

Health Care

NHS

TRUST

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16 September 1997

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Code A

Dr J Grocock

Code A

Dear Dr Grocock

ARTHUR CUNNINGHAM, DOB 13.03.19

Code A

Thank you for referring Mr Cunningham whom I visited at home today. He feels that there has been a marked deterioration in the last 5 weeks or so and his main problems are of weakness in his lower limbs around both hips, the left being worse than the right. His transfers are difficult and although he has mastered the way of doing so, finds it increasingly difficult. He also has some backache which is relieved by Solpadol. His appetite is poor, he does not feel that he is losing weight and he feels that he is drinking less as well. He previously had problems with incontinence of urine but is now continent and his bowels are regular with the aid of Lactulose. He denies any dysphagia, nausea or vomiting and has no chest pain but is sometimes breathless on exertion. He has no problems with ankle swelling, is able to turn over in bed at night with the aid of a monkey pole on his bed. He walks indoors with a stick, has a motorised wheelchair, as well as a wheeled frame with a seat and is still able to drive, his licence having been renewed last year.

His medication at present consists of Madopar 250/25 at 6.00 am, 10.30 am, 3.00 pm, 7.00 pm and midnight. He also takes Solpadol on a prn basis and on average takes 4 a day. His past history includes war time injury which has resulted in a lumbar spine fusion, bilateral fractured ankles and recently Parkinson's Disease and diabetes mellitus.

Mr Cunningham is a widower who has lived in Raglan Court since it first opened 17 years ago. He was previously in the RAF and has been in touch with the War Pensions Welfare Officer recently about a possible move to a Cheshire Home and tells me that there is one north of Petersfield and another in Surrey. He gave up smoking in 1987, has an occasional drink of alcohol. He has a step-son who lives in Fareham. He has home care daily and has assistance with a bath but is able to wash, dress and do his cooking still.

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Arthur Cunningham

Mr Cunningham was a pleasant gentleman who had extremely good facial expression and certainly had no fatigue ability in his speech! He had a fairly hoarse and monotonous voice though and had a pill rolling tremor of his left upper limb and a few dystonic movements of the right upper limb. (This was at 6.45 pm, just before his next dose of Madopar.) He had left foot drop but no oedema. He had a few fading bruises and a graze on the right leg. His pulse was 80 a minute and regular, blood pressure was 150/75 lying down and 160/90 on standing. Venous pressure was not raised, heart sounds were normal and his chest was clear. In his abdomen I could not feel any organomegaly, masses or tenderness. Eye movements were full, pupils were equal and reacting to light and his fundi did not show papilledema. He had mild cogwheel rigidity in the left upper limb but no worsening of the tremor with intention. His tendon reflexes were present and equal in the upper limbs, absent in the left knee and ankle and just present at the right knee but absent at the right ankle. Plantar responses were flexor. He complained of numbness in the left leg but on testing I could not detect definite sensory loss. Flexion and extension at the left hip were markedly impaired with considerable wasting of the left quadriceps. He also had impaired dorsiflexion in the left foot. He was able to mobilise around the flat with a stick albeit unsteadily when he initially got out of the bed or chair but in fact was quite steady once he was upright.

Overall I do not feel that Mr Cunningham's Parkinson's disease is much of a problem now but feel that the left foot drop and weakness mainly around the left hip are the main causes for his unsteadiness right now. I am happy to arrange attendances at Dolphin Day Hospital but as Mr Cunningham is going to be away on 22 and 23 September and the day hospital staff are going to be busy with the Parkinson's Open Day on 25, I feel attendances will not commence now for about a fortnight. Mr Cunningham has agreed with this. We shall let you know how he gets on.

With best wishes.

Yours sincerely

Code A

Dr A Lord FRCP
Consultant Physician in Geriatrics

cc Sister A Stewart, DDH, GWMH