and can sustain long-term engagement that combats loneliness.

Conclusion

Loneliness among older adults is a pressing public health challenge. As populations age globally, nurses, especially in community and public health roles, are essential in identifying loneliness early. It may offer compassionate support and link older adults to meaningful social connections. Through structured home visits, group activities, technology support, and community partnerships, simple nurse-led strategies can enhance mental well-being and strengthen the social fabric that sustains healthy ageing. Addressing loneliness not only improves quality of life but also aligns with global healthy ageing initiatives championed by the WHO, which call for integrated, person-centered care and age-friendly communities.

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Helicobacter pylori and Peptic Ulcer Disease: A Reappraisal of the Evolving Landscape

Peptic ulcer disease (PUD) remains a significant global health concern, characterized by mucosal breaks in the stomach or duodenum. While *Helicobacter pylori* infection has long been recognized as a primary etiological factor, the epidemiology and understanding of PUD are continuously evolving. This article provides a comprehensive re-evaluation of the association between *H. pylori* infection and PUD, critically appraising the evidence, discussing the role of key confounders such as socioeconomic status and hygiene, and highlighting the changing landscape of PUD in an era of declining *H. pylori* prevalence and advanced therapeutic strategies. This short review aims to offer novel insights into the multi-factorial nature of PUD and its implications for clinical decision-making and public health.

Strength and Nuances of the Association

Epidemiological evidence robustly demonstrates that *H. pylori* infection significantly increases the risk of developing PUD, particularly duodenal ulcers (Yim et al., 2021). Prospective cohort studies, case-control studies, and meta-analyses consistently report that individuals infected with *H. pylori* have a three- to four-fold higher risk of PUD compared to uninfected individuals (Schöttker et al., 2012; Yim et al., 2021). This association is supported by a clear temporal relationship, with infection often preceding ulcer development (Schöttker et al., 2012).

However, it is crucial to critically appraise the nature of this association. While strong, it is not universally definitive. Only a subset of *H. pylori*-infected individuals (approximately 10-20%) will ever develop PUD, indicating that infection is a necessary but often not sufficient condition for ulcer formation (Mülder et al., 2026). Furthermore, with declining *H. pylori* prevalence in many developed regions, there has been a relative increase in idiopathic peptic ulcers (IPU)-ulcers not attributable to *H. pylori* or Non-Steroidal Anti-inflammatory Drugs (NSAID) use. Recent data suggest that IPU can account for 1.3% to 27% of all PUD cases, with some Western cohorts reporting up to 20-30% of ulcers falling into this category (Almadi et al., 2024). This phenomenon, sometimes referred to as the “declining prevalence paradox” or “leaking bucket” theory, suggests that as *H. pylori* recedes, other predisposing factors, including genetic susceptibilities (e.g., Prostate Stem Cell Antigen (PSCA) gene), stress, and

lifestyle choices, become more prominent in the pathogenesis of PUD (Mülder et al., 2026).

Large population-based cohort studies from diverse geographic regions have reported odds ratios ranging from approximately 3.0 to 4.3 for PUD among *H. pylori*-infected individuals (Schöttker et al., 2012; Yim et al., 2021). The risk is notably higher for duodenal ulcers, with some studies indicating markedly elevated hazard ratios, especially with more virulent bacterial strains (Schöttker et al., 2012).

Duodenal vs. Gastric Ulcers

The differential association of *H. pylori* with duodenal versus gastric ulcers remains a consistent finding. *H. pylori* infection exhibits a stronger link with duodenal ulcers than with gastric ulcers (Schöttker et al., 2012; Yim et al., 2021). This distinction is likely rooted in distinct pathophysiological mechanisms. *H. pylori* infection in the gastric antrum can lead to increased gastric acid secretion, which subsequently predisposes the duodenal mucosa to injury. Conversely, gastric ulcers can arise from a broader spectrum of factors, including mucosal atrophy, compromised defense mechanisms, and medication use (Yim et al., 2021).

Role of Bacterial Virulence

The pathogenicity of *H. pylori* is not uniform across all strains. Infections with *cagA*-positive strains are associated with a particularly high risk of PUD, especially duodenal ulcers. Studies have reported significantly increased risks of duodenal ulcers among individuals infected with *cagA*-positive *H. pylori* strains, underscoring the critical role of bacterial virulence factors in disease pathogenesis (Schöttker et al., 2012).

