

EDITOR'S NOTE

Dr. Wolff is a board-certified family physician in private practice in Cornelius, North Carolina. He finished his family practice residency in 1997. He has graciously consented to share stories from the trenches of primary care. While his practice diary is taken from actual patient encounters, the reader should be aware that some medication references may represent off-label uses. Identifying details have been changed to protect patient confidentiality.

We at the *Companion* are certain that these vignettes will inform, entertain, challenge, and stimulate our readers in their effort to address behavioral issues in the everyday practice of medicine.

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Dashing Through the Schedule

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Monday

My practice routinely splits in half over the holidays; we each take 1 week off and work the other with a half crew so that everyone gets time home with family. To make this work, we prohibit physical examinations and limit routine follow-up visits during this time. Ostensibly, this frees us up to see more sick visits and thus keeps the gears of the practice moving during these winter days.

All of that planning gets derailed with my first patient of the day. New to the practice, BG is a law student home for the holiday break. He is tearful and distraught, noting that he feels too depressed to return to school, but if he withdraws, he loses his health coverage from his parents due to his age. He has been to his school's psychiatrist and treated for appropriate periods of time with various antidepressants but still feels horrible, noting that insomnia is a prominent feature of his depression that has not improved with zolpidem, various benzodiazepines, or mirtazapine.

I take care of his parents, and his mother had him come to see me since I successfully treated her bipolar depression with lamotrigine. He has not been treated with any mood stabilizers to date.

I spoke with him about a trial of quetiapine—he will rapidly titrate to 300 mg, and since I will be out next week, I will see him on Friday.

When I leave the room, my nurse has 4 filled rooms waiting for me. So much for efficiency . . .

Tuesday

Of course, it is folly to think that I could pass through Christmas week without a fair amount of mental health issues popping up. BV is here to talk about reflux, but the conversation turns to her likely bipolarity. She has felt mentally well with only 1 medication, olanzapine; but despite our best efforts, she gained 50 lb. This weight gain was intolerable for her, so she discontinued the olanzapine while we tried a litany of medications—all of which were either ineffective or intolerable due to side effects. Finally, she and her husband decided that she could manage without medication, and we would see how things went.

Four months later, she is here to talk about reflux. She feels like she has out-of-control reflux despite quadruple therapy from her gastroenterologist (who sends a note remarking on a pristine esophagogastroduodenoscopy). She also notes intolerable “anxiety”—she has racing thoughts and “internal tension” and insomnia. Interestingly, her onset of symptoms coincides with a urologist trying nortriptyline as a remedy for her interstitial cystitis.

Hmmm. I've convinced her to discontinue the tricyclic antidepressant and to try olanzapine again, at least until Friday. I will see her then for follow-up.

Wednesday

PJ is a thirtyish fellow who has a long history of irritable bowel disease that has been treated by a gastroenterologist with alprazolam at 2 mg twice daily for 5 years. Each attempt to wean the dose is “unbearable” to this motorcycle repairman. Three months after establishing care with me, PJ's gastroenterologist at a prominent teaching institution refused to continue to prescribe the medication, writing a letter asking me to do so instead. PJ had apparently been through

trials of routine irritable bowel syndrome treatments, but this was the “only effective remedy.” Except that PJ now sits before me with an application for a well-paying federal job and looks at me with a straight face and says that he has no need for the alprazolam anymore and requests that I make no mention of it on the medical examination portion of his application.

Fat chance I comply with that request, but giving the benefit of the doubt, I outline his history as well as his current assertion that he has been miraculously cured (though I worded it a little less cynically). I wonder how long it will be before he returns asking for alprazolam again.

Thursday

Christmas! The only mania I see today is in the eyes of my young boys as they unwrap the mother lode deposited

last night by SC, a geriatric elfin insomniac who visits annually this time of year. I do wonder about this overly generous and flamboyant soul who always dresses in red while eschewing the common practice of entering through the front door. Still, he does seem to be quite highly functional....

Friday

Boxing day? No, follow-up day! BG looks calmer and is thankful for sleep. He will return to school with a 30-day supply of quetiapine and the promise that he will follow up with his school doctors. BV looks 1000% better, feels calm and alert, and has had her reflux and urinary symptoms disappear. But she is still not sure if she wants to take the olanzapine. We will attempt famotidine and intense calorie management on a 30-day trial. And, so far, PJ has not yet called for a refill of his alprazolam. ♦