

Medicine For The Elderly  
NHS Tayside  
Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX  
01738 623311

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr George Thomson  
West Wight Medical Practice  
Brookside Health Centre  
Queens Road  
Freshwater  
Isle of Wight  
PO40 9DT

Date	10/01/2019
Clinic Date	09/01/2019
Your Ref	
Our Ref	JH/CAW/ <b>0109405455</b>
Enquiries to	Dr John Harper
Extension	13137
Direct Line	01738 473137
Email	

Dear Dr Thomson

**John Dexter, 2 Alma Place, Yarmouth, Isle Of Wight, PO41 0QQ DOB: 01/09/1940**

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

I saw Mr Dexter in the company of his wife in clinic today (09.01.19). He is feeling remarkably well. Fortunately since the reduction in dose, and strictly timetabled taking, of his Parkinson's medication his delirium has completely resolved. His tremor is a bit troublesome but he is otherwise doing very well. He describes no dyskinesia or on/off phenomena. He walked briskly up and down the corridor with good arm swing and no significant postural instability. There was no significant bradykinesia although he does have a resting tremor.

He is delighted with this change and has arranged follow-up locally when he goes home. Looking back at things I think that the deterioration that led to the recent increase in his Parkinson's medication was not so much a progression of his condition, but rather a consequence of reduced mobility, and physiological upset, resulting from his knee replacement which had taken place two weeks previously.

He did ask me about driving, and given the absence of any syncope, and the complete relief of his symptoms, back to a level when he was thought to be driving safely I said I couldn't see any reason why he shouldn't be driving now. He also clarified that the car accident he had recently was not associated with impaired consciousness or a fluctuation in his Parkinson's. He also corrected my prior letter in which I gave the impression he was taking his Parkinson's medication on an as required basis with variable dosing. That had been my impression when he had been delirious. He reports he was on an increased, but set, dose and taking not it at set time intervals.

I am sure he would benefit from a thorough review of his Parkinson's by a specialist. I have discharged him from clinic and am glad to hear that they haven't been put off coming back to Scotland in the future.

Yours sincerely

**Dr John Harper**  
**Consultant Physician**