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PRIVATE & STRICTLY CONFIDENTIAL
Professor Christine Lee
Consultant Haematologist
Haemophilia Centre Director
The Royal Free Hospital
Pond Street
London
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GRO-C

16/3/04

Dear Christine,

RE: Mark WARD – D.O.B GRO-C **69.**
GRO-C

Diagnosis: 1) Severe haemophilia A.
2) HIV & HCV infections.

Mark is about to leave the West Midlands and move in with his boyfriend in Brighton. He wishes to transfer his haemophilia and HIV care back to the Royal Free. He has been a very frequent attender to the unit whilst he has been with us and I will attempt to summarise his ongoing clinical problems as best as possible in this letter.

His bleed frequency has been fairly fluctuant during his time with us. He can have episodes of frequent bleeds up to two a week in a variety of locations and then go for some time with only infrequent bleeds. Many of his bleeds have been trauma related. He has recently had a number of bleeds into his left knee which have exacerbated chronic arthropathy symptoms. His other arthopathies have remained very stable whilst with us.

His HIV infection remains very stable. At the time of his transfer to us he was on a combination of Stavudine 40mgs twice daily, Efavirenz 600mgs once a day, Ritonavir 100mgs twice a day and Indinavir 800mgs twice a day. Soon after his transfer because of his weight, I reduced his Stavudine to 30mgs twice daily and because of high Efavirenz levels, I reduced this to 400mgs nocte.
He continued on this regimen until September 2003 when he was complaining of quite severe Efavirenz related side-effects and therefore I switched this to Nevirapine which he is now on at 400mgs a day. During the time with us, his viral load has as you can see remained fully suppressed at less than 50 copies/ml and his CD4 count, although fluctuant, has as you can see remained well above 200 x 10^6/l. He has therefore not required Septrin now for some time. Mark has had a mildly elevated cholesterol level recently, the most recent in January of this year being 6.1mmol/l with triglycerides of 4.89mmol/. Due to the absence of other cardiovascular risk factors, we have taken a decision to simply observe this at present. Unfortunately he has developed quite severe, progressive lypoatrophy as a consequence of his therapy. This is now a major problem in his gluteal regions and his thighs. I had considered switching his Stavudine to alternative medication over a year ago but following discussion with

Cont'd ……

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Mark we decided to leave things as they were at that particular time. However he does now wish to stop his Stavudine but would like to defer a decision as to what to switch to until he is seen back in your HIV Clinic.

As you will remember when he moved up to the West Midlands, he was having a severe problem with myoclonic jerking of his left hand and there were concerns about a cerebral pathology. He was followed-up by one of our Neurologists, Dr Milne Anderson, who repeated a CT scan of his brain which was in fact normal. He was of the impression that Mark's neurological symptoms were due to a problem in his spinal cord. He was commenced on Carbamazepine, Clonazepam and Gabapentin to control his spasms. This treatment was reasonably effective and as the problem seemed to completely settle, I withdrew the medication in July of last year and he has not had a recurrence of the jerks since.

His Hepatitis C infection has remained very stable and over the last year and he has maintained normal transaminase levels.

On going problems with Mark at present include severe insomnia despite trying a variety of sedatives and also watery eyes. I have referred him to the Ophthalmologists for this problem but it is unlikely that he will have an appointment through before he leaves Birmingham. Other problems he has had with us have included recurrent axillary abscesses, respiratory tract infections requiring admission, occasional episodes of haematuria and an avulsed flake from his left talus in 2002 which required three weeks in a plaster cast. Whilst with us Mark's mood has been very fluctuant and he has been severely depressed and anxious at times. However since his decision to move to Brighton, his mood does seem to have picked up quite considerably.

Should you require any further information about Mark that I have not included in this transfer letter, then please do not hesitate to contact me.

With best wishes.

Yours sincerely,

GRO-C

Jonathan Wilde
Consultant Haematologist
Haemophilia Centre Director