Witness Name: Gary Redman Statement No: WITN1699001 Exhibits: WITN1699002-4

Dated: November 2018

INFECTED BLOOD INQUIRY	
EXHIBIT WITN1699004	
EXTREM TOTAL	

Direct Line: 020 7830 2240/Extn GRO-C DEPARTMENT OF PSYCHIATRY Lisison Service

Our Ref: SO'C\AM\019363

6 February 2001 (clinic 31.01.01)

PRIVATE & CONFIDENTIAL

Mrs Riva Miller
Honorary Senior Lectures/Family Therapist
Haemophilia Centre

RFH

Dear Mrs Miller

e. GARY REDMAN DOB GROC 62

GRO-C

Thank you for referring Gary to the liaison clinic, where he was seen on 31 January 2001. As you know Gary is a 38-year-old man who lives with his 7-year-old son. He was divorced in 1990 and has not worked for the last six years, because of the complications of haemophilia A and hepatitis C. He describes his relationship with his current girlfriend (Kim) as good and they have been seeing each other for the last four or five months. She was present during the assessment.

Presenting Complaint: He told me that apart from the problems with his physical health, he had few other difficulties at present. He said that until early December 2000 he had been taking interferon and Ribavirin for approximately seventeen weeks (second course). He falt unable to continue this because of the side-effects, which he described as poor sleep, bone pain, sweating, reduced appetite and shakiness. He also described feeling the most depressed he had ever been in his life.

He went on to explain that although he still has the shakiness in his hands and arms, the pain has subsided and he is only left the previous arthritic pains. His appetite is unchanged and although he eats sporadically his weight is steady. His sleep remains somewhat disturbed. He has been sleeping 4-5 hours/night for the last three to four years and tends to wake every couple of hours but there is no early morning wakening. On occasion he has initial insomnia and uses hypnotics once or twice/week. He complains of energy from time to time, but can't say exactly how often and it is certainly not every day. He has continuing anger and frustration related to the fact that he contracted hepatitis C through no fault of his own and he has been unable to receive compensation. He realises he may well develop life threatening

cirrhosis or a hepatoma, but said he would not receive a liver transplant because of his haemophilia.

Despite all this, he reports that since stopping Interferon and Ribavirin, he has stendily felt better and feels that life is worth living. He admits to feeling hopeless in the past but denies every having any thoughts about harming himself or ending his life. He continues to socialise and maintain contact with friends.

Past Psychiatric History: He said he had a "nervous breakdown" during childhood but couldn't remember the cause or if he saw anyone. He saw a psychiatrist locally before Christmas who apparently felt he had problems with depression and anger but didn't advise treatment and no follow-up was arranged.

Past Medical History: Haemophilia A. He reported that he contracted hepatitis C in 1980 but was not informed until 1995. As I understand it from him, he has tried to get compensation but has been unsuccessful.

Current Medication: Dihydrocodeine 30mg up to 10 tablets od (taken when weather is cold and damp; often goes without in warm weather). Nitrazepam 10mg pm and Lormotazepam 2mg pm (to help him sleep, 1-2 times/week).

Family/Personal History: His parents are still alive, aged 62 and 63. His father has Parkinson's disease. He is one of five siblings, with two sisters, the youngest of which has chronic fatigue syndrome. His younger brother died in a road traffic accident eighteen months ago. There is no family psychlatric history. He was born and brought in Leyton and Tottenham and moved to Essex at the age of 12. He says he has happy memories of his childhood although he was somewhat accident-prone. He distinct school and truanted frequently, but left with four 'O' levels and two CSE's. He then played in a successful rock band and when not touring had a variety of jobs. He married in 1988 but was divorced after two years as a result of numerous arguments over money. Following that he had a relationship for five years which produced his son, but his partner left when his son was aged 10 months and he has been the sole carer for many years. I understand his ex-partner now has weekend access. His last employment was as a chef.

Social History: He smokes 40 eigarettes/day and consumes 2-3 bottles of wine/week. In the past he has had problems with alcohol, at times drinking up to one bottle of spirits/day, although he denies withdrawal symptoms.

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There are no housing difficulties and he has a social worker, where seems him on a weekly basis and has arranged home care twice/week. She is also involved in sorting out his benefits. He is currently involved in a compensation claim for whiplash following a car crash.

Forensic History: He has received no convictions, but has had fines for motoring offences. He was once charged with Aggravated Assault, but the charges were dropped.

Premorbid Personality: He describes himself as laid back and talkative with a rather reckless streak. He is clearly able to make and maintain friendships.

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Mental State Examination: He was casually dressed, relaxed and co-operative. There was good eye contact and rapport and the tremor you mentioned was evident. Speech was normal. His mood appeared enthymic and reactive and he smiled appropriately. His anger was evident when discussing contracting hepatitis C and the limited treatment options, given that he could not tolerate interferon and Ribavirin. His thoughts were centred around anger towards the medical profession and his lack of compensation but he was also tooking to the future in an optimistic manner, for example, he was planning to join a gym. There were no psychotic phenomena and no perceptual or cognitive abnormalities.

Impression: This man has been suffering from a depressive episode, secondary to drug treatment (depressive episodes are a recognised complication of Interferon therapy). This has now virtually resolved although he is left with these residual difficulties secondary to his illness. He felt he was receiving enough support from friends, social services and home help.

He was seen by Dr Lloyd who agreed that his depressive disorder was caused by Interferon and since ceasing therapy his depressive symptoms have largely resolved. We have not arranged treatment or further follow-up and are discharging him back to your care.

Yours sincorely

STEPHEN O'CONNOR Senior House Officer in Lialson Psychiatry

Co Professor Christine Lee, Haemophilia Centre, RFH

Dr M Williams, Medical Centre, 22 High Street, Aveley, Essex RM15 4AT

Ms Barbara Auchterlonic, Thurrock Social Services, PO Box 140, New Road, Grays, Essex RM17 6BR