

## “A Ginkgo Cocktail, Anyone?”

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### Monday

TY is a 42-year-old woman whom I had just seen for her annual physical.

New to the area, she had been treated by her prior internist for galactorrhea with bromocriptine. It seems that her prolactin level was quite high, but the results of her annual MRI (yes, she has had 5 so far) were still normal.

When I reviewed her chart, I had noticed that she was successfully being treated with risperidone for what was called obsessive-compulsive disorder (although I suspect she is really bipolar). I switched her to olanzapine, and today, 6 weeks later, her mood is stable, her prolactin level is normal, and she is off bromocriptine with no milk leakage. That sure was an expensive side effect, wasn't it?

### Tuesday

A little update today—you may remember an 80-year-old woman suffering from cerebrovascular dementia and depression who had a significant brightening of affect when her daughter gave her bupropion to get her to quit smoking. This pleasant and (now) always-smiling woman attends an adult day care and lives at home with her daughter's family. She continues to do well taking just 100 mg of bupropion daily with a half milligram of lorazepam once or twice a week when she occasionally “sundowns.”

It really is nice to see her get her care at home rather than at a nursing home; I know her medicine helps facilitate that.

### Wednesday

RC is a 30-year-old woman whom I had seen as a new patient a month ago, when she arrived for a “get acquainted” visit. She wasted no time complaining to me that the antidepressant she was taking was causing significant sexual dysfunction. Borrowing a pearl from another physician in my office, I recommended *Ginkgo biloba*, 60 mg twice daily. Today, during a sick visit for the flu, she was ebullient when describing the benefit of the ginkgo to her sex life. She was the happiest person with the flu I had seen that I remember.

### Thursday

Shoddy reporting of medical news is one of the crosses we must all bear as physicians. Today, I had another patient refuse pharmacotherapy for depression out of fear aroused by the unfortunate story of the woman from Houston who killed her children during a psychotic depression. “They said the pills made her do it” was my patient's reason for declining treatment. While cases like this should encourage us to take complete histories when diagnosing mental illness (just as we do when we diagnose heart disease), I hope that they do not discourage those “fence sitter” physicians who are just becoming comfortable with treating depression.

