Name: Diane J Harris | DOB: 5/30/1957 | MRN: <7658663> | PCP: | Legal Name: Diane J Harris

Appointment Details

Notes

Please note that patient education is not the intent of progress notes. The note provides a succinct, comprehensive summary of your condition for members of your health care team. You may not understand all of the words and abbreviations in the note and that is to be expected. Should you have questions, you are encouraged to speak with your provider during your next visit. If you have urgent questions, please contact your provider using the messaging function in Connect.

Progress Notes

Mary Vo at 1/10/2023 1:00 PM

CC: muscle stiffness

History of Present Illness: Diane J Harris is a 65 year old RN with remote history of L4-5 laminectomy who presents for follow-up evaluation of Stiff person's syndrome. She is accompanied by her husband, Scott, who provides additional history.

She reports 10 years of episodic muscle spasm in the low back going done one or both legs. Episodes involve debilitating pain and usually wake her from sleep.
Episodes have been more frequent since 2019, after her foot surgeries.
Most recent episode occurred in August 2021. After a day in the garden, she woke up at 4am with severe cramps in both legs. She was not able to walk during pain and husband notes that her legs are stiff and difficult to bend. She was seen in the ED several times for these episodes and responded to diazepam 10mg IV x1. She would have relief for weeks to months. No daytime episodes.
Exercise or over-exertion seem to trigger symptoms.

Failed oral steroids, gabapentin, cyclobenzaprine, tizanidine, baclofen with minial improvement

She was evaluated by Dr. Lutz (physiatry) but had no benefit to caudal ESI.

She was also seen by Dr. Feuer in Fall 2021 who suspected SPS. GAD antibody was negative. EMG findings were reported consistent with SPS, but there are concerns about reliability of documentation. She had dramatic improvement with 10 days of valium and baclofen.
She saw Dr. Lange for another opinion. Repeat EMG was normal. Additional workup including GAD antibody, paraneoplastic panel, MRI and sleep study were also negative. Genetic testing was uninformative.
She has been taking valium 10mg 1-2 times daily and baclofen 10MG tid. With this regimen, she has not had severe cramping, but has constant soreness in her legs. Mild spasms usually respond to message. She is able to carry out routine acitivty but has been avoiding exercise.

She notes internal abdominal cramping is worse with stress. She rarely has pain in the left arm.
She is seeing a psychiatrist.

She had work-related back injury 40 years ago improved with L4-5 laminectomy in 1989. Back pain has been well controlled overall.
Had foot cramping and redness diagnosed as RSD. She improved with ?sympathetic blocks in 1995 and medrol several years later. She has not needed pain medications between episodes.

Diagnostic studies:
EMG 3/17/22: essentially normal. chronic R L5 radiculopathy suggested by low R tibial CMAP and long R tibial F

EMG/NCS 10/20/22 shows continuous involuntary motor activity in 5/6 thoracic paraspinal muscles, consistent with still person's syndrome.

Rheumatologic screen negative.
Labs GAD65 negative
Paraneoplastic panel negative, notably negative Amphiphysin antibody
Invitae comprehensive neuromuscular disorders panel 2/9/22: VUS in AMPD1 genes--not informative

MRI Brain and MRI cerivcal spine negative
Thoracic MRI was reviewed and is normal

Interval History 01/10/23:

She is doing well with baclofen 10mg TID and diazepam 10-20mg daily, foam roller and hot baths.
She has more muscle tightness following physical activity.

Her voice is hoarse after URI in December and slowly improving. No dysphagia or esophageal spasm.

Past Medical History:
Past Medical History:
Diagnosis Date
- Anxiety
- Depression
- Hypercholesteremia
- Mitral valve disease
- Thyroid disorder

Medications: Current Outpatient Medications: baclofen 10 MG Tablet, Take 1 tablet by mouth 3 Times a Day. Indications: Muscle Spasm
diazePAM 10 MG Tablet, Take 1 tablet by mouth 2 Times a Day.
PARoxetine 20 MG Tablet,

Allergies: Allergies:
1. Sulfa Antibiotics - Rash
2. Adhesive Tape - Rash

ROS:The patient filled out a detailed medication history and review of systems, reviewed by me with the patient, which has been added to the medical record for today's date of service.

Mental Status
Orientation to time, place, person: Normal
Recent and remote memory: Normal

Attention span and concentration: Normal
Language: Normal
Fund of knowledge: Normal

Gen: WNWD, NAD
Neck: supple, full ROM
ENT: OP clear, hearing grossly intact bilaterally
CV: RRR S1S2 no murmurs, normal pedal pulses
Resp: CTAB, normal respiratory effort
Skin: no rashes
Back: No tenderness

Cranial Nerves: Pupils were equal, round, and reactive to light. Extraocular movements were full. **Bilateral rotary nystagmus noted with horizontal gaze.** Normal saccades and smooth pursuit. Facial sensation was intact throughout. Facial strength was symmetric. Hearing was intact to finger rub bilaterally. Palate elevated symmetrically. Trapezius and SCM strength were normal bilaterally. The tongue protruded in midline.

Motor Testing: Normal bulk and tone throughout. **Fine postural tremor in both hands.** There was no pronator drift. Fine finger movements were normal.
Detailed motor examination revealed full strength throughout the upper and lower extremities.

Reflex Exam: Reflexes were 2+ and symmetric throughout.

Coordination: Mild appendicular ataxia with some passpointing. ***Impaired heel taps on the left.*** Normal HKS and RAM in the hands Random alternating movements were normal. Heel-knee-shin testing was normal and symmetric.

Gait: Station and cadence were normal and the patient was able to walk on toes and heels. Tandem gait was normal.

Assessment and Plan:

Diane J Harris is a 65 year old woman with episodic muscle spasms concerning for SPS. GAD antibody negative.
EMG showed continuous motor activity in thoracic paraspinal muscles. Her examination is notable for horizontal nystamus and appendicular ataxia suggesting cerebellar variant Stiff person's syndrome (SPS-Cer). Discussed that GAD antibody noted in 70-80% of cases, but diagnosis is based on clinical and neurophysiological findings.

Her most bothersome symptoms are controlled with 20mg of diazepam daily. We agreed to switch to clonazepam, longer acting benzodiazepam. Benefits of chronic benzodiazepine therapy outweighs risks, which were reviewed with patient and husband today.

She is advised to convert to clonazepam accordingly:
Week 1: diazepam 10mg QAM, clonzepam 0.5mg QHS
Week 2 and onward clonazepam 0.5mg BID.

Given variable pharmacokinetic profile of clonazepam, would estimate that she will need approximately 1-2mg clonazepam daily.

She can take diazepam 10mg qhs as needed for spastic attacks. Emergency

management of refractory muscle spasm generally involves IV diazepam 10mg.

Will pursue CSF GAD antibody if symptoms progress. Defer IVIG or rituximab for severe disease.

Repeat labs and MRI brain in 6 months.

Visit length was 30 minutes of face to face time, over 50% of which was spent counseling the patient on diagnosis, prognosis, medication management and potential side effects of medications.