

## 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.

doi:10.4088/PCC.09pd00860

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## What Time Is It?

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### Monday

One year ago, her husband died. This 68-year-old woman still hasn't returned to normal but is making headway as she prepares for a trip to Europe to visit family. She has been to grief counseling and to see psychologists and a psychiatrist, but she still has disabling symptoms of panic on a daily basis. Her trip overseas would not be possible, in my opinion, if she had not visited her pastor last week. There is a lot written about multidisciplinary approaches to mental health care, but, too often, the spiritual angle gets short shrift.

### Tuesday

Last week, as is common, I was running behind at the end of the day. BT had the last appointment of the day, and I was 40 minutes behind schedule. BT was agitated—so agitated that he was on his way out as I was coming to his examination room. I was able to calm him enough to get a 3-minute history and convince him to try a sample of medication and return in a week for follow-up.

Turns out, BT was a new patient referred to me by a local psychologist for treatment of bipolar disorder. He was diagnosed years ago and did not deny the diagnosis, but now that his marriage was threatened, he was finally willing to begin therapy. I gave him a single bottle of olanzapine/fluoxetine combination, and when he returned today, there was a different person in my examination room. He apologized to my staff one by one for his agitation and couldn't believe how "clear headed" he felt with the medication.

To think that his decision to start therapy (and change his life) hinged on my punctuality, frankly, gives me the willies.

### Wednesday

CA is here with his parents regarding follow-up for attention-deficit/hyperactivity disorder. In the past, CA's parents have elected to forgo his medication over the summer, although I generally recommend continued therapy year round. In my opinion, if a child's difficulties are serious enough to warrant medication, then he or she likely needs assistance with daily life attention. School performance just happens to be an activity in which progress is closely measured on a daily basis.

Well, CA will attend a myriad of camps this summer. Apparently, last year's science and math camps were a debacle, but I am more concerned about increased rates of accidents among inattentive teens as CA attends "survival camp." His folks agree and have brought me a stack of forms to complete for medication management. I guess I asked for it.

### Thursday

Of course, I am leaving for a beach vacation with family tomorrow, so I am feeling a little distractible myself. That stack of laboratory results before me is daunting, but I sure don't want it aging for another week—that would detract from my mental health during my respite. Don't we all have a little attention deficit once in a while?

### Friday

Friday afternoon, 4 o'clock requests for benzodiazepines are comically routine, aren't they? Often, these requests are accompanied by a qualifying circumstance, such as "heading out of town in 20 minutes." Today's award for gall goes to "my dog ate the last few tablets." Really? Seems that this patient should be on the telephone with a different doctor. . . . ♦