

PORTSMOUTH  
**HealthCare**  
 NHS  
 TRUST

Dr. Grocock  
 141 Privett Road  
 GOSPORT  
 Hants

Our ref

AMS/sh  
 Your ref

Date

2~~nd~~ December 1994

2206

Dear Dr. Grocock

Re: Arthur CUNNINGHAM,

Code A

Thank you for referring this pleasant gentleman up to us. From your letter it seems that his Parkinsons disease was diagnosed in the mid 1980s and his treatment has gradually been stepped up since then having had L-dopa in 1987 and subsequently Selegeline in 1992. He says that his mobility has gradually deteriorated over the past 6 months. He tires easily when walking and is spending increasing amounts of time in his wheelchair. He does have an end of dose deterioration some 4½ hours after taking his Sinemet. He takes his Sinemet religiously at 6 hourly intervals and occasionally adds in an extra ½ tablet, usually during the night to help him along. You tried him on Sinemet controlled release, 1 twice daily, but unfortunately he had side effects from this.

His past medical history is as outlined in your letter. His present medication is Sinemet 275 one four times a day, Selegeline 10mgs daily and Tylex capsules as required. He is an ex-smoker and occasionally takes a drink of alcohol.

He lives in a second floor flat with a lift in a warden aided complex. He has a pendant alarm. He has a home carer who calls on a daily basis. He cooks for himself, albeit in a limited capacity. He drives a car which is fitted with a mobile phone. His wife died 5 years ago of cancer. He has a step-son who lives in Fareham. His bowels are usually open regularly but occasionally has needed an enema from the district nursing team. His micturition is good with no frequency, a very good stream. When he has had an infection he does get some urge incontinence. He is short of breath on minimal exercise but with no other associated cardio-respiratory symptoms.

On examination today abbreviated mental test score was 10/10. He weight 103kgs. There was no anaemia, clubbing or jaundice present. His blood pressure was 176/96 with a regular pulse of 100 beats per minute. His heart size was normal with no murmurs present. There was no peripheral oedema. His breath sounds were normal. His abdomen was obese, soft, non-tender with no masses palpable. He scored 6 on the Websters scoring scale. He had resting

/cont over

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Arthur Cunningham

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Ext

Page 2

tremor with pill-rolling in the left hand. There was no rigidity present in the arms or legs. His reflexes were symmetrical in the upper limb but with an absent left ankle jerk together with a left foot drop. He had good quadriceps power. He walked with a stick held in the left hand with a pronounced left sided limp. He tired very easily.

As assessed today Mr. Cunninghams Parkinsons seemed good. He certainly tired easily when walking, perhaps more related to his weakness in his left leg and his obesity. Nevertheless, it is surely possible that his Parkinsons is varying somewhat during the day and I have asked him to make a note of his state during the day so that this can be reviewed next week. He will have a physio and OT assessment and will be reviewed when all this information is available. It may be appropriate to increase the frequency of his L-dopa dosage or perhaps have a re-trial on the Sinemet controlled release.

With kind regards.

-Yours sincerely

Dr. I. Bell  
 Clinical Assistant  
 Dolphin Day Hospital

(RFL - 200)

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