

## Cocktails and Kitchen Sinks

Christian G. Wolff, M.D.

### Monday

The first person on my schedule today is TY. This 43-year-old is a woman at her wit's end. Suffering for a week with vestibular neuritis, she won't take diazepam because her husband is traveling on business overseas and she has 2 toddlers at home. Meclizine has been ineffective, as have other antihistamines. Steroids have been ineffective, and antivirals have only nauseated her. This is her fourth visit in 6 days. Somehow, reassurance today seems to give more relief than the hope that any new medication might help. I hope her symptoms pass soon.

### Tuesday

GH is in to discuss her son, who has an extensive and complicated mood disorder history that includes a recent suicide attempt. She has lost confidence in the psychiatrists he has been seeing and has been begging me to take over his psychiatric treatments. I have steadfastly resisted these attempts, though when a patient's family shows so much despair, I sometimes have the thought, "Heck, they've tried everything but the kitchen sink—I can start trying cocktails [medicine for the patient, that is] just as well." Then I come to my senses. Today I was able to arrange follow-up at a university-based practice about an hour away.

### Wednesday

Speaking of kitchen sinks, SW has had everything but the kitchen sink thrown at his migraines. This 40-year-old man, however miserable, hadn't contemplated suicide. He had given up on his neurologist, who had put together a thoughtful approach to his migraines that failed to decrease the frequency of his headaches to fewer than every other day. Proving that sometimes it's better to be lucky than good, SW reports today that treatment with lamotrigine has reduced the frequency and intensity of his headaches to the point that he no longer uses any narcotics or "triptans"—just an occasional BC Powder. Note that this took 6 months of fiddling on my part, followed by 2 years of fiddling by the neurologist (who had tried divalproex to no avail) before I picked the lucky agent. Being lucky does make you look awfully good, though.

### Thursday

JK had been taking an SSRI for 6 months for depression and had a brisk enough response that we considered her to be in remission. Sexual dysfunction had reared its ugly head, and both amantadine and ginkgo failed to change that. Opting to add bupropion had little effect on her climax, but she was very cheery today in follow-up, nonetheless. Why? Adding just 150 mg of bupropion in the morning had significantly augmented her antidepressant. You should know, as well, that 8 weeks of bupropion, 150 mg twice daily,

was ineffective in the treatment of her depression by another physician last year. Once again, better to be lucky than good.

**Friday**

Our local professional football team is the Carolina Panthers. The newspaper today recounted the story of how one player has been suspended for assaulting another during a team meeting and another player has been cut from the team for multiple problems capped off by his failure to keep a court date. The team has been having rotten luck all season, and this week's events have just added to the funk. Why do I mention all this? Because I am amazed at how much of an effect sports can have on the psyche of a community. And as depressed as this sports fan in Charlotte is, I can't fathom what it must be like to be a Red Sox fan.

*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.