Interaction with NSAID Use

The interplay between *H. pylori* infection and NSAID use is a critical clinical consideration. Both factors independently elevate the risk of PUD, but their combined presence results in a synergistic rather than merely additive effect. Meta-analyses have demonstrated a dramatically elevated risk of ulcer development in *H. pylori*-infected individuals who also use NSAIDs compared to uninfected non-users (Malfertheiner et al., 2022). Clinical studies further indicate that *H. pylori* infection independently increases the risk of ulcer bleeding among NSAID users, reinforcing the importance of

eradication therapy in patients requiring long-term NSAID treatment (Malfertheiner et al., 2022).

Population Attributable Risk and the Evolving Epidemiology

From a public health perspective, the burden of PUD attributable to *H. pylori* infection remains substantial, even as its global prevalence declines. Globally, approximately 57% of PUD cases are attributable to *H. pylori* (Mülder et al., 2026). This highlights that a significant proportion of PUD could still be prevented through effective detection and eradication strategies. The global prevalence of *H. pylori* has decreased from 52.6% before 1990 to 43.9% in adults in recent years (Mülder et al., 2026). This decline, while positive, contributes to the changing epidemiological landscape where other risk factors gain relative prominence.

Confounding Factors: Socioeconomic Status and Hygiene

Beyond direct pathogenic mechanisms, several confounding factors significantly modify PUD risk among *H. pylori*-infected individuals and independently influence disease outcomes. Socioeconomic status (SES) and hygiene are particularly important, especially in low- and middle-income settings, and warrant critical analysis as independent risk factors (Schöttker et al., 2012).

Low SES is recognized as an independent risk factor for PUD, even after controlling for *H. pylori* infection and NSAID use. The mechanisms underlying this association are multi-faceted. Lower SES often correlates with increased household crowding, facilitating *H. pylori* transmission (Yim et al., 2021). Additionally, individuals in lower SES groups may experience poorer nutrition, which can compromise mucosal defense mechanisms, and higher levels of chronic stress, which is an established risk factor for ulcer development. Furthermore, higher rates of smoking and alcohol consumption, prevalent in some low SES populations, independently increase ulcer risk (Yim et al., 2021).

Improved hygiene and sanitation practices are directly linked to reduced *H. pylori* transmission rates. While this is beneficial for reducing infection, it also impacts the broader gut microbiome. The long-term effects of altered gut microbiota composition due to improved hygiene on PUD risk, independent of *H. pylori*, are an area of ongoing research and may represent another layer of confounding (Yim et al., 2021).

Other modifying factors include smoking and alcohol consumption, which further increase ulcer risk, and physical activity, which may offer a protective effect. Dietary habits and environmental exposures also play a role in *H. pylori* transmission and subsequent disease outcomes (Yim et al., 2021).

Clinical and Public Health Implications

The totality of evidence strongly supports *H. pylori* infection as a major, though not exclusive, causal factor in PUD. The consistency of findings across diverse study designs, populations, and geographic regions, coupled with clear biological plausibility, provides compelling justification for targeted prevention and treatment strategies. For clinicians, these findings reinforce the importance of *H. pylori* testing and eradication in patients with PUD, unexplained dyspepsia, or risk factors for ulcer complications (Malfertheiner et al., 2022). The evolving understanding of IPU also necessitates a broader diagnostic approach, considering other etiologies when *H. pylori* and NSAIDs are absent.

Conclusion

Despite declining prevalence in some regions, *H. pylori* infection remains a critical determinant of PUD worldwide. The evidence clearly demonstrates that infection substantially increases ulcer risk, particularly for duodenal ulcers and in the presence of NSAID use or virulent bacterial strains. However, the increasing recognition of idiopathic ulcers and the independent influence of confounders like socioeconomic status and hygiene underscore the need for a nuanced, multi-factorial understanding of PUD pathogenesis. Addressing *H. pylori* infection through integrated clinical and public health approaches, while also considering the broader epidemiological shifts and other risk factors, remains a key strategy for reducing the global burden of PUD.

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Beyond the Symptom: The Strategic Necessity for Strengthening Chronic Pain Services, Awareness, and Research

Chronic pain is no longer viewed merely as a symptom of underlying pathology; it is increasingly recognized as a distinct disease entity. Defined by the International Association for the Study of Pain (IASP) as pain that persists or recurs for longer than three months, chronic pain affects approximately 20% of the global population (Raja et al., 2020). In the context of modern healthcare, strengthening assessment protocols, public awareness, and dedicated research is not just a clinical necessity; it is an ethical obligation for healthcare professionals and academic institutions.

