

Lee  
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Dr Peter Hulak  
Linfield Medical and Dental Care

FAX 9415 6253

Dear Peter,

Edith  
Re: Edith  
C/O 50

I saw Edith today to discuss the results of her recent tests. Today, she was accompanied by Elaine [REDACTED] Edith's sister, who I know well. Edith has been living with Elaine since she came back up to Sydney from Victoria. Elaine was able to confirm Edith struggling with her mood and cognition from her perspective and from their day-by-day interactions. They spoke about wishing to understand what has transpired and what may be anticipated. Currently, Edith is looking to purchase an apartment in Fernbank where she would be closer to all the family and well supported.

The MRI scan of the brain showed mild age-related cortical cerebral atrophy and a mild degree of white matter ischaemic change. There was no disproportionate temporal lobe or hippocampal atrophy.

On the perfusion study, there were mild perfusion defects in the associated parietal cortices bilaterally extending into the precuneus bilaterally. The reduced patterns of perfusion in this distribution are *suggestive of mild Alzheimer's disease*. There is also a *cerebral vascular component* due to areas of mildly reduced cerebral perfusion reserved at a number of sites as outlined in Ken Lee's, nuclear physician, report, including the associative frontal cortices bilaterally, R>L, and other adjacent sites. I demonstrated some of the MRI and SPECT perfusion study images.

The EEG was abnormal because of occasional single sharp waves seen in the R>L frontotemporal regions at times phase reversing. There was no correlation seen with the elicited epileptiform abnormality.

I did not know that Edith had stopped the small dose of *valproate* that Geoff Herkes had introduced as *Epilim* 200mg ii bd some months ago. From both Edith and Elaine's perspective, there have been no further instances of altered consciousness in the interim. There would be an issue with any continued driving. In the context of a lengthy discussion as to how to proceed, the prognosis, what to anticipate, and how to access appropriate ongoing advice regarding social circumstances, the purchase of an appropriate place to live and how this could transition to more comprehensive care in the future, forgot to touch on the driving.

On the Addenbrooke's Cognitive Examination (ACE), Edith scored 82/100. On the extracted Mini-Mental State Examination (MMSE), she scored 23/30. I also administered the Montreal Cognitive Examination previously. She scored 22/30. There was primarily ready forgetfulness and difficulties with tasks requiring abstraction and executive function.

Edith

2.  
continued...

With her architecture background, Edith's visuospatial skills are well retained and excellent.

The presence of cognitive impairment has exacerbated intense anxiety, 'a feeling of depression', and 'paralysed thought'. I felt that from a number of perspectives, Edith would benefit from seeing Joanne Wright, Old Age Psychiatrist, with a keen interest in circumstances, such as Edith finds herself in. She could also advise regarding the introduction of a cognitive enhancer for which Edith meets the PBS supported criteria. I did not wish to preempt an approach. I will send Joanne a copy of this letter by a way of introduction. I trust this meets with your approval.

I have also recommended that Edith and Elaine make contact with Dementia Australia. They offer practical helpful and supportive advice and run an excellent "Living with Memory Loss" course.

In the longer term, it would helpful to engage with the Memory Clinic at HKH for ongoing advice regarding an approach to any emergent difficulties and with an excellent network of social workers, clinical neuropsychologist and other support available at need. I will send a copy of this letter by way of introduction.

While I have not made arrangements to see Edith, I would be keen to do so at any time if need be. Thank you for the opportunity of meeting Edith.

With kind regards,



Jean-Pierre Halpern

Cc

