

Leitch Robert

CHI: 1508773076

Clinic Letter



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Letter Date: 06/01/2017
Reference: MR/ED
Dictated: 06/01/2017
Date:
Transcribed: 17/01/2017
Date:

Dear Dr. AJ MacGregor,

Robert Leitch; D.O.B: 15 Aug 1977; CHI: 1508773076
Royal An Lochan, Tighnabruaich, Argyll, PA21 2BE

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE0-DR CARLIN SLEEP CLINIC FRI
PM

Date and Time of Appointment - 06/01/2017 13:50

Clinical Comments:

ESS 20/24, STOP 3/4, STOP-BANG 6/8

Thank you for your referral of this 39 year old man to Dr Carlin's Sleep Clinic. He was seen in 2013 with a sleep test at this time. He tells me he feels many mornings he has had great a sleep. Other mornings he can feel quite tired and could just go back to sleep. He manages his job although he can fall asleep a couple of hours after getting up and has fallen asleep eating toast at work. He does have to have a sleep most afternoons. He falls asleep if he was watching television without fail and just feels tired the whole time. He gets to sleep at night quite easily. He wakes 2 - 4 times/night. He snores and is aware of this and wakes himself occasionally. He works 8.30 a.m. - 2 p.m. having reduced his hours. He has tried to change his lifestyle, improving his diet, losing weight and reducing smoking but was fairly disgruntled today that this has not improved things despite having been advised to do this at the last Clinic. He tries to go to bed before midnight and gets up at 8 a.m. for work. He doesn't drink alcohol. He drinks 4 cups of coffee/day. He drinks 2 x 2 litre bottles of Irn Bru Xtra which he informs me is caffeine free. He smokes less than 20 cigarettes/day. He doesn't take any cannabis or other drugs. He works as a chief, he is a non driver. He describes his mood as being stable.

There is no past medical history or family history of note.

He is on Co-codamol occasionally.

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OPCL 06/01/2017 v1

On examination today his height was 1.83 metres, weight was 127 kgm giving a BMI of 38, neck size was 20", blood pressure 152/93, oxygen saturation on air was 95%. His teeth are his own. There were no ENT issues. He was Mallampati Class 2.

I discussed his previous sleep test with him which was normal and showed no evidence of abnormality in terms of obstructive sleep apnoea. He did seem to have some sleep fragmentation although there was no obvious cause for this. He again said that he was very unhappy that he had been told to lose weight, exercise, he had reduced his work hours and reduced his work stress and he still was exhausted all the time. I have suggested that we do a polysomnograph with planned naps, MLST and have a look to try to rule out any other sleep disorder. I did wonder if he possibly had mild narcolepsy although the sleep test before would not really suggest that. He is however extremely tired all the time and can sleep very easily and I felt this was worth doing. He wasn't particularly keen to do this but has agreed and we will be in touch with an appointment. We will obviously write to him and to the GP with his results.

Than you for your help.

Yours sincerely

Dr Mary Rouse

GP with special interest

Electronically Signed: Dr Mary Rouse¹, Doctor

cc.