Biopsychosocial Model of Pain

The biopsychosocial model represents a paradigm shift in pain management, moving away from the narrow biomedical view that pain is purely a direct result of tissue damage (Gatchel, 2004). This integrative framework suggests that the experience of pain is a complex emergent property produced by the dynamic interplay of biological factors (such as genetics, neurochemistry, and nociception), psychological states (including mood, catastrophizing, and past trauma), and social influences (such as cultural norms, socioeconomic status, and workplace environment) (Campbell & Edwards, 2009). By acknowledging that psychological distress can amplify neurological pain signals and that social support can mitigate them, this model allows healthcare professionals to treat the person as a whole rather than a pathology to be "fixed." In chronic pain cases, where a clear physiological injury may no longer be present, the biopsychosocial model is essential for developing multidisciplinary interventions combining physical therapy, cognitive-behavioral therapy, and social support to restore functional quality of life (Bevers et al., 2016).

The High Cost of Neglect

When chronic pain is neglected, it triggers a cascade of physiological and socioeconomic deterioration that extends far beyond the localized site of injury.

- Neuroplastic Maladaptation: Prolonged pain triggers central sensitization. The central nervous system essentially "rewires" itself to remain in a state of high

reactivity, lowering the pain threshold. This means that over time, the brain perceives pain even in the absence of physical stimulus, making future treatments significantly less effective (Woolf, 2011).

- The Deconditioning Syndrome: Neglected pain leads to a “vicious cycle” of inactivity. Lack of movement leads to rapid muscle atrophy, cardiovascular decline, and metabolic imbalances, often resulting in secondary disabilities (Verbunt et al., 2003).

- Psychological and Social Erosion: There is a bi-directional relationship between pain and mental health. Individuals with chronic pain are four times more likely to experience Major Depressive Disorder (MDD) and anxiety. Socially, it leads to isolation and a loss of "self-efficacy," where patients no longer believe they can control their health outcomes (Goldberg and McGee, 2011).

The Socio-Economic Burden: From Global to Local Contexts

The burden of chronic pain is immense and manifests differently across geographical and cultural landscapes. Globally, it is estimated that approximately 1.5 billion people live with chronic pain, making it the leading cause of "Years Lived with Disability" (YLDs) and resulting in a productivity loss that exceeds the combined impact of heart disease and cancer (Wu et al., 2020). Regionally, the Asia-Pacific area is witnessing a high-growth trend in pain prevalence, primarily driven by rapidly aging populations and the rising incidence of diabetes-related neuropathy (Rice et al., 2016). In this region, cultural factors such as "stoicism" often lead patients to under-report their symptoms, which contribute significantly to clinical neglect (Chen et al., 2012). Locally, within Sri Lanka, research highlights a substantial burden of chronic low back pain and musculoskeletal disorders, particularly among rural agricultural workers. Karunanayake (2013) emphasizes that poor ergonomic literacy and cultural delays in seeking professional healthcare further exacerbate these conditions, highlighting the need for localized, culturally sensitive intervention strategies.

Strengthening the Triad: Assessment, Awareness, and Research

To address this crisis, the healthcare community, led by nursing and basic sciences, must adopt a tripartite strategy:

1. Multidimensional Assessment

We must move beyond the "0-10" scale. Strengthening assessment means adopting the biopsychosocial model, evaluating how pain interferes with sleep, mood, and social participation. Standardized tools like the Brief Pain Inventory (BPI) must become a staple in nursing curricula (Cleeland & Ryan, 1994).

2. Public Awareness and Advocacy

Stigma remains a primary barrier. Awareness campaigns must educate the public that chronic pain is a physiological reality, not a psychological weakness. Improving health literacy allows patients to advocate for multidisciplinary care rather than settling for ineffective "quick fixes."

3. The Research Imperative

Research is the cornerstone of evidence-based practice. There is a critical need for local longitudinal studies that track the efficacy of non-pharmacological interventions in Sri Lanka. Nursing-led research into patient-centered outcomes can provide unique insights into the lived experience of chronic illness, bridging the gap between clinical benchwork and bedside care.

Conclusion

The management of chronic pain requires a paradigm shift from a curative model to one of functional restoration. By refining our assessment tools, fostering a culture of informed awareness, and committing to robust scientific inquiry, we can transform chronic pain services. As leaders in health education, it is our responsibility to ensure that the "silent epidemic" of chronic pain is met with a loud, evidence-based, and compassionate response.

