

Scanned



Black Country Partnership
NHS Foundation Trust

SANDWELL CRISIS/HOME TREATMENT TEAM

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10 January 2019

Private and Confidential

Dr Beveridge
Oldbury Health Centre
Albert Street
Oldbury
B69 4DE

Dear Dr Beveridge

Re: Marie Brown
Address: 34 Groveland Road Tipton DY4 7TN

DOB: 18.09.1975

DISCHARGE SUMMARY

Date of Referral: 16.10.2018

Date of Discharge: 01.11.2018

Diagnosis: Emotionally Unstable Personality Disorder – depressive symptoms

Medication on Discharge: Venlafaxine XL 150mg
Solifenacin 10mg in the evening
Lansoprazole 30mg in the morning

Follow up Arrangements: To continue medication as planned – the increased dose of Venlafaxine to be added in the blister pack as planned.

Circumstances Leading to Referral:

Miss Brown is a 43 year old lady, who has got a longstanding history of emotionally unstable personality disorder for the last five years. The current reason was due to ongoing difficulties with her neighbour, who constantly confronts her. She gets into verbal arguments and she found it very difficult to cope during this period and was experiencing a mixture of depressive and anxiety features. Her GP had initiated her on Venlafaxine XL 75mg. She has also been taking Diazepam on a PRN basis.

5 yrs not lifetime. Neighbour harassment daily since Aug 2010...



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17 JAN 2019

Chair: Andrew Fry Chief Executive: Lesley Writtle

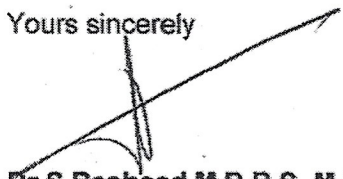
On the positive front, she has a good support network in the form of her support worker and her mother, who supports her on a regular basis. She still suffers from periods of insomnia, with anxiety and panic attacks and she tends to isolate herself in her flat due to constant confrontations with her neighbour.

A decision was made to take her on to the crisis team for support and was put in P3 for a short period. She was also put on a higher dose of Venlafaxine to 150mg. She was medically reviewed a week later, when she appeared much calmer on presentation. She mentioned that following her short respite in P3, she was able to sleep better and her anxiety symptoms subsided. She was pragmatic about her future and she did not have any thoughts of self-harm. She still continues to have good support from her mum and also her support worker. She then had a brief trial back to her flat, which went on well.

At her final medical review she mentioned that she was coping quite well and she was quite happy to stay in her flat. She was subsequently discharged with the increased dose of Venlafaxine XL which could be initiated through her GP. The crisis team number was given if there is a relapse of any symptoms. At the time of review she had full insight and capacity.

Kind Regards.

Yours sincerely



Dr S Rasheed M.B.B.S. M.R.C.Psych
Associate Specialist

cc: Dr Al-Gommer – Consultant Psychiatrist, Hallam Street Hospital
Sylvia Chitepo – South Community Treatment Team
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