

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.

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.

Turn Your Partner, Do-Si-Do! Now Take Your Sertraline, Cotton-Eyed Joe!

Christian G. Wolff, M.D.

Monday

GF is a 30-year-old woman with severe fibromyalgia who had a near miraculous improvement with olanzapine. The bad news is that she is among the 15% of patients treated with that medication who gain weight quickly—at 2 successive weekly weight checks, she had gained 9 lb each time. The second 9-lb weight gain occurred only because her response was so robust we felt compelled to try olanzapine for another week with an H₂ antagonist—but to no avail. We elected to switch to another atypical antipsychotic, including risperidone and quetiapine, also to no avail; neither drug had any significant positive effect. Today, she returns after being off all medication except nonsteroidal anti-inflammatory drugs, and she has lost 12 of those previously gained pounds. She asked me for a second round of olanzapine, saying that she is willing to deal with weight gain if it means feeling like her old self again. So we made a deal: weekly weight checks and a maximum weight gain of 20 lb. Any more and we will discontinue the medication. I look forward to seeing her next week.

Tuesday

I had several calls today regarding VR, a 75-year-old gentleman, whom I have followed through many recent severe illnesses. I spoke with his daughters who had taken him on a family beach trip, during which he suffered a catastrophic intracranial bleed. They were calling for advice on his care, especially relating to end-of-life issues. Though I felt helpless several hundred miles away, it was still gratifying to be able to serve my role as VR's family physician, even if it was mostly to console his grieving family.

Wednesday

One of the ways I have dealt with the potentially drug-seeking patient is to call a pharmacy to see if that patient has had narcotic prescriptions from several different physicians. It used to be that it was fairly easy to nab these "doc shopping" folk. Well, thanks to our federal government and new regulations, my last call to a local pharmacist was rebuffed due to "privacy concerns." Score one for the bad guys.

Thursday

PH is an elderly gentleman who is seen in follow-up for treatment for depression. He had become withdrawn since becoming a widower 4 years ago and now tells me he is a hot commodity on the square dancing circuit. He doesn't appear to have any other signs of unmasked mania, so I simply assume he's a red-hot dancer in remission. Problem is, now I'm wondering if I need to schedule him for a stress test.

DIARY FROM THE FRONT LINES

Friday

FW is a delightful young man around 6 years of age who has been tested extensively by a pediatric neurologist for school difficulties and found to be normal except for an IQ of 82. I had a long visit with his parents today. They were still hopeful of finding a correctable medical problem in spite of his lengthy prior evaluation. I find these visits among the most difficult. All the reassurance and positive reinforcement of their giving unconditional love to their child doesn't seem to be of much help to the parents. My day concluded with that family in my prayers.