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Our Ref: AV/BCG/348

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

Clinic Date: 26.02.19
Typed: 27.02.19

Dear Dr Thomson,

Re: Mr John Dexter, DOB 01/09/1940, NHS No. 410 435 8274
Seapie Corner, Alma Place, Yarmouth, Isle of Wight PO41 0QQ

Diagnosis – Idiopathic Parkinson's disease.

Plan –
1. Patient to stop Rasagiline.
2. Patient to consider reducing Sinemet – regime below.
3. Patient would like to have NHS follow up in Salisbury with myself – I would be grateful if you could refer him formally.
4. I will refer to Jackie Chamberlain, Parkinson's disease nurse based in Wiltshire once I receive an NHS referral.
5. MRI scan of the brain with gradient echo once on the NHS.
6. A review on the NHS ideally in 6 months or so.

Thank you for referring this 78 year old right handed gentleman to clinic. He came with his wife who he has been with for the last 4 years. He says that he has had a tremor on action since he was in his 20s. He remembers being in some amateur dramatics and holding a glass up and it shaking. However, he felt that his tremor got slowly worse but developed potentially a rest tremor in 2012 although he can't really remember. He saw Dr Gill Turner at that point and had a DaTscan which confirmed dopamine receptor depletion in the right putamen consistent with his left side tremor. He had not noticed difficulty with his walking at that point as it was largely his tremor that he was concerned about. However, his knee became worse and he had a total knee replacement on 29th August 2018 and is now having physio. He feels that he has been more unbalanced in the last 6 months or so and slower doing up buttons in the last year or so. His partner feels that there has been no great difference in walking now and 4 years ago although acknowledges that there were difficulties in between. She says that there is some gait initiation failure and he may struggle with doorways although this is mild.

She says that he has been somewhat more argumentative over the last few months and not so easy to live with. In November 2018 he clipped a van as he was driving in Downton. His car had some damage but the van didn't seem to have much. In November 2018, he also had an episode around breakfast time when he was confused as to who his wife was and who his children were. He insisted on having a shower before walking to the

ambulance. However, halfway to the hospital, he seemed to recover and knew who his children were. This seems to have been a few weeks after he clipped the van.

In December, they were in their house in Scotland and he got up at 5:30am to go downstairs as he sometimes does. He came back upstairs to see his wife who was still in bed and he tried to get onto the bed and slipped off it. When his wife took him downstairs, she realised that he had been sick and had made a mess downstairs. He seemed slightly less with it and kept on saying that he wanted to be sick. Clean toilet paper was trailed around the ground floor and he remembers that he couldn't seem to find the tap of the sink or in fact the toilet handle or the switches for the radiators. He didn't reply to his wife when she was talking to him and he was vaguely aware of being in hospital. His wife went back the next morning to the hospital and he was much better talking in bed to the people around him. He was perhaps a little over confident but he can occasionally be gregarious. He has never had any hallucinations or extracampine hallucinations. There is no impulse control disorder in terms of gambling, shopping or interest in sex. His wife did feel though that he was fairly impulsive.

He had a DVT in 1979 and has had PE around 8 years ago. He has had a cataract operation and had prostate cancer with problems starting around 3-4 years ago and ending with some ultrasound treatment around 1 year ago. He has urgency in urine and frequency with the occasional episode of incontinence. He takes Sinemet 100/25mg at 8am, 12pm and 4pm with Rasagiline 1mg once a day and Warfarin, PRN Cialis and Latanoprost eye drops. He usually wakes at 5:30am and goes to sleep at 10pm. He stopped smoking at the age of 30. He has a glass of red wine most nights but may not have wine or alcohol at all some nights. There is no relevant family history.

On examination his saccades were normal. He had full range of eye movement. He didn't strike me as having particularly hypomimic facies. He had obvious rest tremor in his left hand and his left leg which was 2 on the UPDRS with a tremor in his right hand of 1 and right leg of 0. Bradykinesia was 0 throughout and rigidity was 0 on the right and 0-1 on the left hand. His fundi were normal. His walking was obviously put on to impress but he had good arm swing and didn't have too many balance problems on turning. He had an action tremor when drinking from a glass of water in both the left and the right hand but this was not extreme.

I agree that he has Parkinson's disease. He is generally less keen to take medication particularly as those episodes of confusion unsettled him. It may well be that the second episode coincided with a viral illness when he was being sick. I would like to carry out an MRI scan of his brain with gradient echo sequences although I didn't mention that to him in the clinic room but just to look for any other alternative causes. He is keen to have further consultations on the NHS and I would be grateful if you could refer him to see me on the NHS and I will book the scan once I get that referral.

He is keen to reduce medication so I suggest that we stop the Rasagiline and see if that has any effect in the following couple of weeks. If it doesn't, then we could try cutting Sinemet back from 100/25mg at 4pm to 50/12.5mg at 4pm keeping the morning and lunchtime dose the same. If after a few weeks he doesn't seem to have any problems, then we could cut that back further and stop it. I suspect that he will tolerate cutting back Sinemet less during the day but we would try to perhaps drop the lunchtime dose to 50/12.5mg. If he has problems with mobility or dexterity of his hands, then he could just increase the dose to the last dose that seemed to work for him.

We talked at great length regarding dopamine levels and the benefits that dopamine may give him in terms of symptomatic treatment. There is no disease modifying treatment for Parkinson's disease. We also talked about Lewy bodies in the brain and how increased levels of dopamine may cause confusion particularly if coinciding with episodes of infection.

I will see him again on the NHS and refer him to see Jackie Chamberlain our Neurology nurse once I receive your letter.

With my best wishes,

Yours sincerely,

Checked electronically but not signed to avoid delay

Dr Boyd Ghosh
Consultant Neurologist

cc Mr John Dexter
Dr Julian Furby, Consultant Neurologist, Department of Medicine & Rehabilitation, St Mary's Hospital
Dr Boyd Ghosh, Consultant Neurologist, Salisbury District Hospital