DATE	(Each entry must be signed)
24/8/98:	Returned to eye o.e.d. — not seen. Eyesight back to @ Taking steroids B.D. → continue for 2/7 then stop. Still getting intermittent upper GI pain — on omeprazole No G Endoscopy — Biopsies show no evidence of Kaposis. /cmv. Await Viral culture. Does she need f/up - will write to Dr Hamilton.
2/9/98	Follow up Was admitted for I.V. amikacin :. unsure thought to be due to ethambutol + rifabutin. Ciprofloxacin now replaces ethambutol + rifabutin. 500 BD. Also Clarithromycin 500 BD Co-trimoxazole 960 x 3 weekly Fluconazole 50 OD. ZDV 200 BD 3TC 150 BD. On omeprazole Has endoscopy :. GI symptoms 13/8/98. ?? NS red lesion in stomach! Has constant nagging abdominal pain. He is very depressed. Onset whilst in hospital.

GRO-C

DATE

HISTORY SHEET (Continuation)

(Each entry must be signed)

Hospital No.

Surname WARD

First Names Mary.

Not sleeping.
Crying without reason.
Eating
Has thought of committing suicide - driving car into brick wall, injection air, miliary line.
Relationship bad. Partner distant.

Referral to on-duty psychiatric team.

GRO-C

Please see consultant request form for Dr Evans (Week 254), duty ψ Registrar

GRO-C

RF 474

ROYAL FREE HOSPITAL
POND STREET
LONDON NW3 2QG

TELEPHONE 071 794 0500

THE ROYAL FREE HAMPSTEAD
Royal Free Hospital
NHS TRUST

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath
Consultant: Dr K John Pasi MB PhD FRCP MRCPath FRCPCH
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Tele No: 0171 830 2068
Fax No: 0171 830 2178
E-mail: lee@ GRO-C

CAL/ML/ GRO-C

04/09/98

Dr D Kirby
The Surgery
Nevills Road
Letchworth
Herts SG6 4TS

Dear Dr Kirby

Re Mark Anthony WARD GRO-C 69)
GRO-C

I saw this patient today, the 2nd of September. As you know, he has recently been in hospital because he had uveitis and we thought this could be due to his drugs Ethambutol and Rifabutin and therefore we have substituted Ciprofloxacin to add to his Clarithromycin as prophylaxis against MAI. He remains on treatment with Zidovudine and 3TC. The main problem however when he came today, the 2nd of September was of profound depression. He has thought of ways to take his own life. He is not sleeping.

I have therefore arranged for him to see the emergency psychiatrist. I think it would seem that he is suffering from a reactionary depression and may therefore need to have anti-depressant treatment.

Yours sincerely

GRO-C

Christine A Lee
Professor of Haemophilia

CONSULTATION SHEET

Hospital No. GRO-C
Surname Ward
First Names Mark / Anthony
D. of B. GRO-C 69
Address GRO-C
GRO-C
Telephone No. GRO-C

Under the Care of Professor Lee
Ward Haemophilia Centre
Out Patient ✓

Date 2/9/98

Dr./Mr. Duty psychiatry Registrar / Dr Evans (bleep GRO-C)

Will you please see the above patient, give your opinion regarding treatment/prognosis/diagnosis ?
and undertake the further care of this patient.

Clinical Notes and Investigations:
Severe haemophilia A (also practising homosexual)
HIV ⊕ HAI infection 1997
Hepatitis C ⊕
Well, working + in good relationship most of the time. Recently short term contract finished.
1/12 ago → anterior uveitis ? due to HAI drugs → stopped ethambutol + rifabutin. Admitted for 2/52 on 31/7/98 for IV amikacin to replace these drugs.
While in —, severe episodic pains, OGD (? KS, histo did not confirm). All physical sx better, but v. depressed + suicidal since discharge. Not sleeping + having constant rows c̄ partner. No ψ PMH.

Signed GRO-C

~~House Physician~~/~~Registrar~~/Sen. Registrar/~~Consultant~~ Bleep No. nil

Reply Please advise re: need for ψ admission, therapy and follow up. Thank you!

Thank you.
29 yr old man with no past ψ hx.
Seems to have developed depressive symptoms since admission to hospital 3/52 ago and treatment problems eg uveitis and OGD for stomach pain.
Unfortunately this is not resolving since discharge and he is developing a depressive illness.
I do not feel he is an immediate risk of self harm.
Ⓟ Commence venlafaxine XL 75mg od.
I will see him in my OPD next Tues at 12.30pm
I will send a full summary in the post.