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Are We Equipped for Evidence-based Gerontological and Palliative Nursing for Well-being of our Ageing Population?

The global population aging is one of the most significant demographic changes affecting health care systems. As life expectancy increases, a growing proportion of older adults live with chronic illnesses, functional limitations, psychosocial vulnerabilities, and palliative care needs. Sri Lanka has the fastest aging population in the Asian context, which predicts that 25% of Sri Lanka's population will be older adults by 2030. Despite the demographic shift in Sri Lanka, gerontological and palliative nursing face several challenges, including the barriers in the translation of evidence into practice, continuing professional development opportunities, specialized gerontological and palliative nursing training, and barriers in the implementation of evidence-based interventions in community and residential care settings. This article highlights the importance of comprehensive, research-informed, evidence-based nursing care to meet the complex needs of the older population for their well-being.

The field of gerontological nursing is a holistic discipline that focuses on health promotion, management of chronic diseases, functional assessment, psycho-social support, and palliative care to provide complex care for older adults and their families while balancing the effects of pathology and normal aging. Because they must be involved in the assessment, planning, and implementation of patient care, gerontological nurses play crucial roles with the cooperation of the multidisciplinary team. Therapeutic activities towards direct patient care, patient and family health education, counseling, administration, advocacy, education, research, and providing insights for policy development are key activities among the multiple roles and responsibilities of a gerontological nurse in the global context. Whether older adults live independently in the community or in residential care facilities, gerontological nurses provide person-centered care that enhances the well-being of older adults.

In the Sri Lankan context, both community-dwelling and institutionalized older adults have unmet needs. Many are living with multiple comorbidities, frailty, fall-related fractures, and under poly-pharmacy. Furthermore, residential care settings have complex needs. Older adults in these facilities often experience physical dependency, cognitive decline, social isolation, and emotional distress. Although there are proven evidence-

based nursing interventions such as structured social engagement, cognitive stimulation, reminiscence therapy, and person-centered communication that support improving

psychosocial well-being and quality of life, there are gaps in addressing those needs in local residential care facility setups. The implementation of interventions requires a workforce trained in gerontological principles, with skills to translate research into practice to improve the quality of life among older adults. Palliative care is another significant component in the field of gerontological nursing, as older adults in society live with chronic conditions that are life-limiting or life-threatening. Therefore, the integration of palliative care will ensure the continuity of care, dignity, and well-being of the older adults in society. It is mandatory to incorporate nurse-led palliative interventions in improving the outcomes of older adults with palliative care needs in the community and residential settings.

Currently, Sri Lanka has taken steps in moving forward with gerontological and palliative nursing. Most of the nursing undergraduate curricula have fundamental content on Gerontological and Palliative Care Nursing. Moreover, research findings from Sri Lanka have identified areas such as functional decline, frailty, cognitive decline, depression, loneliness, decreased self-esteem, poor sleep quality, negative attitude towards aging, and decreased quality of life among older adults. Professional organizations in Geriatric and Palliative Medicine are concerned about multidisciplinary care for older adults.

Despite these positive developments, training and research gaps in gerontological and palliative nursing in Sri Lanka persist. Although there is exposure in undergraduate curricula in Sri Lanka, there is a lack of continuing professional development in Gerontological and Palliative Care Nursing, which is limited to workshops or certificate training. Although there has been an increase in research in Sri Lanka in this specific area, there is a lack of translation of research into practice. This highlights the need to develop research literacy among nurses, facilitating pathways for academic-clinical partnerships and structured postgraduate programmes in gerontology, which are essential for capacity building. It is important to empower nurses as both evidence users and evidence producers through nurse-led research that may generate locally relevant evidence on gerontological issues, which can guide national health policies, geriatric care standards, and community-based elderly care programmes in Sri Lanka.

In conclusion, further promotion of evidence-based gerontological and palliative nursing is an urgent and achievable need for the well-being of the Sri Lankan ageing population. This emphasizes the importance of focusing on capacity building through postgraduate programmes, structured continuous professional development courses, and academic-

clinical partnerships to ensure that the ageing population receives competent, compassionate, and sustainable gerontological and palliative nursing care to improve dignity, independence, and well-being.

