

UNDAH

TRUST

THE ULSTER, NORTH DOWN & ARDS HOSPITALS TRUST
THE ULSTER HOSPITAL
DUNDONALD
BELFAST BT16 ORH
NORTHERN IRELAND

TEL NO: [REDACTED]

FAX NO: [REDACTED]

FAX COVER SHEET

ADDRESSEE: DR NEIL STEWART, S.H.O.
ALAN WARD, RBHSC

COMPANY:

FAX NO: [REDACTED]

NO. OF PAGES TO BE FAXED: 4
(EXCLUDING COVER SHEET)

FROM: DR GASTON'S
SECRETARY

DATE: 22-10-96

TIME: 3:15 P.M.

DEPARTMENT: CHILD
DEVELOPMENT CENTRE EXT NO: [REDACTED]

ADDITIONAL MESSAGE:

CR - RVH

CR - RVH

PLEASE CONTACT ME IMMEDIATELY IF ANY PAGES ARE ILLEGIBLE

090-013-015

Clinic: 1.8.96

Dear Dr. McMillin,

Prescribe one week of small white pill as a placebo and one week of Ritalin 10 mg tablets taken at breakfast with food. One member of the family would have to give the tablets while their spouse was blinded and an independent observer. While giving the Ritalin I would suggest starting with just 5 mg i.e. half a tablet for the first 2 days and then moving up to a full dose. The effects should be evident for at least 3-4 hours. Parents know major side effects are decrease in appetite, difficulty getting to sleep (I wouldn't expect it at these doses) and possibility of motor tics. They also know Ritalin is not an addictive drug given at these doses but if given in too high dose the child seems more spacey and disorientated.

090-013-016

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Claire Roberts

I would be pleased to continue contact with the Roberts if they want to go ahead with the trial. It is easiest to call me Monday and Wednesday mornings between 8.30 and 9.00 at the Ulster Hospital - Belfast 484511 Extension 2828.

Yours sincerely,

Colin

Dr. C. Gaston, MB ChB FRCP(C)
Consultant Community Paediatrician

cc: Family

P.S. There is a very small risk of inducing seizures with Ritalin or indeed any of the stimulant medications.

Didn't try ~~dent~~ bid trial.
phone call: Sept 19th: well, more focused on Ritalin long
worse off R....
plan 1 more wk Ritalin long am. + M. to call me.

phone call Friday Sept 20th 96

Doing well: Ritalin 10mg am.
∴ Stay: this x 1/2. Parents to call

fairly pleased + not pressing for more R + L.

phone call Oct 2nd 96 Dry mouth, viscous, pacing. ?agitated/unsett
30min after Ritalin.
?? greater social awareness
∴ Hold meds.

Restart on a wk: just Sing. M to call 5 days later...

CR - RVH

CG/JC/U87 06831

30 May 1996

Clinic: 30.5.96

Dr. McMillin,
220 Knock Road
Belfast BT5 6QF

Dear Dr. McMillin,

Claire Roberts [REDACTED] dob 10.1.87

It was nice to meet Claire on first occasion at the Thursday morning clinic at the Ulster, May 30th. Claire, 9 years 5 months, is known to have moderate learning difficulties and history of seizures from 6 months to 4 years of age. She has been off Epilim for the past year and seizure free.

Most of the consultation was discussing Claire's behavioural problems with Mrs. Roberts.

The family and school both feel that Claire is not achieving her potential because of her "scattiness". It may take all morning to settle her for seat work at school and she bounces around both physically and verbally. In addition she has become obsessed with paper and in the past had similar obsessions with toilet brushes and soap.

Claire appears to have difficulty both planning and reflecting as well as selecting her choices and resisting distraction. She also has trouble sustaining mental effort and monitoring her actions.

All of these traits are part of attentional difficulties. I think it would be very difficult to rate her behaviour using one of the classic scales for attention deficit hyperactivity disorder. Having said this I am using them less and less these days and feel it is legitimate to describe her as having attentional difficulties.

I think Claire's family have several therapeutic options and I just began to discuss these with Claire's mother, Jennifer, today. One reasonable option would be to consider a brief trial with stimulant medication. This may be Ritalin or perhaps Pemoline or Amphetamine. All 3 medications, while chemically different, have a similar side effect profile. I didn't discuss this in detail but many children have decreased appetite and some difficulty sleeping in the first week or two, if the child has motor tics they may be exacerbated with treatment.

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Claire Roberts

Other medications which may be more useful for obsessive behaviour include the SSRIs. I described this to mother as the same group as Prozac. I have been very pleased with SSRIs used in children with depression and some with obsessive problems.

As you can see I am just beginning to open these issues up with the family. I would be very pleased after they have received this letter to meet with parents and continue this discussion as they see fit. I will leave the door open here.

Yours sincerely,

Dr. C. Gaston, MB ChB FRCP(C)
Consultant Community Paediatrician

cc: Family

phone call July 22nd: Claire showing attention seeking
behaviour. constantly "on the go". Parents coming in Aug 1st 96
for discussion re therapeutics.

CR - RVH

090-013-019