

## MURPHY'S DIARY – Part 2

1999

**February 24** – Re-check visit with Dr. Dickenson. Murphy doing well. Liver function good.

**March 9** – 9:50pm: Grand Mal seizure. Lasted about 1½ min. This occurred right after his evening meds (was an hour late in giving them). Only mildly agitated afterwards.

Note: approximately 4½ months between seizures.

**March 10** – 7:15am: Another seizure in less than 12 hours, before morning meds were due (gave them right after). Lasted less than 1 minute. First time he urinated since using Phenobarbital. Recovered quickly.

**April 1** – 8:55pm: Seizure approx. 1½ minutes duration. 15 minutes after evening meds. Urination/pretty violent. Lots of head jerking after consciousness regained. Very restless for about an hour afterward.

Note: this seizure occurred the instant I startled him. His startle reflex seems keener than normal.

Note: Murphy neutered April 5<sup>th</sup>. No problems.

**April 15** – 2:05am: Seizure lasting less than 1 minute. Almost 7 hrs. post meds (at about mid-point in medication cycle). Some head twitching for another minute, while conscious and back on feet. Also urinated. A little agitated for 15 – 20 minutes post seizure. Then settled back to sleep. Fine in morning.

Note: Murphy may have had a seizure on the 25<sup>th</sup> that I did not witness. I found him very agitated, as he often is post seizure.

**April 26** – 8:20 pm: Seizure just as I was giving his meds. Lasted 2 full minutes (20 – 30 sec. on feet in a catatonic like, semi-conscious state. Then remainder a “normal” Grand Mal seizure). Did not urinate, but seizure seemed more intense. Agitated for another 20 – 30 minutes.

**April 27** – 5:45pm: This seizure started with same “frozen on feet” for about 20 sec. Lasted close to 2½ minutes. Very violent, took quite some time to get back on feet. No urination. Lost vision for a minute or two. Very agitated for over an hour. Murphy was not quite himself for most of this day, so I was expecting this seizure.

Note: I have seen these periods of “catatonia” in Murphy a couple of times when they haven’t led to a seizure. They last 10 – 15 sec. and I can touch him or move him and he will return to normal. They do seem to occur on or around the days he has a full seizure.

**April 30 to May 12** – Murphy was seen by Dr. Dickenson for a neuro progress check on 4/30. Started on Potassium bromide. He was a little “hyper” during four day “loading” phase, then gradually became more sedated. By around day 10, he was pretty unsteady on his feet. Some personality change; very “clingy” and a bit anxious, but otherwise happy. Very hungry/thirst returning to normal. No further seizures as of May 12<sup>th</sup>.

**May 18** – Still no seizures, but Murphy has become a real “weirdo”. Very anxious, can’t stand to be away from me. Has very poor reflexes and coordination, but won’t lie down unless he’s forced to. Constantly paces or stands staring into space. I crate him when it all gets to be too much. When he tries to play with the other dogs, he falls constantly. I’m afraid he’ll be injured, so most of the time he must be isolated. Aside from wanting to eat 24 hours a day, he has become an unrelenting feces eater. It takes a great deal of effort, on my part, to manage Murphy. He is restless all night, so I’m not sleeping well. Tonight I’ll move his crate back into our bedroom. Sometimes I feel a great deal of anger towards him (particularly on sleep deprived days) and then I feel painfully guilty. He’s still so sweet natured and, of course, has no understanding of why he’s the way he is. Because of my memories of Joe\*, I have a very strong need to help Murphy. I don’t want to let him down. (I’ve always felt I could have done more for Joe, that I gave up too soon.)

\*Joe was my very first Aussie, and the reason why I love the breed so very much. He developed a seizure disorder, late in life, after a severe head trauma. He died many, many years before Murphy came into my life.

**May 20** – Per my phone conversation with Dr. Dickenson, Murphy’s Phenobarbital will be decreased by ½ tablet, twice a day (30 mg x 2), starting with tonight’s dose.

**May 24** – 8:30pm: Grand Mal seizure, approx. ½ hr. after evening meds. Quite severe, lasting about 1 ½ minutes. No urination. Fairly quick recovery.

Note: By May 22<sup>nd</sup> Murphy was feeling unusually well, almost his old self. Both his coordination and mental alertness had greatly improved. I was uneasy with such a dramatic change, so quickly after cutting back on his Phenobarbital.

**May 25** – 8:00am: Another seizure, minutes after his morning meds. Less severe, no more than 60 sec. in duration. Quick recovery. Gave him a “catch-up” dose of Phenobarbital and will resume 3 ½ tablets (210mg) with evening meds.

