

## 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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## Piña Coladas and *Joie de Vivre*

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### Monday

DE is a new patient on the schedule today with a stated chief complaint of “needs Xanax refill.” Yikes, not a good way to introduce yourself to a new physician. Turns out, this young fellow just graduated from university with an engineering degree but without a job. He moved to the area because of a love of car racing and had hoped to land a position with one of the race teams. Unfortunately, because of fewer sponsorship dollars, the race teams have contracted somewhat and there already is a small glut of experienced but unemployed talent.

His campus physician had written him a prescription for alprazolam and a selective serotonin reuptake inhibitor (SSRI) 6 months prior to graduation, but failed to educate him on the role of each medicine. Consequently, DE quit the SSRI after 1 week “because it didn’t work” but found that alprazolam “helped to take the edge off.” We spoke a while, and before I see him again in 3 weeks, he will take the SSRI regularly and speak with a psychologist about some cognitive-behavioral therapy. I think we will get him on the right track, so to speak.

### Tuesday

I often joke with patients that, if I could only prescribe a month in the Bahamas, they might be able to recharge from life’s stressors. I use this goofy remark to introduce the ideas of sleep hygiene and exercise as early interventions for mild depressive symptoms.

While following up on the thyroid disease of a harried young mother of 3, she shared with me her news: her parents presented her and her husband with a gift of plane tickets and use of their time share and offered to watch the kids. “Will 2 weeks in Cancun be enough?” It’s a start, I told her.

### Wednesday

I may have mentioned in prior missives that our family medicine practice uses a model of open access scheduling. I will often start the day with 5 or 6 scheduled appointments but will see 34 patients by the time the day is through. It really works well for us, and the patients love it, especially the parents of young children. But sometimes, when I get ambushed by a patient who requires extra attention, I get a little behind in my schedule.

This morning, I saw FL on my schedule for follow-up. Six months ago, I was running behind at the end of the day, and he was my last scheduled patient. He was so irate that I had to coax him back into the room and soothe him before we could have a meaningful conversation. We arrived at a diagnosis of bipolar disorder and began therapy with a mood stabilizer.

Of course, today, I was ambushed by 2 patients who required unexpected attention, including a patient whose stress test had to be terminated and required transfer to the hospital. When, 45 minutes late, I apprehensively opened the examination room door to see FL, he met me with a broad grin. “Six months ago, I’d have chewed you a new one, doc. I guess the medicine is working.”

I guess it is.

**Thursday**

DW is here all primped and fancy. DW is a delightful 78-year-old woman who has had a lifetime battle with alcoholism. When she is doing poorly, it is evident with unkempt dress and sloppy makeup. When she is doing well, she is the paragon of style, circa 1959. Today, she is Elizabeth Taylor in *Suddenly Last Summer*, but without the torment.

**Friday**

GF is back for follow-up after having started therapy with lamotrigine. Her history is interesting in that she is a young woman who presented to me having diagnosed herself with attention-deficit disorder. Of note, she had previously seen 3 psychiatrists over the last 5 years, and she was blaming them for losing her job with an advertis-

ing agency. They had apparently diagnosed her as suffering from bipolar disorder, and, thus, their treatment robbed her of her creative drive. On the basis of our 3 prior meetings, I think she also suffers from a personality disorder, perhaps narcissistic disorder.

Today, she notes that she does not feel as depressed as before, but she certainly doesn't feel well. She hasn't yet followed through with the psychologist referral we made because she doesn't believe in "that hocus-pocus," but she wants to know when I will provide her with some stimulants like methylphenidate to renew her *joie de vivre*. I told her that couldn't happen without psychometric evaluation by the psychologist. Her steely gaze could have burned a hole in my retinas.

Wow. I'm glad it's Friday. I'm running off to the mountains with my wife and boys for some renewal myself. ♦