

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.

All in the Family

Christian G. Wolff, M.D.

Monday

FR returns today with her daughter. FR relocated from out of state after her husband died, and ill health has precluded her from living alone. Clearly, those life changes have exacerbated an ill affect that her daughter testifies has been a life-long affliction. The thing is that FR refuses treatment. The interesting part of our 3-way conversation came when her daughter said, "He's suggesting the same medicine Dad took, and it really helped him." To which FR replied, "But he was acting like a real (expletive)." Five seconds of silence felt like 5 minutes. FR left the appointment begrudgingly accepting a prescription.

Tuesday

GF is here for a follow-up of depression. Interestingly, the initial workup revealed a profound iron deficiency anemia. Three months into replacement therapy, GF reports renewed energy and euthymia. Incidentally, she also notes that an unreported malady, involuntary nocturnal limb movements, has completely resolved. (Her husband is delighted that he can get a good night's rest in the same bed.) I mention this as a reminder that a low ferritin level even in the setting of a normal hemoglobin level may indicate a treatable cause of restless legs syndrome.

Wednesday

HR is a rising junior at a local high school. Charming, polite, active in sports, and possessing a sharp intellect, he's almost a caricature of the perfect adolescent. He's here alone with concerns about depression. His parents and 2 siblings all suffer from profound depression and take medication for it. He's wondering when his turn will come and if he should be taking anything now to keep that from happening. Poor kid, he's so conscientious that he feels guilty he's not depressed!

Thursday

JW is a middle-aged woman here presumptively for a sinus infection. She's wearing a turtleneck and sunglasses, even though it's overcast and muggy. As you no doubt have already guessed, these accoutrements poorly disguise bruises and scratches. A quick phone call to a trusted local family therapist has an appointment secured for her this afternoon. She'll get plugged in to the social services she needs through this clinician.

It took me a while to develop contact with this therapist to expedite the care for my patients. Having mental health services incorporated into primary care is long overdue.

Friday

This caught me by surprise. GC is a woman who clearly has been suffering from bipolar disorder and fibromyalgia. I finally convinced her to take ziprasidone, and today, in follow-up she was almost hypomanic. Really, I spent more time ensuring that her improvement in mood and pain was not an undertreated episode of mania. After a solid grilling, I was convinced that all was well. The interrogation elicited an interesting remark from my patient. "Geez, I thought you'd be pleased I was doing so well." ♦