

## 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.

## Fly the Manic Skies?

Christian G. Wolff, M.D.

### Monday

Coming back from an extended vacation is stress-inducing on its own. When I stepped into my office today, the stacks of charts around my desk resembled a fort. Sort of the kind you would build during a paper-wad fight with your friends. Instead, I think the stacks represent my own personal Tower of London for being gone more than a few days.

### Tuesday

Of course, when you are gone for awhile, most of your emotionally needy patients resist seeing your partners—they just all gather together your first week back for a psychiatry fest. Today was highlighted by 2 families dealing with rebellious teenagers, a divorce, 1 new-onset depression, and 2 poor responders to initial antidepressant therapy. In a sad sort of way, I was a little relieved to care for a fellow with newly diagnosed prostate cancer. At least our plan for him today was clear and crisp.

### Wednesday

KD is a 50-year-old airline pilot here today for follow-up from the emergency room. Recognizing that he was slipping into a significant depression, KD felt he needed some assistance, though taking an antidepressant would place his career as a pilot at risk. As such, he surreptitiously started splitting a friend's escitalopram. Within 2 days, he found himself feeling "like he couldn't stop his brain" and thus later ended up in the emergency room. He also spilled his guts about some grandiose, compulsive, and self-destructive behaviors. Interestingly, the emergency room physician worked him up as having serotonin syndrome, as opposed to a manic switch. After establishing that he was not a risk to himself or others, I elected to calm him down with some olanzapine and will follow up with him in 2 days. Dealing with him in his current state is very exhausting.

### Thursday

I walk into GE's room, and she has a smile plastered on her face. GE is a 52-year-old woman who has multiple medical problems complicated by obesity. She also has been chronically depressed but is in no way a whiner. She felt better with her medications but not *real* well; she just attributed her depression to her medical issues, and that was that.

Usually I am loath to prescribe phentermine for weight loss, but I thought she was a good candidate and she was, having lost 8 pounds after taking the drug for 1 month (exactly what I was hoping for). But she was smiling because her depression lifted like a fog after taking the stimulant for 3 days. I guess some of the old-fashioned therapies really do work. After we get GE's weight down, I will most likely switch her

to a long-acting dextroamphetamine but will consult the literature and some colleagues for their advice as well.

**Friday**

KD returns much much more . . . mellow. In fact, he tells me that he didn't know he could feel this relaxed. On Wednesday he slept for 10 hours, which was a relief

after sleeping a total of 2 hours the 2 nights before. His thoughts today are well-ordered, and his insight is good. A call to the pilot's union arranged a 6-week leave of absence, while I arranged for follow-up to our neighborhood psychiatrist. KD was already considering a change to a ground-based teaching job. This mood decompensation may be his opportunity for that career change. ♦