GRO-C
Liaison ψ Reg
GRO-C

☐ Opinion Only
☐ Will consultant undertake the further care of this case ?

Signed ....

RF 74 Rev

ROYAL FREE HOSPITAL
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FAX 0171 830 2876

DEPARTMENT OF PSYCHIATRY

THE ROYAL FREE HAMPSTEAD NHS TRUST
Royal Free Hospital
POND STREET DIVISION

Our Ref: ME\AM

17 September 1998
(dictated 09.09.98)

PRIVATE & CONFIDENTIAL
Professor Christine A. Lee
Haemophilia Unit
RFH

Dear Professor Lee

Re. MARK WARD (dob GRO-C 69)
GRO-C BIRMINGHAM GRO-C

Thank you for referring this 29-year-old haemophiliac with HIV, who was complaining of feeling low, depressed, tearful and suicidal.

He described worsening mood over the previous three weeks, which had started while in hospital for treatment of complications of his illness. During this time he had uveitis with some visual loss and underwent OGD for stomach pain. He found this experience quite frightening and has continued to feel low since discharge. He has become irritable and sensitive and the previous weekend said he wanted to run away and not return. He felt there was no point in anything and had considered suicide. In fact he took his dog to the railway to think about jumping under a train. He said he wouldn't do this because it would be terrible for the train driver and he decided the best thing would be to put a butterfly into a vein and pump it full of air. He denies actual planning.

His sleep has been poor with initial insomnia and early morning wakening, although his appetite is actually markedly increased. There is no diurnal mood variation but he describes tearfulness and some anhedonia. He has been trying to go out with friends but his self-confidence is poor and he has been easily upset by comments. His libido has been poor and he is increasingly worried about his partner's fidelity. He has been with GRO-C for two years and they live together. He increasingly feels that GRO-C doesn't understand him and flirts with others although he feels guilty about the pressure he is putting on GRO-C

Pond Street was the site of Hampstead General Hospital which, with other hospitals of the Royal Free Group was replaced in 1974 by the new Royal Free in Hampstead. Hospital and Community Mental Health Services form Pond Street Division.

There is no past psychiatric history and no history of self-harm. He was diagnosed as a haemophiliac at the age of 3 and says he has had a diagnosis of HIV for twenty years. He has subsequently developed CMV infection and MAI. When I saw him his medication was Septrin, Clarithromycin, AZT, 3-TC, Fluconazole, Ciprofloxacin and Maxolon. He said he was allergic to penicillin.

There is no family psychiatric history. His mother is 54 and he describes her as his best friend. He says he gets on alright with his father. GRO-B is 27 and their relationship is up and down.

He was born in Hertfordshire by normal delivery and developed normally. At the age of 3 he was diagnosed with haemophilia and made regular trips to GOS, thus missing a lot of school. He was unable to take part in usual activities at school, being treated much like a freak and subsequently hated school. His parents, however, made up for this by taking GRO-B on regular holidays and looking after them well. He left school at 16 and started a YTS to work for BA. He was diagnosed with HIV infection at the age of 14 but seemed unconcerned by this. He left BA in 1997 when he was retired on poor health grounds and he was angry about this. Subsequently he obtained temporary work with Thompson Holidays.

He has been in his current relationship for two years and his previous relationships have been short-term. He smokes up to 20 cigarettes/day and until two years ago regularly took illicit drugs. He now denies drug abuse and only takes occasional alcohol. He has some minor financial difficulties.

He has no forensic history, an assault case was dropped. Premorbidly he described himself as the life and soul, always enjoying himself although he was reliable, sensitive and caring.

Mental state examination showed him to be casually dressed and he was reasonably kempt, maintaining good eye contact and rapport. He described his mood as awful and objectively he was slightly low with decreased reactivity. There were some biological and psychological features of depression as already mentioned and he had suicidal ideas but no active plans. His speech was normal in rate and form and there was no evidence of anxiety symptoms or psychosis. He said this was not him and he seemed unable to shake out of it like he had done previously. He felt he needs help but was not keen on admission.

My impression was of a 29-year-old man with no past psychiatric history, presenting complaining of low mood since hospitalisation for complications of his illness. Since discharge his mood has continued to deteriorate and he seems to be developing a depressive illness. I did not consider him to be an immediate risk of suicide.

I prescribed **Venlafaxine XL 75mg od** and arranged to see him again in out-patients the following week. He phoned to say he was starting to feel better and would make contact with me again in the future to arrange another appointment.

Yours sincerely

GRO-C

MATTHEW EVANS
Liaison Registrar