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Diabetes - Weight/Metabolic Clinic - PCOS - Thyroid - Osteoporosis - General Endocrinology

Dr G.Alie Ajam
43 Kings Street
Warrawong, NSW 2502

06-04-2020

Dear Alie,

RE: Emma Carlon - DOB: 06-12-1991

Thank you for your kind referral letter regarding this pleasant 28-year-old patient of yours and multiple symptoms. You mentioned her anxiety, some cognitive issues involving focus and concentration and the fact that Venlafaxine was ceased due to excess sweating. Recently, you trialled her on Pregnenolone 25 mg then 75 mg and today 50 mg with some improvement. She is also on DHEA capsules.

Emma is currently living with her parents after working in the UK and returning in December. She is doing some work in administration in her father's business. Prior to that she had a business degree and was working in logistics.

She has had fatigue-related issues since the age of 18. Since coming back from the UK and coming under your care and taking the supplements you prescribed, she felt her symptoms have improved in a life changing way. Her past includes psoriasis, chronic respiratory infections and lethargy. Her periods have been regular ever since menarche but heavy. A Mirena was inserted with a big improvement in energy levels but unfortunately she became more anxious and had it removed in September last year. Energy levels crashed after this. She was trialled on Citalopram with an improvement in her concentration but a gain in weight. More recently, Venlafaxine was tried for anxiety for two and a half years but symptoms included hot flushes, drop in libido and worsening cognition. She has seen a psychiatrist who felt she may well have inattentive ADD and tried Dexamphetamine which improved focus but worsened her anxiety and she is about to trial a new drug ? Valdoxan.

In the past, she has had lots of falls from quad bikes and horses on the farms but cant recall any loss of consciousness. She feels she can gain weight easily. At present, she is struggling to complete tasks. There is a family history of thyroid disease in mum, sister and grandmother.

She describes symptoms of foggiess, achy bones and hair loss, occasionally faint feeling with dizziness and on questioning, it appears she wakes lethargic and can crash between 3 and 5 pm. I saw thyroid function tests between 2013 and January of last year with a very stable TSH around 0.6, T4 of 15 and T3 of 5.1, inverted LH/FSH ratio in January of last year which could raise the possibility of insulin resistance and PCOS. IGF-1 of 46 (13 to 45) was possibly a stress reaction and probably means she doesn't have growth hormone deficiency. DHEAs was in the normal range at 3.6. Normal LFTs and electrolytes and creatinine last year and most recently her T4 had dropped to 13.4 with negative antibodies. Androstenedione in the low normal range at 5.2 and two cortisol readings around 204. ACTH was normal at 2.8.

Over the phone, Emma tells me that she is around 5 foot 10 and weighs 74 kg and denies any excessive hair.

SUGGESTED PLAN:

1. I have explained to Emma the limitations of a telehealth consult but that we could start the ball rolling in terms of investigations.
2. I have asked her to purchase a blood pressure machine and record lying and standing blood pressure and heart rate.
3. With your blessing, she will have a trial of Hydrocortisone 8 mg on waking and 4 mg at midday to see if there is a profound effect on her energy levels and crashing symptoms and if after two weeks there is no improvement, she will stop the Hysone and return to Pregnenolone and I will discuss things with her over the phone to discuss whether we have a cautious trial of Thyroxine 50 mcg daily (on a presumptive diagnosis of secondary hypothyroidism the inability to mount a TSH response).

Thank you for involving me in your patient's care. Please do not hesitate to contact me if you have any concerns with this plan.

Kind regards,

SOJI SWARAJ

Consultant Endocrinologist

Concord Hospital

Sighted but not signed

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