NHS Lothian

Astley Ainslie Hospital
Department of Clinical Psychology
133 Grange Loan
Edinburgh
EH9 2HL

Clinical Psychology

Dr MacDonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 24/02/2021

Outpatient Clinic Letter

Patient	Deborah Berry Flat 4 366 West Granton Road Edinburgh EH5 1FE	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (55 years) 600065926A
Attendance Date	10/02/2021		
Consultant	Linsay Brassington (CF)		

Dear Dr MacDonald

Thank you for referring Deborah Berry to the Pain Management service. I had the opportunity to conduct a telephone assessment with Deborah for an initial assessment of her difficulties with pain. Below is a summary of what was discussed and an outline of further therapeutic involvement.

Deborah stated that she had hoped that todays appointment would be for a medical review of her medication and to explore further causes of her condition. She has requested a referral to the pain clinic which has been made.

She stated that she lives with her [redacted] Deborah reported that she has [redacted] one who lives alone and the other who lives with her [redacted]

Deborah reported that she has experienced pain from 2015. She described pain at the bottom of her back and through her joints. She stated that pain has spread to her elbows, hands and knees. She reported that her pain is constant and that she has no pain free periods. She described also experiencing flare-ups. She reported that she also experiences fatigue and has difficulties sleeping. She described having difficulties with her memory and feeling foggy due to pain and medication. She stated that that she finds that her pain medication only helps to a limited extent. She reported that she has also engaged with physiotherapy in the past but did not find this to be beneficial.

Deborah described har pain as having a great impact on her life. She reported that she requires support from her [redacted] with daily tasks. She reported that her pain means that she is unable to socialise.

She stated that her pain also impacts on here mood. She reported that she has gained weight due to being unable to exercise and that this has affected her self esteem. She reflected that she can feel angry and frustrated and her pain can lower her mood. She reported that she is prescribed antidepressants, she stated that she has felt suicidal in the past however denied any current thoughts or intentions of suicide or self-harm. She reported that her [redacted] is her protective factor. She described experiencing anxiety and feels that this is a mixture of her health

issues and is also a symptom of PTSD.

Deborah stated that she feels that distraction is a helpful coping mechanism and would like to continue to develop coping mechanisms.

We spent some time formulating Deborahs difficulties with complex chronic pain and low mood. We acknowledged that Deborahs low mood is heavily influenced by pain and loss of meaningful activities. These factors are likely to be triggering a range of difficult emotions for Deborah including frustration, feelings of guilt and hopelessness and anxiety. We made links between these emotions, increased tension, and how this could be impacting her pain

We discussed the pain management programme and she has agreed to attend pain management webinar series.

I will of course keep you informed of her progress. Should you have any questions or concerns regarding any of the above information, please do not hesitate to contact me.

Yours sincerely,

Electronically signed

Claire Findlay
Health Psychologist
Pain Management Service

NHS Lothian

Astley Ainslie Hospital
Department of Clinical Psychology
133 Grange Loan
Edinburgh
EH9 2HL

Clinical Psychology

Dr MacDonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 23/03/2021

Outpatient Clinic Letter

Patient	Deborah Berry Flat 4 366 West Granton Road Edinburgh EH5 1FE	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (55 years) 600065926A
Attendance Date	11/03/2021		
Consultant	Dr IL Marples (Telephone)		

Dear Dr MacDonald

Today I spoke to Deborah on the phone. She has a lot of joint pain at the moment. Her right knee is particularly bothering her. It had been a problem back in 2009 when she underwent MRI of the right knee which was normal but there has been a lot of water under the bridge since then.

You have ordered x-rays for hands but they are normal for her age. Rheumatoid type inflammatory markers are normal last time you measured them.

Deborah is currently taking Di-Hydrocodeine and Tramadol. She says that she is intolerant or allergic to Morphine, Oxycodone, Co-codamol and Fentanyl. She had those drugs when she was living in Australia for a decade starting in 2010. She said that she had a Neuromodulation device implanted in her back for back pain following a horse riding accident also in Australia.

Deborah is also taking Mirtazapine which she has been on for years and that seems to help her mood. She has Atenolol, Duloxetine, a statin, Amlodipine and Perindopril. Her sleep pattern is interrupted by pain. She is intolerant of Tricyclics.