Note: By following day he was back to his very sedated state again. His coordination is very poor. Left word with Dr. Dickenson as to what happened, and will await further advice.

**June 2** – After seeing how sedated Murphy was, Cindy (Dr. Norman) thought we could try lowering his Phenobarbital by just ¼ tablet (15mg) and just in the a.m. After a few days we could also reduce the p.m. dose by ¼ tablet. If all goes well. We’ll continue to lower the dose by such small amounts.

**June 3** – 7:30pm: Grand Mal seizure, approximately 2 min. in duration. No urination. Some post seizure “head twitches” and a great deal of confusion. Recovered quickly.

**June 4** – After talking with Cindy, we decided he needs to stay on full dose (3 ½ tablets) for a few more weeks. We need to see if these seizures are really related to decreasing his dosage, or if they’d happen anyway. Called Dr. Dickenson and left word of what is going on.

**June 5** – 11:08am: Very mild seizure, 20 – 30 seconds in duration. Very little confusion, quick recovery. Odd time for seizure (3hrs. post morning meds). He usually has them right in his “trough”. I’m becoming convinced that Murphy is going to continue to seize at this level of medication.

**June 15** – 2:55am: Seizure – approximately 1 min. duration. Pre-seizure “frozen” stance for about 15 sec. Post seizure – about 1 min. No urination. Very little confusion. Was able to go back to bed, without having to “unwind” first. Will be watching for a second seizure within the next 12 hours to two days. There may be a pattern forming.

Note: Spoke with Dr. Dickenson on the 14<sup>th</sup>. Agreed we’ll keep Murphy’s meds just as they are for at least another two weeks, then do a Bromide level. I’ll call him in a few days to let him know what’s going on.

**July 5** – 11:15pm: Very mild Grand Mal seizure. Approximately 30 sec. “catatonic – like” phase, then brief (30 sec) full seizure, followed by approximately 60 sec. post seizure phase of lying quietly on side. No paddling. Urination, and very little salivation. Very quick recovery. Relaxed and went to sleep shortly thereafter. Happy by the next morning.

Note: Murphy is much less sedated for the past week or so. He has a livelier, happier personality. Is able to enjoy periods of play. He seems most sedated in mid-morning and late evening, when his Phenobarbital levels may be going up.

**July 20** – 8:45am: Brief, but violent seizure (without “pre-seizure” warning). Less than one minute with a short recovery period (hardly any clonic phase). A little restless for 10 or 15 minutes afterward. No urination. This occurred approximately ½ hr. after morning meds and right after vigorous exercise. The bromide has lessened the overall severity of Murphy’s seizures.

Note: Bromide level done on 7/12 – results forwarded to Dr. Dickenson.

Note: per Dr. Dickenson – increase Bromide to 5 ml/day starting 7/21. Call in week with progress report.

**July 21** – Possible seizure between 7:45pm and 8:45pm. No urination, but lots of salivation covering one side of his head and neck. I was not with him during this time. This was just before his evening meds. Might have been a little restless for awhile, as he often is post seizure.

**July 31** – 11:30pm: Very mild seizure, no more than 30 sec. in duration. Happened in his sleep. Hardly any salivation, no urination. Post seizure, stayed on his side, awake in his crate, for a few minutes, then went back to sleep without getting up. Woke me up at 1:30am to go potty and was very happy and frisky.

Note: Been on 5ml Bromide for 13 days. Seems only a little more sedated. Rubber-legged during certain times of day, but not too bad yet. Happy, playful and able to run after tennis ball every morning. I think he feels best on the days he gets good exercise. The Bromide has lessened the severity of his seizures, if not the frequency. Also, I could be wrong, but I think it has also decreased his tremors a bit, too.

**August 22** – 12:30am: Mild seizure, about 30 sec. in duration. Hardly any salivation, no urination. Happened while asleep in crate. Long, post seizure phase, lying on side, breathing deeply. Did not get up for ½ hour or so. Finally, he went outside to potty, then back to bed and asleep. Fine in morning.

Note: After a month on the increased Bromide Murphy is now showing some effects. We're going through the "sedated but restless" stage/can't stand up/won't lie down stage. This drove me crazy last time, due to lack of sleep. We're going to give him 4mg Valium at bedtime to try to calm him down a bit, until this phase passes.

Additional Note: It's frustrating that with all these drugs, the best we can do is three weeks between seizures.

**September 9** – Very mild seizure, 11:45pm. Lasted less than a minute, while he was asleep in his crate. No salivation or urination. Did not wake up before or after seizure. Asked to go out to potty about 1:30am and seemed fine. 18 days since last seizure.

