**Clinic Follow-Up**

**Neurology Department Ein Kerem. Director: Dr. Ekstein Dana**

Hadassah University Hospital Ein Kerem, Jerusalem, Tel 02-6777111

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**Shapiro Leonard Zelig 34090313- 7 Age at admission:** 86(2) **Date of visit**: Oct 20, 2022

**Year of birth:** 1936 **Sex:** Male **Father’s name**: Unknown

**Address: Phone:** 054-3171706 **Admission number**: 51863025001-1

**Town:** Jerusalem **Admission type: Unit**: Neurology - Clinic

**Funding body:** Self **Discharge destination**:

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**Problems and diagnoses**

**-332.0 PARKINSON’S DISEASE**

**Current Illness**

The patient is an 86-year-old man, right-handed, who has suffered from Parkinson’s Disease since 2015; the first sign was postural abnormality. The patient responded well to Sinemet (carbidopa-levodopa). He now takes it every four hours, despite not experiencing motor fluctuations. In the past, he suffered from hallucinations and was treated with Seroquel (quetiapine), which did not sufficiently improve difficulties with sleep. Seroquel was stopped and he was started on Clonex (clonazepam), with which he sleeps for several hours but then wakes up and cannot go back to sleep. He has difficulty staying awake during the day.

No prominent subjective cognitive complaints, poor sense of smell for several years, sometimes yells or kicks in his sleep, and suffers constipation treated with diet. He is of Ashkenazi descent, with no history of Parkinson’s in his extended family, and no history of melanoma.

The patient now takes Sinemet 200 extended release five (sometimes six) times per day.

Additionally, the patient takes Tamsulosin and Oxybutynin, and one 0.5mg Clonex tablet daily.

On examination, the patient is oriented to month, year, and day of the week, and oriented to place. Downgaze is slow, applause sign is borderline, anterocollis, bilateral bradykinesia, which is more prominent in the upper body, moderate rigidity that is more prominent on the left, without tremor. The patient uses their hands to rise to standing; his gait is slow with borderline restoration of posture, no pyramidal signs, Poor Achilles reflex - worse on the left side, mild micrography.

Impression: Apparently idiopathic Parkinson’s Disease (despite mild slowness on downgaze).

Recommendations -

1. Regular physical activity
2. Due to hallucinations, gradually replace Oxybutynin with Betmiga (mirabegron). Reduce to 5mg Oxybutynin and stop after two weeks. With the approval of a urologist, start Betmiga 25mg as needed instead.
3. Stop Clonex and go to sleep without any drugs. When he awakes at night, he can take 5mg of Zolpidem (half a tablet of Stilnox) as needed to fall back asleep. We will later consider raising the dosage or adding Bondormin (brotizolam).
4. Later, we can try adding Sinemet at night if there are no hallucinations.

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**Approving doctor:** Dr. David Arkadir, License number 38209 \*\*\*\*Electronically signed\*\*\*\*