

The Lothian University Hospitals NHS Trust



Dr Jauhar
Consultant Psychiatrist
Parkhead Hospital
Salamanca Street
Glasgow

Department of Psychological Medicine
Royal Infirmary of Edinburgh
3 Lauriston Place
Edinburgh EH3 9YW
Tel: 0131 536 2875
Fax: 0131 536 3408

6th March 2002

Consultant Psychiatrists
Dr G Masterton
Dr S MacHale
Dr SG Potts

Dear Dr Jauhar

VICTOR TAMBURRINI (DOB: 24.4.57), 284E LONDON ROAD, GLASGOW
(telephone number : 0141 564 3889)

As we discussed on the telephone thank you for accepting referral of this 44 year old married man who was assessed at the Scottish Liver Transplant Unit last week for a liver transplant. He was diagnosed as being hepatitis C positive last year and there was also a question of alcohol misuse. In this context we were asked to assess him. It was unclear exactly how he contracted hepatitis C but he did not give any history of drug misuse either intravenous or otherwise. On review of his medical case notes it is most likely that he contracted it following a plasma infusion in 1984 following 20% burns.

Mr Tamburrini comes from quite a socially stable background and he has always worked full-time, latterly as a handyman in a bar. His wife works full-time and they have a good relationship, although they have been unable to have children and completed 3 unsuccessful IVF attempts 5 years ago. He has extended family locally who are very supportive also.

On review of his GRI notes it is clear that he had been admitted with pancreatitis in 1999 and has been told to abstain from alcohol on at least 2 occasions. Despite this Mr Tamburrini has drunk all his adult life and in the last 5 years to excess. He gave a history of drinking 50-100 units per week and this is in the form of wine and bottles of beer. He drinks mainly at the weekend. He did achieve a 6 week period of abstinence before Christmas but was unable to maintain this under the social pressure of drinking at Christmas. Initially Mr Tamburrini denied that he had an alcohol problem but during the interview he admitted that indeed, although he had managed to stop drinking, sustained abstinence was a problem for him. He had also had limited insight into the effect excess alcohol can have in conjunction with hepatitis C and was unaware that it can cause accelerated liver failure. I felt that at the end of the interview he was beginning to show some motivation and insight into his alcohol problem. He did not give a history of alcohol dependency, rather his problem was one of harmful alcohol use.

The transplant team have decided to defer the decision for listing for transplant until Mr Tamburrini has had the opportunity to achieve a prolonged period of abstinence. This is partly for medical reasons as there has been no clear evidence of a hepatoma and his raised alphafetoprotein may be hepatic in origin. However the transplant team also feel that Mr Tamburrini should be given an opportunity to demonstrate that he can remain abstinent from alcohol. As we discussed on the telephone I would be grateful if Mr Tamburrini could be

followed up by one of the alcohol relapse prevention community nurses. He is in agreement with this plan.

Many thanks for your help.

With kind regards.

Yours sincerely

A Mitchell

PP

DR SEONAIID McCALLUM
SPR, LIAISON PSYCHIATRY

c.c. Dr Van der Hauen, Bridgeton Health Centre, 201 Abercromby St, Glasgow G40 2DA
Dr A MacGilchrist, Consultant Physician, SLTU, RIE ✓