

A

Dr J Bassett
Lee Health Centre
Manor Way
LEE-ON-SOLENT

VAB/ldm/083565

06 February 1998

2267

Dear John

Gladys RICHARDS - Code A
Glen-Heathers, 48 Milvil Road, LEE-ON-SOLENT

Thank you very much for asking me to see Mrs Richards who I saw at Glen-Heathers Nursing Home on 4 February.

She is a lady who has a severe dementia who since Christmas seems to have deteriorated further. Her speech is very mumbling and incoherent although occasionally she comes out with a few audible, understandable words. She had a urinary tract infection before Christmas which seemed to precipitate the deterioration but, despite treatment of this and clearing the urine, she never regained her pre-infection level of functioning. She doesn't seem to be over-sedated although does spend significant periods of the day asleep and she does sleep at night until about 3.00 am. She is at times quite agitated and distressed during the day and is tearful and wails. She is mobile and able to wander and does tend to put her hearing aids 'somewhere safe' so communication can be difficult. In the past Melleril has caused severe agitation as it occasionally does in people with dementia. Her current medication is Haloperidol 0.5 mgs at night, Trazodone 100 mgs at night. Her regular daily Haloperidol was stopped although whilst she was on it she was far more settled. She has a daughter, Lesley Lack, who visits most days and calls when her mother is distressed.

She has physical problems with constipation and haemorrhoids and, other than her dementia, has no known past psychiatric history.

In terms of her self care, she needs toileting and, as long as she is toileted, she is continent of urine and wears pads. She is incontinent on occasion of faeces but generally not. She needs help with washing, dressing and feeding. She is independent in terms of walking. She is allergic to eggs, mackerel and Melleril.

In her mental state, she was neat and tidy. She was very nicely made up, had her hair done, was nicely dressed and had a lot of very familiar objects in her room. She at times wished to get out of the chair but was easily reassured, smiled and responded well to stroking of her hand. Her speech was very mumbling and repetitive. I couldn't find her to be depressed and cognitively she is obviously severely impaired.

Impression

This is a lady with severe dementia with, I think, N stage illness and as a result it is not surprising that she does spend considerable periods of the day asleep. She obviously needs some help to relieve the distress that she experiences when she is awake.

Management Suggestions

In the first instance, I think it is extremely important to try the regular Haloperidol, ie 0.5 mgs tds. I think if this doesn't settle her then one ought to consider adding in Trazodone 50 mgs in the morning. Other options in the future could be Depixol at a low dose or Carbamazepine. The other additional help would be some lavender oil for hand massage as with her severe dementia she will respond to touch more than anything else also lavender oil and a burner on the light as being an alternative way to try and help her sleeping problems.

I will review her again once she has been back on the regular Haloperidol in about a week's time.

I would be grateful if you could sign and return the enclosed domiciliary visit form.

Best wishes.

Yours sincerely

Dr V A Banks
Consultant in Old Age Psychiatry