

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.

Mother's Day in January?

Christian G. Wolff, M.D.

Monday

CT is the mother of a friend of mine. She is 63-years-old and has had mood swings all her life, but nothing that has been unmanageable—until now. Over the last 2 years, she has been experiencing increasing inner anxiety, restlessness, and irritability. She hasn't slept well throughout this time. She often cries for no apparent reason, and she has lost 15 lb. Her prior physician, an excellent doctor whom I know well, recently threw up his hands and said “¡No más!” She has taken 4 different antidepressants—all of which made her feel worse. Faced with this scenario, I elected to try a combination of olanzapine and fluoxetine. My friend brought me a card from her mother today. “For the first time in a long time,” she writes, “I feel like myself again.”

Tuesday

Male-pattern postpartum depression. I did an Internet search for that term on MEDLINE and found nothing, though that is my unofficial diagnosis for this 40-year-old fellow with a 6-month-old child. He's had some other stressors as well—he's started a demanding new job, and his wife is being treated for postpartum depression. His child, whom he has been delighted about (until now), has had some difficulties with reflux.

His wife and child are receiving treatment and doing well. He isn't. He has noted a rapid decline over the last 4 months in which he has been tearful and irritable, but what has been truly disturbing to him are violent thoughts against his child. Those thoughts prompted his visit to me.

The poor guy is a wreck—he truly feels shame for his emotions. Wisely, he has ensured that he is not alone with the baby. We are beginning a treatment plan with some counseling (I've got a great counselor who is also a recent dad) and escitalopram. I hope we get him better soon so he doesn't miss his child at this magical age.

Wednesday

I've been keeping an eye on GT. This 40-year-old woman first came to me 6 months ago, asking for alprazolam by name. She used a friend's medication during a tough time, she said, and it “worked great.” Hmm, I thought. Okay, I gave her the benefit of the doubt and wrote a prescription for 20 tablets for as-needed use. Then, of course, she was having difficulties with a relationship, so she needed early refills. Today, after getting a telephone request for another early refill, I brought her in for a visit, during which I suggested a selective serotonin reuptake inhibitor (SSRI) and a bridge of clonazepam. She became belligerent and yelled that nothing but alprazolam ever works for her.

At her first visit, she maintained that she was drug naive, which was clearly contradicted by her recent statements. One of the few things I hate more than belligerent patients is belligerent patients who lie to me. I informed her that my offer of short-term clonazepam and an SSRI still stood—I also offered her an alternative with a mood stabilizer and a list

of local psychiatrists whom I would be happy to refer her to if she was uncomfortable with my care. She took neither.

Thursday

RW is an affable fellow about whom I had been receiving correspondence from a counselor in Texas, located approximately 1500 miles away. Turns out that RW and his wife had been listening to a radio show in the car in which James Dobson was interviewing a psychologist about his own experience with attention-deficit disorder as an adult.

This conversation clearly struck a cord, because my patient picked up a telephone and called the counselor. In fact, they had 3 telephone sessions before I received a letter from Texas asking me to evaluate RW for attention-deficit disorder. After speaking with RW, I agreed, and we will start with a trial of atomoxetine. Talk about outreach.

Friday

What is this, Bring in Your Mother Month? PB, a long-time patient, brought in her 65-year-old mother who moved in with her 8 months ago. Since her move, the mother has been irritable, anorexic, tearful, and afraid to leave her townhome. She hasn't to date taken any medications for her mood. Now, she might end up with a bipolar diagnosis, but without a longitudinal experience under medical care (such as the one related previously by CT), it's impossible for me to take that leap. Instead, we are starting out with 2 steps: a counseling program at her church, where I hope she can also get plugged in socially, and 30 milligrams of mirtazapine at bedtime.

Bipolar disorder can be a tricky diagnosis. Unfortunately, "therapeutic misadventures" are sometimes unavoidable. What we can't do, however, is ignore these contretemps when they do occur. ♦