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.

Oxygen Bars in the Lobby: The Next Income Supplement

Christian G. Wolff, M.D.

Monday

Monday begins around 7:15 a.m. with the telephone ringing in my office. This was a little jarring, because I typically am warned by our receptionist if I am getting a call; most calls are routed through my nurse or our triage nurse. Confused, I stared at the telephone and reluctantly answered it. On the other end of the line was the mother of a 20-year-old patient of mine—a college student at a school about 3 hours away. I'd started her on antidepressant medication around Christmas break and had just seen her 2 weeks ago in follow-up. She was doing well, so I'd admonished the patient to avail herself of on-campus counseling and planned for a follow-up around Easter. Mom was alarmed because stressors had returned at school that were encroaching upon her daughter's improvement, and the patient had mentioned suicidal thoughts—denying any actual plans whatsoever.

Sheesh, more telephone mental health. First, I reassured mom that my understanding of the data regarding antidepressant medications is that suicidal thoughts are more prevalent in early treatment stages of adolescents, but that an increase in actual suicides has not been observed in this age group. Still, I told her to take this seriously, to advise her daughter to continue the medication, and to demand that her daughter speak to her on-campus mental health services today.

Now, at close to 8 a.m., I start to tackle the pile of papers I had intended to reduce on my desk when I arrived this morning. And now I'm informed that a parent is bringing in his child who has lacerated her leg at the bus stop this morning. Paperwork, shmaperwork.

Tuesday

GD is a 50-year-old woman who comes in for evaluation of a flu-like illness. Her husband is also a patient of mine who was recently diagnosed with pancreatic cancer. GD expressed concern to me today regarding his treatment. You see, her husband has a history of narcotic abuse, and he apparently has had significant personality changes since his oncologist started providing morphine for pain control; in fact, GD believes he is improperly using the medicine. Ooh, that's a sticky one. No one doubts that pain management is a key piece of his case, but dignity and quality of life are important here as well. Over lunch I spoke with the patient's oncologist, who was unaware of this piece of his history, and we are going to work on a plan to gently realign his pain management approach.

Wednesday

FW is a new patient today with complaint of headache. This 40-year-old woman had been to neurologists over the past 5 years and had been prescribed abortive therapies, although no one had broached preventive therapies with her. The characteristics of her headaches had evolved as well, suggesting cluster headache. Since she was clearly uncomfortable,

I suggested a trial of oxygen therapy in the office. The look on her face said it all, "Dang, I've walked into the office of another quack," but she went along. FW returned 5 minutes later, and her facial expression had changed. "You're a magician!" she said to me.

Outside of joint injections and ingrown nail removals, there are few moments in practice when I can get that instant gratification. Hopefully, FW's treatment with verapamil will be effective in curbing the frequency and severity of her headaches.

Thursday

Flu season. I understand it has been difficult nationwide this year. While it is good for the bottom line, it sure is straining the mental health of our staff. I'm beginning to see cracks in their usual glowing demeanor. Maybe it will break soon . . . flu season, that is, not their demeanor.

Friday

An update (through my triage nurse) on our college student: she went to on-campus mental health services and has started counseling, and her dose of fluoxetine was increased to 40 mg. Mom states that things appear to be leveling off and that her daughter feels more secure with her support at school now, where before she felt more isolated because of her feelings. Great!

I *always* emphasize that counseling is mandatory as a complement to medication for the treatment of depression. Question is, How do you get patients to comply? ◆