I asked Deborah about her weight. She says that she has put on weight due to inactivity, overeating and pain. Mirtazapine wont be helping her weight either. I explained that knee pain is mechanically affected by being overweight. Physiotherapy is a good option but I did wonder whether you might wish to further investigate Deborahs right knee?

I dont think there is a drug which is going to make a difference to Deborahs pain and disability.
Yours sincerely

Electronically signed

Dr Ivan Marples
Consultant in Anaesthesia and Pain Medicine
Dictated: 11/03/2021
Typed: 23/03/2021 (IM/JT)

NHS Lothian

Astley Ainslie Hospital
Department of Clinical Psychology
133 Grange Loan
Edinburgh
EH9 2HL

Clinical Psychology

Dr MacDonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 23/03/2021

Outpatient Clinic Letter

Patient	Deborah Berry Flat 4 366 West Granton Road Edinburgh EH5 1FE	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (55 years) 600065926A
Attendance Date	03/03/2021		
Consultant	AAH Pain Management Webinar		

Dear Dr MacDonald

This patient was recently referred to the Pain Management Service and offered the opportunity to participate in a series of 5 facilitated online Pain Management webinars. Unfortunately, they failed to attend Week 1 of this. Therefore, in line with NHS Lothian policy, we have now written to them to advise that they have been discharged from our service and that they should get back in touch with us within the next 4 weeks if they still wish to engage with our service.

We shall of course keep you informed if we do have any further contact with this patient.

Kind regards

Pain Management service
Astley Ainslie Hospital

NHS Lothian

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

Dermatology

Dr Duerden
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 07/10/2021

Outpatient Clinic Letter

Patient	Deborah Berry 190 PILTON AVENUE Edinburgh EH5 2LG	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (56 years) 600065926A
Attendance Date	01/10/2021		
Consultant	Dr Lisa Naysmith		

Dear Dr Duerden

DIAGNOSIS:
x2 flat seborrhoeic kertatoses right extensor knee

TREATMENT:
Reassurance

FOLLOW-UP:
Discharge

COMMENT:
Many thanks for referring this lady to the dermatology clinic. She gives a six month history of two rough patches on her right extensor knee which she rubs when she comes out the shower. There is no associated pain or bleeding.

On examination, she has a 4mm subtle flat topped superficial warty plaque with a smaller similar lesion adjacent to it and both lesions look like seborrhoeic keratoses. There were no features of a squamous cell carcinoma. A full skin survey was otherwise unremarkable.

Yours sincerely,

Dr Lisa Naysmith
Consultant Dermatological Surgeon & Dermatologist

LN/hl/Dictated 01/10/21

For queries concerning the above, please contact Hana Lagha on 0131-536-3741

Dermatology Patient Pathways www.dermatology.nhs.scot <http://www.dermatology.nhs.scot>
<<http://www.dermatology.nhs.scot>>
For Google and Apple apps, please see links under the INTRODUCTION
(<http://www.dermatology.nhs.scot/dermatology-pathways/introduction>)

NHS Lothian

Royal Infirmary of Edinburgh

Dept.of Clinical Neurosciences
50 Little France Crescent
Edinburgh BioQuarter
EH16 4TJ

Spinal iMSK Advanced Practice

Dr Duerden
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 26/08/2022

Outpatient Clinic Letter

Patient	Deborah Berry 190 Pilton Avenue Edinburgh EH5 2LG	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (57 years) 600065926A
Attendance Date	15/07/2022		
Consultant	Gavin J Ritch		

Dear Dr Duerden

NHS Lothian Integrated Spinal Service
Spinal Advanced Practitioner Clinic

Diagnosis:
Persistent low back pain and leg pain.

Outcome:
APP Clinic has referred to Physiotherapy and would benefit from a Pain Trained Physiotherapist.

This patient was referred following triage by the Neurosurgical Team at the Royal Infirmary. I have assessed them today within my Advanced Physiotherapy Practitioner Clinic as part of the NHS Lothian Integrated Back Pain Service.

This patient has been consulted during the current Covid 19 pandemic. The consultation has been conducted in line with relevant national guidance.

