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89 HIGH STREET
KEW, VIC 3101

28th November 2016

Dr. John Whitaker
Millennium Medical Centre
Cnr. Paisley & Albert Streets
FOOTSCRAY VIC 3011

Dear John,

Re: **Richard McLEAN**
Diagnosis:
1. Bipolar illness.
2. Previous diagnosis of schizophrenia.
3. Life-changing benefits from DEXAMPHETAMINE.

Thank you for referring Richard. I was very concerned to hear his story via email of dramatic benefit from DEXAMPHETAMINE allowing him to do academically extremely well in his PhD, provided he actually had some low dose Dexamphetamine to take on a daily basis. In contrast, he floundered badly, had anxiety and depression and even had suicical ideas when he did not have Dexamphetamine. I understand Richard has seen a total of about 15 psychiatrists over the past 20 years approximately and that multiple psychiatrists have been reluctant to prescribe Dexamphetamine for him. In contrast, I put him on the top of my waiting list so that I could intervene rapidly in this situation.

Richard could not let people know at that time in our society's development that he was gay, so that he was miserable with progressively escalating depression throughout high school and university. In the context of this severe depression he developed psychotic symptoms. He was labelled as having schizophrenia at the time.

However, at age 28 he had a clear hypomanic episode which would confirm that he has Bipolar illness. He describes a number of weeks of feeling elated, having increased energy, increased spending, increased talking, increased extroversion, increased libido, general disinhibition and in particular "grandiose plans". People commented that he was high, and when the episode passed, he felt embarrassed by some of his actions and words during that time. He does not recall having any other hypomanic episodes. This one episode of hypomania confirms the diagnosis of Bipolar illness.

Whether or not his psychotic symptoms occurred at a level of depression severity adequate to explain the psychosis is difficult to say over 20 years later. However, using Ockham's Razor, I think it is a far more simple working diagnosis that he has had Bipolar illness with psychotic symptoms in the past. He is now well maintained on two antipsychotic drugs.

On a purely practical note, let us not dismiss the diagnosis of schizophrenia completely, so that we do not have awkward issues about the PBS!

As you know, in desperation, Richard did try Dexamphetamine with great benefits. He has been taking this medication in a dose of 10mg a day more or less continuously over the past 12 months. He tells me he is getting H1 results now in his university, a dramatic achievement at PhD level.

I certainly see Richard as having residual depression, with symptom breakthrough of anxiety and depression, relieved by Dexamphetamine.

ALSO AT THE DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF MELBOURNE

I have applied for a permit to give him Dexamphetamine, but the Drugs & Poisons Unit allows me to immediately write the prescription without waiting for the permit to come through. I am therefore today writing a prescription for Richard to take two tablets a day of Dexamphetamine, and I am giving him a prescription of 100 tablets with one repeat, so he should have enough medication for about three months.

What I propose is that I will apply to cancel my permit as soon as Richard has a stable supply of medication, and allow you to take over the prescription of Dexamphetamine. I trust this is acceptable to you. Phrased differently, I will keep supplying Richard with Dexamphetamine until you have applied for a permit, have eventually got your permit from the Drugs & Poisons Unit, and you can then keep him on his medication.

There is of course the risk of exacerbation of his previous psychosis or hypomania taking Dexamphetamine, but I believe that we are in a situation of where the benefits of Dexamphetamine in Richard's case far outweigh the risks. Furthermore, Richard is well protected by not one but two antipsychotic drugs (and indeed mood stabilisers) he is taking simultaneously, namely SOLIAN and ZELDOX.

Further down the track when everything is stable, and Richard is not at a critical phase of his studies, it may be worth gingerly reducing his dose of PAROXETINE, as he is getting some sexual side-effects from this medication. Hopefully, the Dexamphetamine will replace the Paroxetine without difficulty. However, we do not want to get to the stage when this was tried previously without Dexamphetamine, whereby Richard was very distressed, so if his symptoms recur, he should of course go back on this medication.

With regard to his Solian, please note that this itself usually causes very high prolactin levels. You may therefore wish to keep an eye on Richard from the point of view of increased risk of osteoporosis as a result of high prolactin levels. High prolactin can also cause sexual side-effects in some people.

I trust you find my thoughts of use.

With best wishes,

Yours sincerely,

David Horgan

c.c. PRIVATE & CONFIDENTIAL
Mr. Richard McLean
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