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Academic Contribution

Advancing Nursing Capacity Through Knowledge Sharing

Over the past few weeks, a series of impactful academic sessions have been delivered, aiming to strengthen the knowledge, skills, and leadership capabilities of nursing professionals across all levels in Sri Lanka. These sessions contributed meaningfully to enhance the quality of care, professional competence, and evidence-based practice within the nursing workforce.

As part of the initiatives of the Sri Lanka Association of Geriatric Medicine, a lecture on *"Management of Pressure Ulcers in the Elderly"* was conducted by Mrs. H.M.C.M. Herath at the Teaching Hospital, Ratnapura. This session focused on prevention and early detection of illnesses, evidence-based management strategies and equipping nurses with updated clinical approaches to improve elderly patient outcomes. The training emphasized interdisciplinary collaboration and the nurse's pivotal role in safeguarding the well-being of frail older adults.

A large-scale workshop was held at the Faculty of Allied Health Sciences, University of Ruhuna, targeting nurses, ward sisters, and ward masters. Over 150 participants attended the session titled *"Clinical Mentoring: Communication and Feedback Skills,"* and they were actively engaged in learning. The program highlighted effective mentoring practices, constructive feedback techniques, and communication strategies essential for fostering supportive clinical learning environments. The session helped enhance nurses' capacity to guide students and junior staff, thereby promoting a culture of continuous learning and reflective practice in healthcare settings.

A focused session on *"Strategic Planning in Nursing Services"* was delivered for Special Grade Nursing Officers at the Colombo South Teaching Hospital. This workshop emphasized the importance of strategic thinking, goal setting, resource planning, and performance monitoring in strengthening nursing administration. Participants gained insights into aligning nursing services with institutional priorities to improve operational efficiency and patient care outcomes.

Across these three academic engagements, valuable knowledge and professional experience were shared with a wide spectrum of nursing personnel, ranging from frontline nurses to senior nursing administrators. These initiatives collectively contributed to capacity building, leadership enhancement, and the advancement of professional nursing practice nationwide.

Mrs. H.M.C.M. Herath
Lecturer
Department of Clinical Nursing
Faculty of Nursing
University of Colombo

Achievements and Awards

Fellowship Award from the College of Palliative Medicine, Sri Lanka (CPMSL)

Dr. Nirosha P. Edirisinghe was awarded the Fellowship of the College of Palliative Medicine, Sri Lanka (CPMSL) at the 4th Annual Academic Sessions 2025, held at the Galle Face Hotel, Sri Lanka, on 19 September 2025. This Fellowship was conferred in recognition of her contributions to palliative care education and research. The award reflects ongoing engagement in advancing evidence-based palliative care practice, education, and multidisciplinary research to improve the quality of life of patients and their families.

Senate Award for Research – Early Career Category, Annual Research Symposium 2025

Dr. Nirosha P. Edirisinghe received the Senate Award for Research (Early Career category) at the Annual Research Symposium 2025, University of Colombo, held on 28th October 2025. This award recognizes early-career academics who have demonstrated significant research contributions and scholarly potential, and it was conferred in acknowledgement of peer-reviewed research outputs and engagement in advancing the University's research agenda.

