

## 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.

## “Let’s Cut to the Chase—I Need a Pill”

Christian G. Wolff, M.D.

### Monday

DQ is an interesting woman. At 35 years old, she’s built an impressive resume in international business. She is an active sportswoman, training for a marathon, and is seeing me today for peroneal tendonitis. As we finish up with the orthopedic portion of our visit, she says, “I’ve got a question, and I don’t know if you can help me.” Uh-oh.

It turns out that DQ sleeps 3 hours a night but feels great all day, is always “thinking” about various ideas, enjoys blowing off steam by sculpting in a studio in her garage, and has a voracious sexual appetite. Oh, her Dad is the same way, and her mother was briefly hospitalized with a mental breakdown. “My husband tells me I’m not normal,” she says. “Is there anything wrong with me?”

More information: she is monogamous, avoids alcohol and denies use of recreational drugs, is gregarious but not grandiose, and, as far as I can tell, her hyperthymia isn’t causing her any problems. Her husband, she says, wasn’t complaining—he was complimenting. But, still, it caused her to wonder.

I discussed with her the fact that she was a gifted woman who appeared to have it all under control. However, I cautioned her to be vigilant and avoid hubris—that history is full of folks like her who tipped the scales from functional to pathologic and, well, got themselves into trouble. I’ll help by keeping an eye on her during her routine visits.

Oh, and I also reminded her to pick up the arch supports from the physical therapist at our sports medicine office.

### Tuesday

Pharmaceutical marketing cracks me up sometimes. After years of emphasizing the importance of early identification and treatment of depression or hypertension, drug companies clearly do not find these conditions to be priorities anymore. What is much more important today? Chronic constipation and restless legs. In fact, after today, I’m just going to skip over colon and breast cancer screening at routine examinations and focus on questionnaires for these pressing medical issues.

### Wednesday

As all of you know, we men are not exactly always in touch with our emotions. Today, GW, a 27-year-old fellow whom I have been seeing for over a year, presented with a litany of somatic complaints and a flat affect. After concluding that his symptoms suggested depression, I launched into my “soft sell” of how, “under stress,” the body’s circuitry can be “worn down,” and the chemistry needs to be “recharged.” I didn’t get halfway through my speech when he interrupted me and said, “That may be so, doc, but I think I’m depressed and need some medication.”

Stunned, I thought later about how much time I could save by ditching the “easing in” to the diagnosis routine and, instead, bluntly telling folks they are depressed and need a pill.

**Thursday**

Bipolar disorder can at times be a frustrating illness to treat. Today was one of the gratifying days. GR is a 40-year-old woman who had been unsuccessfully treated for depression since her teens. While never having had a manic episode, she did have vague episodes of irritability that caused great discord in her home. She noted that every time she tried a new antidepressant, she'd get better quickly but ephemerally. Her visit today was a 4-month maintenance visit for treatment with lamotrigine. A broad

smile on her face tells the whole story—continued smooth moods. Like the rare perfect shot on the golf course, a case like this keeps you going back for more.

**Friday**

At lunch today, a physician was our guest, speaking to us about smoking-cessation medications. One of my partners came up with this gem. When a patient tells her that he or she is “only a social smoker,” she is tempted to reply, “I guess that puts you at risk for a social cancer.” ♦