

Be Sure to Take Your Vitamins Daily

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Monday

Today was the second visit for PT, his first being 2 months ago for evaluation of chronic rhinitis. I expected a quick follow-up visit, during which I would take the opportunity to fill in some background and maybe do some preventive care. He dropped a bombshell—his wife, a lab technician, had deliberately injected herself with a vial of HIV-tainted blood and has since tested positive. She has since been under the care of a psychiatrist and an infectious disease specialist, but PT has had only cursory interaction with them. PT appeared very calm and matter-of-fact when presenting this information to me. So calm, in fact, that I became very concerned. I spoke briefly about it with him, but at this visit he was fairly reticent. I've scheduled him to return in a week. Perhaps then we can discuss issues of support and planning for both him and his wife. His HIV test results are pending.

Tuesday

JP returns for follow-up. His wife suffers from posttraumatic stress disorder as a result of rape. He is a 29-year-old Navy veteran who appeared very meek and very embarrassed to see me. His first visit, under the pretense of "sore throat," was to discuss the lack of self-esteem that he was feeling. He felt inadequate at work and at home, and on further review, admits these feelings beginning in his youth. His only sibling shot himself as a teenager and his family never recovered—his parents soon divorced and JP lived with his mother, who has a long history of depression. I saw his wife initially and referred her to a psychiatrist who has been involving the two of them in couples therapy, but JP cannot muster the courage to go to the psychiatrist himself. Last month I convinced him to try fluoxetine, and today I barely recognize him. Alert and interactive, this formerly withdrawn fellow is now regularly attending sessions with his wife, and the two of them together are beginning to deal with the heavy baggage they each brought into the marriage. What began as a relationship of codependency might actually succeed! I have my fingers crossed.

Wednesday

LB is a nervous wreck. A transplant from the mountains, the pollen here has pushed her asthma into a tizzy, and she is wheezing like a teapot on the stove. This 40-year-old smoker has been on theophylline for years and has been using her albuterol inhaler every 4 hours like she always has, but asthma (and her cyanotic lips) is not her main concern. She just wants her lorazepam so she can weather the storm. Her oxygen saturation of 80% and respiratory rate of 60 earned her an overnight stay in the hospital so that she could learn about the magic of corticosteroids (inhaled and otherwise). I also gave her a little

benzodiazepine to take the edge off. This presentation reminded me of the case report in a previous *Companion* issue, which discussed anxiety-related bronchospasm. I'll have to keep that in mind if she doesn't clear up in the morning.

Thursday

Well, LB is breathing much easier now. She is amazed that only 1 dose of lorazepam cleared her up this time. Reluctantly, she admits that *maybe* the other medicines also helped. I think I have my work cut out with this patient.

Friday

EK returns today accompanied by her mother. She announces that she has quit smoking with the combination of nicotine patches, bupropion, and hard work. Her mother, however, made the process difficult. This 85-year-old woman is a lifetime smoker who refuses to quit. Smoking is her only happiness, she says, and she intends to continue to puff away indefinitely.

EK's mother moved in after a third stroke had severely limited her ability to care for herself. Despite 3 months in a rehabilitation facility, she had become withdrawn and would sit in the corner and smoke all day, tempting EK with every smoke ring. So, my patient tells me, she developed a plan. She would get her mother to quit smoking as well. The patches were out of the question—Mom would not agree to that. Instead, she decided to supply her mother with a “vitamin”—the bupropion. All without telling me, of course.

Within 2 weeks of bupropion use, an amazing transfiguration occurred. Mom quit smoking and started talking. And laughing. And crying. And telling her daughter she loved her and appreciated all that she had done for her—and daughter returned the sentiments. Today, they had one request. Could Mom have a prescription for vitamins too? After careful counseling, how could I refuse? Now, about sharing medication. . . .

Editor's note: Dr. Wolff is a board-certified family physician in private practice in Huntersville/Davidson, 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.