PORTSMOUTH
HealthCare
NHS
TRUST

Our ref RML/PP
08 49 32
Your ref

Date 15/10/98
(Dict. 8.10.98)
Ext 267

Dr. John Grunstein
Consultant in Elderly Medicine
Q.A. Hospital
Cosham
Portsmouth

R I P
Please file

Dear John

Robert WILSON, dob. 8.3.23

Code A

Thank you for referring this 75 year old man whom I saw in Dickens Ward on 8.10.98. I understand that he was admitted on 22.9.98 following a fall during which he had fractured his left humerus. I gather that he had been drinking heavily prior to the fall and that this had been the pattern for at least the past 5 years. I am aware that he had also been admitted in February 1997, again following a fall when a diagnosis of alcoholic liver disease was made.

During this current admission he had become rather sleepy and withdrawn and had appeared low in mood. His nights had also been disturbed. I gather that on the physical side he had a raised MCV, impaired renal function, active alcoholic hepatitis and hypothyroidism. He was treated with IV fluids and gradually improved. He is now eating and drinking well and appears much brighter in mood. His most recent Barthel score was 5.

Background history: He was born in Ayrshire but has lived in the south of England for the past 60 years due to his career in the Navy. He had one sister who died 3 years ago in a road traffic accident and 3 step-siblings from his mother's first marriage. Unfortunately his own father left the family when he was very young and his mother struggled to bring up her 5 children on her own. There is no history of mental illness or dementia. He himself has been married twice, the first marriage ending in divorce 16 years ago. He had 3 sons and 3 daughters from this marriage and there was also one adopted child. His second wife also has a daughter from a previous marriage and I gather from the notes that she tends to drink quite heavily too.

Mr. Wilson has been a regular drinker since the age of 20 but his alcohol intake according to his own account has increased greatly over the past 5 years or so. He used to drink rum but more recently has switched to whisky. He denies any past

psychiatric problems. He lives in a council house with his second wife.

Current medication:
Thiamine 100 mgs. daily
Multivitamins 2 tablets daily
Senna 2 tablets b.d.
Magnesium Hydroxide 10 mls. b.d.
Paracetamol 2 tablets q.d.s.

On examination, mental state: He was sitting by his bed, appeared calm and was friendly and co-operative throughout my visit. He was slightly deaf and it was difficult to understand him due to a degree of dysarthria and his strong Scottish accent. His speech did however seem coherent with appropriate answers. He was subjectively low in mood and objectively easily tearful but also able to smile. His thought content was appropriate and there was no evidence of delusions or hallucinations. He did not express any active suicidal ideas or plans but did admit that there was no point in living. His insight seemed well preserved. Assessment of his cognitive functioning revealed full orientation in place, partial orientation in time and a mildly impaired short term memory. His score on the MMSE was 24/30.

Physically he was obese with his left arm in a sling and his left hand still grossly swollen and bruised. There was also marked oedema of both legs. I gather his mobility remains poor.

In **summary** it seems as though Mr. Wilson may have developed an early dementia which could well be alcohol related. Alternatively this might be an early Alzheimer's disease or vascular type dementia. In addition he seems to have developed a depression and it is difficult to say whether this was preceding his increased alcohol intake or whether it has developed since withdrawal.

Suggestions for management: I think Mr. Wilson would benefit from antidepressant treatment and I have taken the liberty of starting **Trazodone 50 mgs. nocte** both as an antidepressant and a night sedative. I do of course hope he tolerates it in view of his liver and renal failure. Trazodone could be increased as appropriate in 50 mg. increments.

On the practical side he may well require nursing home care though at the moment he is strongly opposed to that idea. I shall be happy to arrange follow up by our team once we know when and where he is going to be discharged.

Best wishes
Yours sincerely

Code A

DR. R.M. LUSZNAT
Consultant in Old Age Psychiatry

c.c. Dr. Durrant, Brook Lane Surgery, Park Gate
Kit Teeroovengadum, CPN