International Affairs

10th South Asian Association for the Study of Pain, 2025, New Delhi, India

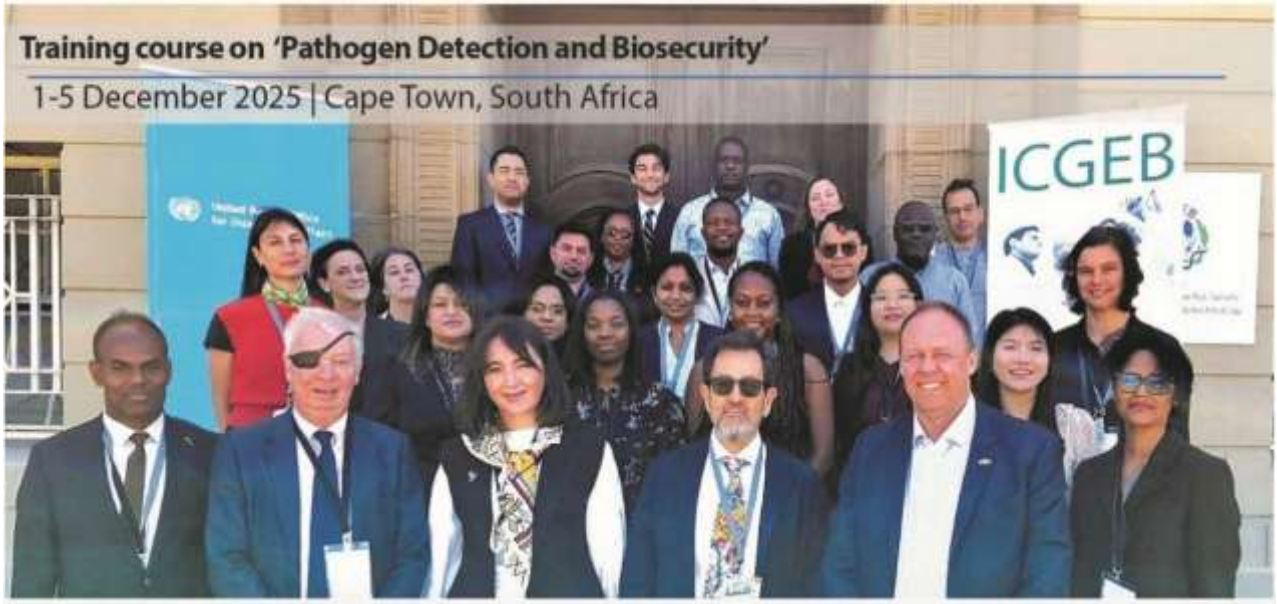
Dr. Nirosha P. Edirisinghe attended the 10th South Asian Association for the Study of Pain, 2025 organized by South Asian Regional Pain Society (SARPS) and Indian Society for the Study of pain, in collaboration with International Association for the Study of Pain (IASP), from 25th to 27th September 2025 at Hyatt Regency Delhi, India Dr. Edirisinghe presented a poster abstract on "Quality of Life Among Patients with Cancer Pain: A Cross-Sectional Study Using the EORTC QLQ-C30 in Sri Lanka".

Submitted by
Dr. N.P. Edirisinghe
Senior Lecturer (Grade II)
Department of Fundamental Nursing
Faculty of Nursing

Pathogen Detection and Biosecurity training programme organized by the Biological Weapons Convention Implementation Support Unit and the International Centre for Genetic Engineering and Biotechnology

Mrs. D. L. N. L. Ubhayawardana, Senior Lecturer in the Department of Basic Science and Social Science for Nursing, Faculty of Nursing, University of Colombo, Sri Lanka, participated in the *Pathogen Detection and Biosecurity* training programme organized by the Biological Weapons Convention Implementation Support Unit and the International Centre for Genetic Engineering and Biotechnology. The programme was held at the University of Cape Town, Cape Town, South Africa, from 1st- 5th December 2025.

This international training programme focused on strengthening capacities in pathogen detection, bio-safety, and bio security, which are critical components of global and national public health preparedness. The knowledge and skills gained are directly relevant to enhancing public health surveillance, outbreak response, and bio-security awareness.



Submitted by
Nushka Ubhayawardana
Senior Lecturer (Grade II)
Department of Basic Science and Social Science for Nursing
Faculty of Nursing

