

9

Generally well  
Tremor @ arm/hand ↑ by  
movement.

1/00

Seen by Dr Wilson  
Migraines over past 3 yrs

DHT 40 mgs<sup>2</sup>  
Ritonavir 100 mgs<sup>2</sup>  
Indinavir 800 mgs<sup>2</sup>  
Efavirenz 600 mgs<sup>2</sup>

Compliance good

Plan Check Bloods today  
TDM

Review

3/12

5/2/01

phoned by pt re pain in neck +  
numbness over @ arm which is  
getting worse. an: e neck m/m  
as well. Only 1 hand.

12:20 am

8/4/01

will need x ray neck + neurology  
app<sup>mt</sup>

Brain  
Neck  
Sagittal

6/3/01

→ came into clinic - requested MRI  
brain + neck + scap Dr Wilson on

8/3/01

GRO-C

9.1.01  
Mark WARD (Mr) RFB GRO-C DOB GRO-C 69

Special Combined Clinic – 9<sup>th</sup> January 2001

Consultants: Dr Margaret Johnson - Consultant Physician  
Professor Christine Lee - Consultant Haematologist

Mr Mark Ward, from an HIV point of view, he has been very well. His only problem has been that he has developed a tremor in his left arm, for which he has been reviewed by our consultant neurologist, Dr Wilson, who felt this was almost certainly a benign essential tremor. The onset of the tremor does not particularly relate to his anti-viral treatment having come on only after the last six weeks. He is managing his anti-viral treatment well. His compliance is excellent. His last CD4 count was  $0.057 \times 10^9/l$  and his last viral load less than 400 copies/ml. We are checking his bloods today and also arranging for him to have therapeutic drug monitoring when he next comes to the clinic, just to make sure that his blood levels are adequate.

12.6.01  
Special Combined Clinic – 12<sup>th</sup> June 2001

Consultants: Dr Margaret Johnson - Consultant Physician  
Professor Christine Lee - Consultant Haematologist

Mark Ward has developed what are thought to be myoclonic jerks affecting the left hand and arm. This started initially as some clumsiness and tremor but now, apparently, is much more pronounced with real spasms. An MRI scan at the outset showed a right cortical lesion and this was thought by our consultant neurologist, Dr Wilson, to be most likely caused by PML. His CSF was examined, this showed a high protein but JC-virus was not detected by PCR. He had a further MRI scan, however, from what I can see we do not seem to have seen the results of the scan. Clearly, his symptoms are now progressing. In addition, he has a number of other symptoms that concern him. Firstly, he describes very much mood swings, which are new and distressing. He also has become impotent, which is also causing him concern, as he has met a new partner and, finally, he is concerned that he has got some fat redistribution and he feels that his arms and legs and face have become thinner while he has centrally put on fat. His weight remains stable.

Clearly we need to sort out all these problems. I am arranging for him to have a repeat MRI scan of the brain and for him to be reviewed urgently by our consultant neurologist, Dr Wilson.

I am also concerned about the mood swings and these might be related to the Efavirenz. However, it may be related to the stress and tension associated with his present clinical symptoms. I think that it is worthwhile considering, when we have sorted out his problems, switching him from Efavirenz to Nevirapine.

I am checking his hormone levels and his antiviral therapy may have interfered with these and, when we get the results back, will consider a referral to Dr Pierre Bouloux. In addition, because of potential drug-to-drug interaction of the Clonazepam with the Ritonavir and Indinavir, I am arranging for him to have therapeutic drug monitoring to ensure his Indinavir level is within the therapeutic range. We will keep a close eye on Mr Ward and see him for review in the next combined clinic.

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MJ/gsl **GRO-C**/9<sup>th</sup> January 2000

GP: Dr D Kirby  
The Surgery  
Nevills Road  
LETCHWORTH  
Herts SG6 4TS

Dear Dr Kirby,

Patient: Mark Anthony WARD (Mr) RFH **GRO-C** DOB **GRO-C** 69  
**GRO-C**

Special Combined – 9<sup>th</sup> January 2001

Consultants: Dr Margaret Johnson - Consultant Physician  
Professor Christine Lee - Consultant Haematologist

We reviewed Mr Mark Ward in the Combined HIV/Haemophilia Clinic on 9<sup>th</sup> January 2001. From an HIV point of view, he has been very well. His only problem has been that he has developed a tremor in his left arm, for which he has been reviewed by our consultant neurologist, Dr Wilson, who felt this was almost certainly a benign essential tremor. The onset of the tremor does not particularly relate to his anti-viral treatment having come on only after the last six weeks. He is managing his anti-viral treatment well. His compliance is excellent. His last CD4 count was  $0.057 \times 10^9/l$  and his last viral load less than 400 copies/ml. We are checking his bloods today and also arranging for him to have therapeutic drug monitoring when he next comes to the clinic, just to make sure that his blood levels are adequate.

Yours sincerely

**GRO-C**

Dr Margaret Johnson  
Consultant Physician in HIV/AIDS

Professor Christine Lee  
Consultant Haematologist

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA