

## 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.

## Pleasant Dreams

Christian G. Wolff, M.D.

### Monday

My tension rises as I approach my desk. I'm always apprehensive to see what misadventures occurred while I've been on vacation (besides the Pisa-style towers of patient charts that await my adjudication). This morning I find that FE, a 30-year-old woman with somatoform disorder, has somewhat decompensated in my absence.

She is usually able to cope after a thorough exam, but sadly she still has difficulty with unfamiliar physicians. One of my new partners had the pleasure of seeing her for me. After 7 years, taking her complaints seriously remains a challenge, but I'm sure that the first time I shrug them away she will have a serious condition.

I'll have to put her on the schedule immediately.

### Tuesday

LD is a 25-year-old woman with dysuria. She developed this condition after 3 days of holding her urine for extended periods while driving the 16 hours from New Orleans. She plans to stay with a college friend now that she has fled her besieged city. Her urinary tract infection is easily treated with some samples of levofloxacin, and a small supply of temazepam may aid her in getting some sleep in her new surroundings. I wish I could write a prescription that would stabilize her life and the lives of her countless neighbors in the wake of Hurricane Katrina.

### Wednesday

I got a call today from the emergency department regarding HW, an affable 30-year-old with syncopal spells. HW has been under a load of stress from both work and his teenage stepdaughter. He's had the "million dollar workup," I'm told, and all is normal. After getting him on the telephone, I recommend that we get a cardiology opinion "to make sure you won't keel over." "Doc," he replies, "if I keel over, my wife will kill me."

I add clonazepam and plan to see him in the morning.

### Thursday

After starting fluoxetine for depression last Friday, SB is a work-in today. She decided she needed a return visit after 4 days of sleeplessness and thoughts that were spinning out of control. I do my best to tease out the patients who are at risk for bipolar disease. In spite of that, antidepressant-induced hypomania sneaks up more often than I like.

I suspect she'll feel better tonight after we start olanzapine. I'll see her tomorrow.

### Friday

SB did not appear for her morning appointment. Her absence made me significantly nervous, so I called her home to check on her. "No worries, doc. I just had the best night of sleep in my life!" she tells me after apologizing for sleeping through her appointment. Whew. I'll see her again on Monday and make a long-term plan for her from there.

This time, she's scheduled for the afternoon.