

Medicine For The Elderly
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Dr George Thomson
West Wight Medical Practice
Brookside Health Centre
Queens Road
Freshwater
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Date 19/12/2018
Your Ref
Our Ref JH/CAW/ 0109405455
Enquiries to Dr John Harper
Extension 13137
Direct Line 01738 473137
Email

Dear Dr Thomson

Re: John Dexter, 2 Alma Place, Yarmouth, Isle Of Wight, Unknown, NK010AA, DOB: 01/09/1940

Date of Admission: 16.12.18

Date of Discharge : 18.12.18

Diagnosis

1. Delirium likely secondary to anti-Parkinson's medication
2. Parkinson's Disease
3. Previously pulmonary embolus (on Warfarin)
4. Reassuring echocardiogram

Summary of Admission

This delightful man, who is based on the Isle of Wight but spends time at his property in Pitlochry was admitted in an acute confusional state and having fallen. He has recently remarried and has been living an active life in his new relationship. He appears to take his Parkinson's medication intermittently on an "as required basis" with variable dosing. On arrival he was confused, and there was no significant Parkinsonism, focal neurology or evidence of significant injury. There was no sign of sepsis. ECG was in sinus rhythm. I thought the most likely diagnosis was delirium secondary to his liberal use of anti-Parkinson medication. We understood his Parkinson's has been less well controlled since a knee replacement a few months ago, and this may have been the cause for him to take more medication. He also reported a transient delirious episode some four weeks previously. There is no history of significant alcohol excess.

His confusion settled with a regular prescription of a reduced dose of his Parkinsonian medication. He had a satisfactory Physiotherapy and Occupational therapy review. MoCA score was 27/30. His likely high level of intelligence and education may have contributed to that relatively high score.

His wife was understandably anxious, but ultimately they were both happy for him to be discharged. They are remaining in Pitlochry until the middle of January but he will need follow-up by the Parkinson's Service when he returns home. We made some arrangements to try and ensure he takes his Parkinson's medication regularly. I also advised him that he should not drive at present pending further medical review. He and his wife failed to tell me he had a car accident recently which further emphasises how important not driving is. I think that may need to be reinforced.

Of note the admitting doctor noticed a murmur so he had an Echocardiogram and this was unsurprisingly normal. We will enclose report for your records.

Medication on Discharge

1. Sinemet 25/100mg 3x daily
2. Rasagiline 1mg od
3. Warfarin as per INR (stable during admission)

Note: Calcium / Vitamin D discontinued ? benefit

Follow-Up

Depending on how he is doing, I may review him prior to his return home. He will need review urgently with the local Parkinson's Disease service. I would be grateful if you could make the necessary referral.

Please don't hesitate to contact me if any questions (j.harper@nhs.net)

Yours sincerely

Authorised on 19/12/2018 18:55:59 by John Harper.

Dr John Harper
Consultant Physician

Copy to: Sheena Morgan, Parkinson's Disease Nurse (via email)