Selection and Participation in IASP Pain Camp, IIT, New Delhi

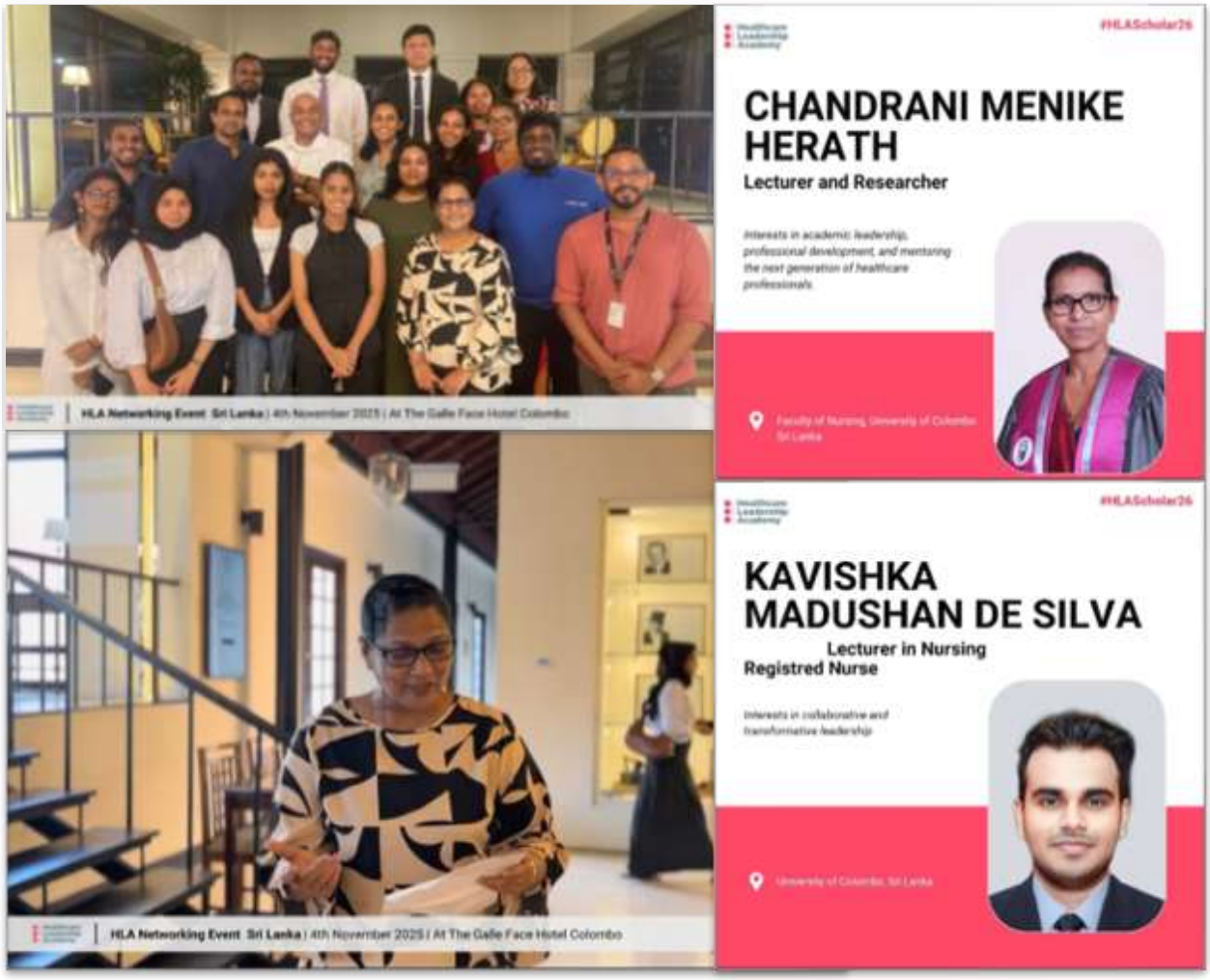
Dr. Nirosha P. Edirisinghe was selected to participate in the IASP Pain Camp and Refresher Course held at the Research and Innovation Park, Indian Institute of Technology (IIT) New Delhi, from 22–24 September 2025. This programme was jointly organized and funded by the South Asian Association for the Study of Pain (SARPS) and the International Association for the Study of Pain (IASP). Selection was highly competitive, with only 30 participants chosen from across the South Asian region. The programme provided structured, evidence-based training and scholarly exchange in contemporary pain assessment and management, contributing to continued professional development in the field of pain research and practice.

Submitted by
Dr. N.P. Edirisinghe
Senior Lecturer (Grade II)
Department of Fundamental Nursing
Faculty of Nursing

International Scholarships (HLA-2025/2026)

Three lectures of the Department of Clinical Nursing have been awarded international scholarships valued at £5,000 (GBP) each by the Health Care Leadership Academy, United Kingdom, for leadership and professional development. The scholarship programme attracted applications from healthcare professionals worldwide, with approximately 80 scholars selected globally for the 2025/2026 academic year.

Ms. H. M. C. M. Herath, Ms. Shereen Senarathne, and Mr. D. K. M. De Silva were among the successful recipients, reflecting their academic merit and leadership potential. This achievement highlights the growing international recognition of the Department of Clinical Nursing and its commitment to academic excellence and professional development.



Submitted by
D.K.M. De Silva
Lecturer (Probationary)
Department of Clinical Nursing
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Research, Conferences and Workshops

Priyadarshani, U.G.N., Ilankoon, I.M.P.S., Warnakulasuriya, S.S.P. *et al.* Cross-cultural adaptation and analysis of psychometric properties of the Sinhala version of the Attitudes to Aging Questionnaire for institutionalized older adults. *BMC Psychol* (2025). https://doi.org/10.1186/s40359-025-03919-y

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