

Neurology [REDACTED]

Dr. [REDACTED], Neurology FMH¹

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Electromyography
Electroneurography
Electroencephalography
Doppler sonography
Behavioural neurology

Tel [REDACTED]
Fax [REDACTED]

EAN-nr.: [REDACTED]

Berne, DD.MM.YYYY

FR/cr

Date of print:

DD.MM.YYYY

Sndr.: [REDACTED]

Ms.

GP [REDACTED]

Hausärzte [REDACTED] AG

3012 Berne

Via HIN: [REDACTED]

[REDACTED]

Dear colleague

I am pleased to report on the above-mentioned patient, whom I examined on DD.MM.YYYY

Interim anamnesis:

Tiredness/fatigue is very noticeable, performs three hours in the internship spread over 4-5 hours, gets verbalisation problems, progressively tired, activity intolerant. Last neuropsychological test in March YYYY Ms. [REDACTED] Neuropsychologist neuro rehab hospital [REDACTED], but at present he is doing better than at that time, receives no Light therapy, never used Ritalin, Modasomil, Aminopyridine, psychotherapeutic at Dr. [REDACTED] the last time was two weeks ago, also psychological support from the psychologist Mrs. [REDACTED].

Assessment:

Categorically, fatigue in multiple sclerosis cannot be treated with medication, or rather all experiences are inconsistent. Modasomil has been advocated, but multiple studies are negative. Studies are negative, Ritalin is basically ineffective, but was used in the 50s as, and developed as an acutely effective antidepressant in the 1950s and can be perceived in multimorbidity as effective in this sense. Regarding motor fatigue, aminopyridine/ Fampyra is effective in cases of at least moderate walking impairment/ slowing and shortening of the walking distance, in all indications there is no established indication, respectively indication covered by health insurance. A trial with these substances is not particularly desired at the moment, presently a change is not anticipated. If necessary, and especially if such a treatment would be welcomed from a specialist psychiatric, a trial could be made.

Diagnosis:

Mutiple Sclerosis, relapsing-remitting progression, Initial symptoms M/YY, initial diagnosis (McDonald) M/YY, initial diagnosis (Poser MM/YY), initial therapy with

¹ meaning: board certified in Switzerland

Rebif poorly tolerated, treatment then partly incomplete, then anamnestic Tecfidera, now since 20XX Zeposia; complicating disabling psychiatric illness in therapy.

Suggestion of procedure:

See above; I ask for tri-monthly laboratory checks according to previous reports, if leukopenia below 3.0 or lymphopenia below 0.1, the dose of Zeposia should be adjusted.

With collegial regards

Dr. med. [REDACTED], vis ad HIN FR

Kopien: Personally to Mister [REDACTED], with kind regards, at your request
via [REDACTED]
Mrs. med. pract. [REDACTED], Psychiatry FMH via [REDACTED]