

Hits and Near Misses

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Monday

WR is a 31-year-old man, a Web page designer whom I have been treating for depression. Initial treatment with fluoxetine had limited success that was overshadowed by significant worsening of insomnia and profound sexual dysfunction. It seems that his schedule was so irregular that if he couldn't sleep, he would just try to work. Problem is, his work quality was suffering as well. Thus, he was becoming frustrated on all fronts.

On reevaluation, I elected to treat him with mirtazapine, initially at 30 mg daily but quickly increasing the dose to 45 mg to be taken at 10 p.m. Mirtazapine normalized his work schedule with its sedative effect and was quite effective as an antidepressant. At his follow-up today, he tells me that all side effects have cleared. Even his Web sites were getting many more hits (wink, wink, if you know what I mean).

Tuesday

PB is an 84-year-old woman who for over 20 years had been treated with propranolol. At routine blood pressure check, she had complained of excessive fatigue and "the blahs." At that time, I chose to wean her from the β -blocker and treated her with hydrochlorothiazide, which very effectively controlled her blood pressure. Today, 3 months later, she is almost bubbly with plans for a cruise of the Adriatic.

I remember nearly pulling the trigger for an SSRI before deciding on the medication change instead.

Wednesday

YT is a 19-year-old woman attending a local university as a commuting sophomore. Last spring, YT spent the night in the hospital after imbibing a gallon of gin in a suicide gesture. YT, who has always been an introvert, was feeling significantly burdened by poor school performance and a sense of isolation. She was referred to me by a local psychologist for medication management.

Collaborating with the psychologist (who provided intensive cognitive therapy), I prescribed paroxetine, which seems to have significantly improved her affect. To the surprise of all, she has since pledged a sorority and has turned around her academic performance over the summer.

I really barely recognize her! In fact, I almost worry that her improvement may be an act, but the psychologist assures me that her improvement is genuine.

Thursday

JR called today, asking for a refill of his pain medication. This 52-year-old man is 2 months out from his Whipple operation to resect a pancreatic cancer, and he has had a strong recovery. When I was calling in the script, the pharmacist notified me that this amiable long-time patient received refills today from his oncologist, his surgeon, and one of my partners on call last night. We are having a conference on Monday to discuss his pain control. It just goes to show that narcotics can trip up anyone, even someone who has a legitimate need for pain alleviation.

Friday

PG is a difficult patient. This 27-year-old woman has a history of anxiety and refuses to take medication for control. Last week, she developed severe pleuritic chest pain. Her pain was so severe, in fact, that I sent her to the hospital for a VQ scan, the results of which were normal. On follow-up, her pain was still much out of proportion. I pondered here last Friday afternoon, "Is it just her anxiety showing itself?"

I admitted her to the hospital today, and ordered a CT scan of the chest and abdomen and provided injectable pain control. She has 7 large hepatic masses. I always remind myself that even anxious people can get metastatic disease.

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.