

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.

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I Oughta Write a Letter

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Monday

AN is here with his mom. I have been taking care of this very nice young man since he was 5 years old, which was 12 years ago. He has always been a great kid, but for the last few years, he has been a tad aloof; however, many teenagers are, so I was not concerned. Apparently, he has been troubled of late, feeling a paralyzing self-loathing punctuated by episodes of tearfulness. He has been to counseling for the last 2 months but has not significantly improved. After a frank discussion with him and his mom about risks, AN opted for a trial of fluoxetine. He seemed so troubled; I hope he recovers quickly.

Tuesday

A 64-year-old woman with a long history of chronic obstructive pulmonary disease returns for a follow-up visit. She is doing fine, and among her needs today is a refill of her medications, including sertraline. She also has a letter from her pharmacy benefits manager that states that if she wishes to continue to get her antidepressant, she will have to schedule a visit with a psychiatrist.

Of course, I am galled by this. I will be writing a letter to her employer.

Wednesday

Thank goodness for the proliferation of low-cost generics. Today, I assisted 2 patients in managing their medications. You see, we anticipate the loss of medical benefits since they have lost their jobs in the restructuring of the financial sector. These are folks who, while under the strain of lost income, especially cannot afford a psychiatric decompensation while searching for new employment. Imagine a job interview while relapsing into major depression.

I need to write that letter.

Thursday

DS is a new patient. This 24-year-old mother of 2 has a 9-month-old as her youngest. Over the last 5 months, she has been increasingly short fused, teary, and “no fun to be around.” She is here at the behest of her mother, who suffered with untreated depression for 8 years after her last child was born. In tears, DS said, “My mom told me not to lose the joy of my kids’ childhood.” Knowing the fragility of children and the toll exacted on them by parental depression, I got choked up as well. I am glad she came in today.

Friday

Enforcing follow-up visits is not any fun and can be a test of wills. CD has been a worthy competitor in that she has done all she can to stretch out refills between follow-ups. After promising my nurse to schedule a follow-up for 5 months, I started refilling only 15 days of medicine. After 2 rounds, I reduced the number to 10. Then, I dropped the refill to 5 tablets. Finally, she succumbed and kept an appointment.

As part of her follow-up, we identified new-onset diabetes mellitus and a melanoma on her neck. Today, at a 3-month diabetes follow-up, she “wanted to thank me for being a hard ass.” I needed that encouragement.

Today, I finally dictated that letter. I was polite. Really. ♦