**September 11** – While chasing Desi up the stairs, Murphy hit his head quite sharply, and almost knocked himself out. He was literally "seeing stars" for several minutes. This was in the late evening and I checked him several times during the night to be sure he was OK.

**September 12** – Murphy may have a mild concussion. It's hard to tell, because he's been greatly impaired by his Bromide dosage of late. He just seems much worse today than yesterday. Drs. Norman & True agreed we should stop the Bromide for a few days and try to determine what is going on. No Bromide given on the 12<sup>th</sup>, 13<sup>th</sup> or 14<sup>th</sup>.

**September 15** – Murphy is feeling much better and livelier today. Hard to believe that 3 days off Bromide would make such a difference. Gave him his normal 5ml dose today. Will skip the 16<sup>th</sup>, dose on the 17<sup>th</sup> and skip the 18<sup>th</sup>.

**September 19**- Murphy continues to be more alert and better coordinated. Enjoyed a good game with his ball. Resume daily dose of Bromide.

**September 21** – 1:40am: Very short seizure, the mildest he's ever had. Short (10 sec.) catatonic stage followed by actual seizure of no more than 10 sec. About 2 min. quiet, on side, relaxed breathing, with head "twitch". Some salivation and tiny bit of urination. His "twitch" lasted about 8 min. after he was up and walking around. Hardly any post seizure symptoms. Steady on feet and no restlessness. Went back to bed and was fine in morning. 12 days since last seizure.

Note: For the past two months, not only are Murphy's seizures very mild, they all occur between 11:30pm and around 1:30am.

Note: We've all noticed that Murphy is less shaky, when he exercises, since he's been on Bromide. (He still shakes, just less.)

**October 29** – 1:00am: Moderate seizure lasting slightly less than a minute. No urination, only a little salivation. Restless for ½ hr. or so afterwards. Gave him another 2.5mg of Valium. (He had 2.5mg at 11:00pm). Slept the rest of night. Murphy was very sedate for the better part of the following morning. He seemed much improved by afternoon.

Note: This was Murphy's first seizure in 38 days. This is the longest he's gone, between seizures, since last spring. Over all, Murphy has been feeling very good the last few weeks and has been more alert and active.

**December 5** – Murphy has gone 36 days without a seizure. This is very encouraging. Sometime around the 26<sup>th</sup> or 27<sup>th</sup> of November, Murphy became severely ataxic. This is the second time this has occurred, for no reason we are aware of. There were no changes in his dosages, and up to this time, he was feeling very well and enjoying life. During these extreme ataxic phases, he can barely stay awake, barely walk without falling, can hardly hold his head up and cannot run or play with his ball (which he loves). As we did the last time this happened, we stopped his Bromide for four days, then started his 5ml dose back up every other day for at least 3 doses, then we'll resume his normal daily dosage. He is not back to "normal" (for Murphy), but he is much improved. He enjoyed a good "ball game" yesterday. I have discussed with Dr. Norman the possibility of lowering his Phenobarbital dose, once he's back on full Bromide dosage for a few weeks. Providing his seizures don't increase in frequency before then, we'll lower him by ¼ tablet (15mg) per day, and continue to decrease by 15mg over a very slow progression.

Note: Resumed daily dose of Bromide on December 8<sup>th</sup>.

**December 12** – (After 44 days) 7:30am: Approximately 30 sec. seizure. Another 15 minutes or so of post seizure disorientation. Jack was witness. Fine afterwards, except for lots of water drinking. Actually, Murphy has been drinking an unusually large amount of water for the past few days.

**December 12** – 9:15pm: Second seizure of the day. Very violent. Urination, salivation. Less than a minute. Several minutes of post seizure “twitching”. Worst seizure in almost a year. OK by 9:30pm, but restless all night. Very thirsty.

**December 13** – 10:00am: Seizure about one minute. Very violent. Urination. 2 to 3 min. of post seizure “twitching”. Stayed agitated rest of day. Called Erin and Cindy (Drs. True and Norman) and Dr. Dickenson. We think this may be due to the decreased Bromide the week before. We won't mess with his dose from now on. Dr. Dickenson had me give him a second full dose of Phenobarbital, at noon, and his regular dose at night. This left him very “wound up” and ataxic. He couldn't settle for the night. Valium didn't help. 100mg Benedryl finally put him to sleep around 3:00am.

**December 14** – No seizures. Murphy is calmer. In fact, he's pooped. Very ataxic.

**December 17** – Ataxia improving. Still no seizures.

Note: This is the last entry for 1999. Murphy remained seizure free for one month. Diary to resume with the first entry of 2000.