

EASTERN HEALTH  
THE GENERAL HOSPITAL  
Prince Philip Drive, St. John's, NF, A1B 3V6 777-6300

\*\*\*\* CLINIC NOTE \*\*\*\*

LOCATION: HCL END

Chart.....: [REDACTED]

Patient Name.: PARSONS, JO ANNE VALERIE

Address....: [REDACTED]

MCP.....: [REDACTED]

Date of Birth: [REDACTED]

Date of Visit: 13/01/09

Referring Dr.: MAUREEN M. T. (ERP) GIBBONS

Attending Dr.: BRENDA GALWAY MD FRCPC

Dear Dr. Gibbons:

Thank you for referring this 55 year old lady to our clinic today.

Ms. Parsons is formerly a patient of Dr. Kovac's and she is being seen in consult today with regards to follow up on her bone marrow density and her preexistent osteopenia of the lumbar spine and left femoral neck.

Jo Anne had been post menopausal by symptoms for several years now. She had had a hysterectomy and removal of one ovary at the age of 26 or 27 due to endometriosis. In the late 90's she had begun having hot flashes with subsequent elevation of her LH and FSH. Regardless, she states that she had never used hormone replacement therapy and did undergo a bone mineral density study in 2000 which revealed osteopenia of the left femoral neck, as well as the lumbar spine which prompted the original reason for a referral to the Endocrinology Service.

Also of significant note, her mother did have a history of osteoporosis and had been undergoing steroid therapy for Lupus. She does have a history of a maternal grandmother with a fracture of her hip as well.

Overall, Ms. Parsons states that she has been doing quite well over the past five years, since last seen by Dr. Kovacs. She denies any falls or injuries. She denies any fractures. She denies noting any change in her height. She denies any change in her hair, nails, or in her weight. She denies any G.I. symptoms, however, she did have stomach flu back in October which has since resolved. The remainder of review of systems is benign.

Mrs. Parson's menarche was at the age of 13 and she had regular menses until her surgical date. She is a G2, P2, A0 with healthy children. She does have three sisters, one older and two younger; all of whom are healthy.

Remainder of family history. She did have a family history of breast cancer involving both Grandmothers.


Social history. She does take Calcium supplement, Caltrate (dosage uncertain, ? 1200 units a day). She also take Vitamin D in the form of natural oils. She denies any

PATIENT CARE INQUIRY - EH \*\*LIVE\*\* (PCI: OE Database GHC)

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PATIENT NAME: PARSONS, JO ANNE VALERIE

UNIT NUMBER: 

other medication intake.

Social history. She has quite smoking since November of 2008, having smoked approximately one pack per day for approximately 35 years. She denies any alcohol consumption and denies any aerobic exercises although she does do regular chores around the house as well as chores such as snow shoveling.

On examination, Ms. Parson's weight is 75.5 kgs. and her height is 157 cm. Her blood pressure today is 100/72. No skin changes are noted. Her cardiovascular exam reveals normal heart sounds and no murmurs. Her respiratory exam reveals good air entry bilaterally with no adventitial sounds. Her abdominal exam reveals a soft and nontender abdomen with good bowel sounds and no hepatosplenomegaly noted. No other lesions were noted on exam. She has no pitting edema and good peripheral pulses bilaterally. No changes were noted in the hands, skin folds or nails. No kyphosis was noted on exam.

Investigations. Her most recent bone marrow density revealed that L2 to L4 her BMD is 1.036 whereas the left femoral neck was 0.783. These are 1.4 and 1.6 standard deviations less than a young woman's average value and 0.8 and 1 standard deviations less than expected for this patient respectively.

Assessment and Plan. Mrs. Parsons is a 55 year old lady who has a history of osteopenia and is being referred for a follow up visit with the Endocrinology Service. She is a former patient of Dr. Kovac's. While Jo Anne is obviously osteopenic, her BMD has not changed significantly in the past five years. Whereas it was 1.041 back in 2003 and along with a value of 0.791 for her left femoral neck. These places are low to moderate risk for fractures so approximately 10% for this decade of life, but we have discussed with Jo Anne the fact that this risk will continue to increase and what we would be attempting to do is to place her on Bisphosphonates to attenuate this risk and decrease that chance of fracture. Mrs. Parsons is adamant about not taking Bisphosphonates or extra medications and at this stage in time, given the slow rate of change in her bone marrow density we would concur with.

