(39)

DR LORD`S CLINIC - 5.3.98.

AL/VB/ Code A

Dr S R E Morgan

Code A

10 March 1998

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Dear Dr Morgan

Arthur CUNNINGHAM b.

Code A

Thank you for referring Mr Cunningham back to outpatients. He tells me that episodes of breathlessness are not too bad and that he hasn`t had any episodes for three weeks until the early hours of this morning. He feels that anxiety brings on the episodes which are sometimes accompanied by some precordial tightening. He has found the Diazepam prescribed at the end of January beneficial and has taken 2 mgs tds since then. He has not had any oedema, backache is still a considerable problem, he is able to get around in his scooter, but has given up his driving licence. He was able to walk short distances with a stick. He denies any definite palpitations, but has had some blurring of vision.

His medication now consists of Sinemet 275 five daily, Amlodipine 5 mg daily, Ranitidine 150 mg bd, Diazepam 2 mg tds, and Solpadol 5-8 a day.

Mr Cunningham was seen at 12.05 pm and had a gross whole body dystonia with very little stiffness, a mild tremor affecting the left upper limb. He was able to transfer off his scooter and walked about 25 paces with a stick and a little assistance of one person. His pulse was 72 a minute and regular, BP 140/70, venous pressure was not raised, heart sound were normal, his chest was clear and there were no masses, tenderness or organomegaly in his abdomen.

An ECG today confirmed a regular sinus rhythm of 75 a minute, PR interval of 0.12 seconds and normal axis and no abnormalities. I`m arranging for him to have a chest x-ray as well as repeat U`s and E`s, liver function tests and a full blood count and will write to you with these results.

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Arthur CUNNINGHAM b Code A

I wonder if he could have problems with intermittent left ventricular failure, but overall his symptoms don't seem to be too bad at present. In addition I feel that yet again he is on too high a daily dose of Leva-dopa for his Parkinson's disease. I have told him to try and reduce the Diazepam to a prn basis rather than use it regular, but have otherwise left his medication unchanged. I have told Mr Cunningham that I felt he was on a too high total dose of Leva-dopa daily, but he tells me that a Parkinson's expert at Sussex Downs said that this dose was appropriate if he halved the Sinemet 275 tablets and took a total of ten a day. I'm afraid I do not agree with this view. I gather that he is moving to Solent Cliffs Nursing Home on 15 March and hope that he will be happy there and feel less anxious and lonely. Once settled in I feel that the does of Sinemet 275 five times a day will need to be reduced gradually with his agreement and feel that initially one dose can be substituted with Sinemet Plus instead of the 275 and the dose reduced gradually with lower strength tablets.

I will write to you again with the results of the chest x-ray and blood tests, but further follow up with me has not been arranged at this stage.

With best wishes,

Yours sincerely

DR A LORD
Consultant Physician in Geriatrics