

**Dr. Joseph Sadek MD,B.Sc. Pharm,MBA,FRCPC,DABPN**

DR. JOSEPH SADEK

245 Pleasant St.

Dartmouth, NS

Ph. 902-431-4446 Fx. 902-431-4448

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Jun 11, 2025

**FAX COVER SHEET**

To: Dr. Helika Adams

855-778-2835

From: Herath,Dulmini on behalf of Dr. Joseph Joseph Sadek @  
DR. JOSEPH SADEK

Notes:

Please see the attached information.

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Dr. Joseph Sadek, MD, B.Sc. Pharm, MBA, FRCPC, DABPN  
Diplomat, American Board of Psychiatry and Neurology  
Professor of Psychiatry, Dalhousie University  
The Atlantic ADHD Centre  
245 Pleasant Street, Dartmouth, NS, B2Y 3K9  
Tel: (902) 431-4446 Fax: (902) 431-4448

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Jun 10, 2025

Dr. Helika Adams  
Virtual Care,  
, NS  
Ph. 902-418-4929 Fx. 855-778-2835

**RE: Anthony Dulong**  
**PHN: 0000247312**  
**DOB: 03-Aug-1990**  
Phone: (902) 778-3217  
Addr: 2771 Connaught Ave  
HALIFAX, NS  
Date Seen: 10-Jun-2025

Dear Dr. Adams,

**Patient completed the following questionnaires and tests today:**

- ADHD checklist and intake questionnaire
- CPT (Continuous Performance Testing)

Thank you for referring Anthony Dulong to me. Anthony lives in Halifax.

**Patient came today with the following complaints: poor attention**

**In terms of mood and anxiety patient reported:**

Fatigue, muscle tension, restlessness, poor sleep, poor concentration, forgetfulness, excessive uncontrollable worries, and attention problems. Also reported panic attacks.

**In terms of psychosis:**

No hallucinations and no active delusion. No passivity experience.

**Suicide Risk:**

Low risk with no SI

**Medical History**

Allergies: NKDA

Heart problems: denied

Past Surgeries, hospitalizations and Medical problems: AF, DVT, cirrhosis —heavy rum drinker but less now  
than years ago diabetes  
anxiety depression agoraphobia, asthma

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Name: Dulong, Anthony  
PHN#: 0000247312

**Medications:**

Adderall 40 mg daily  
Furosemide 20 mg OD

Pregablin 800mg bid

Nadolol 20 mg OD

Spironolactone 20 mg OD

Diazepam 20 mg quays

Temazepam 30 mg hs

Seen Dr. Oguntade in the past.  
Has received therapy in the past.  
Has never been admitted to a psychiatric inpatient unit.

**Alcohol and street drug use: drink 5 drinks daily**

**Family History:**

Patient has 1 sister. Parents split 15 years ago. He said his family did not want him.

Positive Family History of:

Anxiety

Depression

Heart Disease: mother

**Personal History:**

Patient was born in Yarmouth  
problems reported about mother's pregnancy.  
The delivery had complications.  
Patient was sexually abused at age 7 until age 9 and later until he was an adult.  
His uncle raped him.  
Patient was physically abused as a child.  
Motor/walking milestones were met at an appropriate age.  
Vocalization/talking milestones were met at an appropriate age.  
Had friends as a child.  
Currently has few friends.  
Patient relationship with family is very poor

**Patient Education: grade 12 and few years university but never graduated.**

**Patient meets at least 5 of the following DSM-V symptoms criteria of ADHD.**

**These symptoms have been present for at least 6 months to a degree that is inconsistent with developmental level and that negatively impact directly on activities and interfere with or reduce the quality of functioning:**

- **DETAILS** often missed or makes careless mistakes in schoolwork, work, other activities
- **EASILY** distracted by stimuli (e.g. noise, movement, day dreaming a lot)
- **TASK AVOIDANCE** (that requires attention such as homework, completing reports, forms)
- **INSTRUCTIONS** missed because mind elsewhere or not listening when spoken to directly
- **LOSE** things (e.g. wallet, keys, books, toys and homework)
- **SUSTAINING attention** is problematic (during reading, lectures or other activities)
- **ORGANIZATIONAL problems** (messy, disorganized work, difficulty organizing time)
- **Fails to FINISH** activities schoolwork, chores or duties in the workplace or not following through on instructions
- **FORGETFUL** in daily activities (e.g. doing homework, remembering appointments, paying bills)
- Has 8/9 of hyperactivity symptoms

**Patient also reported 2/9 of BPD symptoms.**

**Mental Status Examination:**

Patient is appropriately dressed and groomed. No psychomotor agitation or retardation.

No gait abnormality. Insight and judgement are intact. No formal thought disorder.

Speech does not lack prosody. Affect is reactive and congruent to content of speech.

Attention was tested by CPT.

**DIAGNOSTIC IMPRESSION (DSM-5/ICD 10):**

Alcohol use disorder, GAD, history of trauma, probable ADHD combined type. I suggest stopping Adderall due if he has a cardiac condition and not starting any stimulants, I suggest after medical clearance starting Lamotrigine 25 mg po HS x 1 week then 50 mg po HS x 1 week then 75 mg po HS x 1 week then 100 mg po HS to continue. he is interested in any treatment for alcohol use disorder, I also suggest psychotherapy. Thanks for involving me in his care.

Sincerely,



Dr. Joseph Sadek MD,B.Sc. Pharm,MBA,FRCPC,DABPN

cc: Dr. Helika Adams, Fax: (902)758-1334