

Dr J Grocock
 141 Privett Road
 Gosport
 Hants
 PO12 3SP

AL/df/ Code A

Dict: 20.7.98

22 July 1998

2206

Dear Dr Grocock

**Re Arthur CUNNINGHAM, Alverstoke House Nursing Home, Somervell Close,
 Gosport. PO12 2BX D.O.B. Code A**

Diagnosis: 1. Parkinson's Disease - stable
 2. Weak pelvic girdle from old injury - stable
 3. Low white cells and platelets - likely Myelodysplasia
 4. Weight loss
 5. Element of depression with deteriorating memory - has not been able to
 settle in Rest and Nursing Homes in the last couple of months.

Mr Cunningham attended Dolphin Day Hospital today. He has been doing so since 6th July and the opinion from the Therapists and Nursing Staff is that both his Parkinson's disease and transfers are stable overall, he is able to do this with one. He still tends to jack-knife on transferring from the sitting or lying down position, but overall his stability does not seem to have deteriorated very much. His weight today was even lower at 67.2 kg, blood pressure was 130/65 lying down, 180/110 on standing. He was low in mood and his short term memory is certainly much worse. He was dysphonic as before, tremors were a problem of the left upper limb more than the right, and he had mild moderate cogwheel rigidity in the upper limbs. There was no dystonia and Mr Cunningham himself denies hallucinations now. He mentioned a difficulty with his swallowing, but is able to feed himself at the day hospital and usually finishes his main meal as well as a pudding without any observed difficulty.

He should continue with Sinemet 110, 5 times a day (6.00 a.m., 10.00 a.m., 2.00 p.m., 6.00 p.m. and 10.00 p.m.), Amlodipine 5 mg daily, Co-danthrusate 2 capsules nocte, Solpadol 2 prn qds, and Diazepam 2.5 mg prn.

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Arthur Cunningham

I have arranged for a Speech and Language Therapist to assess his swallow, as I wonder if he is safe with liquids. Following Mr Cunningham's consultation with me, I have had a phone conversation with Dr V Banks, Consultant in Old Age Psychiatry, and was informed that he is being admitted to Mulberry A ward on 21st July. I will be happy to review him there, and will let the Speech Therapist know of his admission, so that he could be seen on the ward.

I have discussed with Mr Cunningham today that it was in his interest to try and settle in a new Nursing Home that was found for him, although this may not be called 'perfect' in his eyes. He continues to mention the RAF Home in East Sussex as his preferred option for placement and I am not too sure as to why he was unable to go there.

Mr Cunningham will need the house and furniture to be adapted for him and will also need regular help with his transfers, but unfortunately this cannot be put in place until we have a permanent place of residence. This has been explained to Mr Cunningham today.

With Best Wishes

Yours sincerely

Dr A Lord
Consultant Geriatrician
Dolphin Day Hospital
c.c. EHU (QAH)
Dr V Banks, Consultant in Old Age Psychiatry