Mrs Berry is a 57-year-old lady, who has persistent back and leg pain since a fall from a horse 8 years ago in Australia. She describes her current symptoms are central low back pain radiating into the right leg, that goes down the front and back to the foot, and the same distribution on the left just to a lesser extent. She feels this is a hot burning pain with some pins and needles in her right big toe. She also has a quad bike accident a year later in Australia, but this time just injured her face.

She feels she has regular flare-ups and moved to Edinburgh 2 years ago and feels she has had six or seven big flare-ups since. These flare-ups are now happening with more trivial movements. She had a neuro modulator in

place 5 years ago, that gives help, although she is starting to use this less. I believe she had a review by Dr Marples in 2001 who could not suggest any further advice around medication than she was previously on. She has also been seen by the Health Psychology. She tells me she has had physiotherapy in Australia, but nothing in Edinburgh

Pain is worse with prolonged sitting. Walking is extremely difficult and she uses a mobility scooter, standing for more than 2 or 3 minutes will bring on her symptoms. Her sleep is very broken, part of this is a restless leg type sensation. She came today with a question of what is available to help her symptoms. She is also very focused on her discs. She has high BMI and the knowledge that she now does very little exercises and tends to over eat.

Her BMI is 39. She has constipation and had previous surgery on her feet. She was seen in A&E due to some cauda equina concerns, although on speaking to her today, she has normal working of bladder and bowels other than the constipation, and no saddle numbness.

CT scan shows compression at L5 nerve root on the right, with the left L3 and S1 also having some compression.

I note the patient's past medical history and drug history as per the GP referral and have confirmed with the patient that this is accurate and up to date.

I was unable to undertake a physical exam due to remote consultation. I note assessment in A&E on 8th April shows normal power, sensation and reflexes, with some decrease in sensation.

Mrs Berry has persistent back and leg pain. I have explained that I think surgery would be highly unlikely given the length of nature of her symptoms, along with dominant low back pain and a high BMI. I have explained that physiotherapy is unlikely to take the pain away, but is more placed to help try and manage her symptoms. It would be to try and look at lifestyle factors such as weight and diet, also encouraging some general activity and strengthening through the spine.

I have reassured her regarding her examination in A&E and her CT scan, and the importance of exercises for the health of the disc. I have directed her to websites for understanding and managing persistent back pain, such as "Tame the Beast" and the "Pain Tool Kit".

She would benefit from seeing a Pain Trained Physiotherapist.

Yours sincerely

Electronically Signed

Gavin Ritch
Advanced Physiotherapy Practitioner

Appointments Office: 0131 536 1060 - Option 7 Advanced Practice,
Monday to Friday 9am-3pm

Ref: GR/IK

Additional recipient:
Referral to ECPS Physiotherapy - electronic notification

*History and physical examination was undertaken in accordance with NHS Lothian Spinal APP Assessment SOPs, for relevant spinal area. The above clinic letter records only positive findings from this examination.

**Patients with routine low back pain, sciatica, stenosis who have not responded to initial primary care management and do not have the presence of significant red flags should be referred through the NHS Lothian Integrated Back Pain Service. To refer patients to this service, please refer them to Physiotherapy via SCI gateway.

NHS Lothian

Western General Hospital
ECG Department
Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Rapid Access Chest Pain

Dr Duerden
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 29/03/2023

Outpatient Clinic Letter

Patient	Deborah Berry 190 Pilton Avenue Edinburgh EH5 2LG	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (57 years) 600065926A
Attendance Date	20/03/2023		
Consultant	Dr PA Henriksen Nurse Specialist		

Dear Dr Duerden

Diagnosis:
1. Probable angina
2. Hypertension
3. Obesity

Medications:
Perindopril 5 mg once daily
Amlodipine 10 mg once daily
Aspirin 75 mg once daily
Atorvastatin 20 mg once daily
Bisoprolol 2.5 mg once daily
Mirtazapine 45 mg once daily

Plan:
1. CTCA
2. Suggest increasing Bisoprolol to 5 mg once daily
3. Suggest increasing Atorvastatin to 40 mg once daily
4. Worsening advice
5. Telephone clinic review in 4 months
6. Start GTN spray PRN

I met this 57 year old lady, on 20th March 2023, in the rapid access chest pain clinic. She describes a two month history of a racing heart on exertion.This is associated with a pain at the center of her chest which radiates through to the back and up to her jaw. She describes this as someone sitting on her chest. There is no associated loss of consciousness or nausea. She said she sometimes feels sweaty with this and can feel short of breath. The pain

normally lasts 5-30 minutes and eases when she rests and "ignores it". She denies orthopnea.