We have made suggestions to increase her Vitamine D intake to 2000 units daily to be taken with supper. We have also indicated and educated Jo Ann with regards to her calcium intake and balancing supplements with her dietary intake of Calcium. We have advised her to continue to exercise. We have also advised her to lose weight. She has a BMI of 31 with a target BMI of 25. She needs to aim for a target weight of 138 lbs. We are recommending that she obtain regular blood work including calcium and albumen levels. I have also recommended that she undergo x-rays of the lumbar and thoracic spine and to have a repeat bone marrow density in approximately two to three years time. While we will not set up a regular follow up appointment for Ms. Parsons we would be more than happy to see her should her bone mineral density change significantly or should her height decrease significantly in the future.

Should you have any further questions or concerns, please feel free to contact Dr. Brenda Galway in the interim.

Yours sincerely,

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PATIENT NAME: PARSONS,JO ANNE VALERIE

UNIT NUMBER: 60 95 30 84 5013

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DICTATED BY RESIDENT  
DICTATED BUT NOT READ  
cc: Dr. M. Gibbons

Dictated Date: 13/01/09  
Transcribed Date: 19/01/09  
Transcribed By: RB

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BRENDA GALWAY MD FRCPC

PATIENT CARE INQUIRY - EH \*\*LIVE\*\* (PCI: OE Database GHC)

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Chart.....: [REDACTED]

Patient Name.: PARSONS, JO ANNE VALERIE

Address....: [REDACTED]

MCP.....: [REDACTED]

Date of Birth: [REDACTED]

Date of Visit: 15/10/09

Referring Dr.: DR. BRYAR SMITH

Attending Dr.: BRENDA GALWAY MD FRCPC

Dear Dr. Smith:

Jo Anne was seen by me in the clinic today in follow up of severe osteoporosis. As you know she has a silent compression fracture at T6. On her last visit in April we started her on Actonel 35 mg. once weekly.

She was reviewed again today. She has had some nausea and heartburn, but is managing this relatively well. Unfortunately, she is taking her Actonel with food in the evening so she is likely not getting significant benefit.

I am not sure how much Vitamin D she is taking, but probably in the range of 1500 I.U. daily.

She had a recent fall while bowling, but didn't fracture anything. I think she has had some problems with a frozen shoulder since then.

On examination today her height is stable at 157.2, weight 73 kg.

Recommendations:

I have advised her to take Vitamin D 2000 I.U. daily as follow up, one calcium pill with 400 I.U. of Vitamin D per tablet twice daily, one 1000 unit Vitamin D tablet per day with supper, one halibut oil capsule every two days. I have also advised her to take the Actonel on an empty stomach in the morning with a large glass of water and wait half an hour before eating.

I haven't given her a return appointment, but I have asked her to see you for follow up. She should have a bone density test done again two years from the last test which means it would be due in November 2010. *This test was done but report never showed up.*

X-rays of her thoracic spine and lumbar spine should also be done in follow up and height measurements. Recall of bone density test when done in the past would have defined her as osteopenic when in fact the presence of fractures indicate osteoporosis.


Thank you for involving me in her care.

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PATIENT NAME: PARSONS, JO ANNE VALERIE

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Yours sincerely,

c.c. Dr. Bryar Smith

DICTATED BUT NOT READ

Dictated Date: 15/10/09  
Transcribed Date: 28/10/09  
Transcribed By: SAB

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BRENDA GALWAY MD FRCPC

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Patient Name.: PARSONS, JO ANNE VALERIE

Address.....: [REDACTED]

MCP.....: [REDACTED]

Date of Birth: [REDACTED]

Date of Visit: 16/04/09

Referring Dr.: MAUREEN M. T. (ERP) GIBBONS

Attending Dr.: BRENDA GALWAY MD FRCPC

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Dear Dr. Gibbons:

Jo Anne was seen by me in the Clinic on April 16th in follow up of severe osteoporosis. I called her back because her recent x-ray did show, in fact, a silent compression fracture at T6. This, by definition, means that she does have significant osteoporosis and should be treated for this.

Her height is stable fortunately.

She does not report any back pain.

She is still very reluctant to take any medication. We spent quite a bit of time discussing this today. I reviewed the results of her x-ray and blood work including Calcium which was normal recently. I also provided her with a prescription for Actonel 35 mg. po once weekly and ordered serum osteocalcin, urine deoxyypyridinoline and a 25 hydroxyvitamin D level before her return visit with me which is scheduled for six months.

Thank you.

Yours sincerely,

c.c. Dr. M.T. Gibbons

DICTATED BUT NOT READ

Dictated Date: 20/04/09  
Transcribed Date: 30/04/09  
Transcribed By: SAB

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BRENDA GALWAY MD FRCPC

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