Dr J Grocock 141 Privett Road Gosport Hants PO12 3SP

RR/df

07 July 1998

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Dict: 6.7.98

Dear Dr Grocock

Re Arthur CUNNINGHAM, Alverstoke House Nursing Home, Somervell Close, Gosport. D.O.B. 13.03.19

I reviewed Mr Cunningham on behalf of Dr Lord at the Dolphin Day Hospital following her domiciliary visit. As you will know, Mr Cunningham has now moved from Merlin Park Rest Home to Alverstoke House, but continues to tell me about the RAF home at Storrington, and I am unsure whether it is still possible he may eventually go here, or whether this just continues to be a hope on his part with no definite prospect, at any rate as Dr Lord mentioned it is difficult to further adapt his living arrangements at Alverstoke House until we know for sure whether he is likely to stay there. The Occupational Therapist here will speak to him further about this.

Meantime today, his weight was 68.7 kilos, quite a change from the last time I recorded it on 29 September 1997, at which time it was 84 kilos. He tells me that for a while he was eating poorly, but says that he is now eating better than previously, however, in view of the substantial weight loss we will do some base line blood tests and I will let you know whether anything untoward turns up.

In view of the loss of weight and the dystonia, it is apparent that Mr Cunningham needs a smaller dose of Sinemet than previously and Dr Lord began this process when she saw him on her domiciliary visit.

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Arthur CUNNINGHAM

Today on examination, he was not dystonic at 12 noon (though, unfortunately, I believe he had missed his 10 am dose of Sinemet this morning), his blood pressure lying was 100/72 and standing 110/80, his abdomen was lax and his descending colon was easily palpable. Some slight fullness though in his abdomen appeared due to a rather distended bladder only, however, PR he was extremely constipated, and mentioned that he had not been having his laxatives for the last few days nor had his bowels opened for the last 4-5 days. He was therefore given 2 Bisacodyl suppositories and we will liaise with the Nursing Home to ensure that if he has no positive result from this he is given an enema tomorrow. I have further reduced his Sinemet, so he is now taking Sinemet 110 only 5 times a day 4 hours apart at 0600, 1000, 1400, 1800 and 2200 and re-instated his laxative regularly. We will carry out some base line investigations in terms of blood tests and I will let you know the results. He will speak to our OT further about his plans for accommodation and we will consider further referral for his apparent depression if his mood did not alter on reduction of the Sinemet.

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Yours sincerely

Dr Rachael Ross C.M.O. Dolphin Day Hospital

Medications therefore now as follows: Sinemet 110 5 times daily, Co-Danthramer capsules 2 at night, Solpadol 2 qds prn, Diazepam 2.5 mg prn, Amlodipine 5 mg daily.