She is an ex-smoker. She has hypertension. She does not drink alcohol. Her father had a heart attack in his 40s. Recent bloods showed a normal glucose and she already takes Atorvastatin.

She lives with her husband and she does not work.

On examination, her heart rate was 79 beats per minute and her blood pressure was 132/83 mmHg. Cardiovascular examination was normal. ECG showed normal sinus rhythm with no evidence of ischaemia.

Following discussion with Dr Henriksen, we have arranged for her to have a CTCA. I have spoken to her that the chest pain that she describes is typical character for angina and is associated with exertion. I have spoken to her about what angina is and the way we can manage this. I have given her worsening advice. I would suggest that she increases the Bisoprolol and Atorvastatin as per the plan. I have prescribed her a GTN spray.

Yours sincerely

Dr Rosie Turner
FY2 in Cardiology
AC/27.03.2023
Secretary 0131 537 1733

C.C Appointments Office, WGH Please arrange a telephone review in 4 months with PAH

NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Cardiology

Dr Duerden
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 29/11/2023

Outpatient Clinic Letter

Patient	Deborah Berry 190 Pilton Avenue Edinburgh EH5 2LG	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (58 years) 600065926A
Attendance Date	14/08/2023		
Consultant	Dr PA Henriksen (Tel)		

Dear Dr Duerden

Thank you for attending for a CT scan to look in more detail at the arteries supplying your heart muscle.

This CT scan has indicated the presence of coronary plaque buildup in the arteries supplying the heart muscle.

In one of the arteries (the left anterior descending) this build up may be significant enough to be responsible for some of the symptoms you have been reporting. When you attended the clinic in March you did describe symptoms of discomfort in the chest and jaw.

When we spoke most recently in August it seemed that you were not getting a regular symptom when walking and this is the time when the symptom of angina related to coronary disease is likely to be most prominent when people are active walking or exerting themselves.

The information from the scan indicates that you should remain on all the same treatments. We recommended previously starting the medication Bisoprolol and increasing your statin dose. You should remain on Aspirin.

If you are well and you are not encountering any regular symptoms of discomfort in your chest then no additional immediate action is required.

If you feel you are getting symptoms of discomfort particularly if they are coming on with exertion it may be appropriate to consider further investigation such as an invasive coronary angiogram where we look directly at the coronary arteries with a view to treating them to try and improve your symptoms.

I am going to arrange a telephone clinic appointment. If you feel your symptoms are worsening and you feel additional investigation is required you can contact my secretary on the below extension.

Yours sincerely

Dr Peter Henriksen
Consultant Cardiologist
SC/ 28.11.23
Secretary 0131 537 1733

cc. Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Cardiology

Dr Duerden
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 11/01/2024

Outpatient Clinic Letter

Patient	Deborah Berry 190 Pilton Avenue Edinburgh EH5 2LG	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (58 years) 600065926A
Attendance Date	08/01/2024		
Consultant	Dr PA Henriksen (Tel)		

Dear Dr Duerden

I tried to contact your mobile phone as part of planned telephone clinic review this morning but there was no answer. The purpose of the telephone clinic review was to catch up with how you are keeping and to check you had received my letter outlining the results of your recent CT coronary angiogram. I have attached a copy of the letter for your information.

As outlined in my previous letter, what we do at this point really depends on how you are feeling and in particular whether you feel you can exercise without restriction. In the event that you had an ongoing symptom that was coming on regularly and involved a discomfort, tightness or restriction when walking or exercising then we may wish to arrange further investigation and treatment.

I am sending out a face to face clinic review appointment. In the event that you wish to discuss this further you can contact my secretary on the below extension and we can arrange a call.

Yours sincerely

Dr Peter Henriksen
Consultant Cardiologist
SC/ 08.01.24
Secretary 0131 537 1733