**DIARY FROM THE FRONT LINES**

**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.

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**Dancing With the Stars**

Christian G. Wolff, M.D.

**Monday**
We start the week with a frantic call from the mother of one of my patients. VA, her son, is a 7-year-old boy being treated for oppositional defiant disorder and attention deficit disorder by a local psychiatrist. Over the weekend, VA began to experience auditory hallucinations.

Why is she calling me? She is doing so because she called the psychiatrist’s office and was given an appointment in 4 weeks. I can’t believe that passes for appropriate care, but I understand that it’s a frequent occurrence nationwide.

**Tuesday**
BH is a 70-year-old woman who had been in the office almost weekly until I added 25 mg of Seroquel to her SSRI at bedtime. It’s been almost 4 months now since I last saw her. Today, for routine follow-up, she and her daughter come in together bearing lemon bars. “Mom’s back,” her daughter says to me. “Thanks.”

Sometimes a little bit goes a long way.

**Wednesday**
KVB is a 50-year-old woman who stopped me at the grocery this evening. She was so happy, she was nearly hypomanic. Almost casually, I had arranged for her to see a local physiatrist to try some new modalities for treatment of her chronic back pain. Tonight she introduced me to two of her friends as “the doctor who cured her back.” (Poor Dr. Z. He’s not getting the appropriate amount of credit here.) Dr. Z had given her a corticosteroid epidural last week, and she states that she feels so good, she thinks she’ll try out for *Dancing With the Stars*.

So I’m thinking to myself, maybe those steroids are making her hypomanic.

**Thursday**
BC is a difficult patient. She suffers from bipolar II disorder and feels phenomenal while taking olanzapine. Unfortunately, she also can’t keep her head out of the fridge when she takes her meds. We’ve tried almost every other FDA-approved therapy for bipolar disorder, and each of those either doesn’t work as well or has less palatable side effects. After a couple of months on each one, she inevitably comes back and asks to return to olanzapine. Today she’s here for another reason, but I ask how she’s doing. I note (to myself) that she’s 50 pounds (or 30%) heavier than when I first saw her 5 years ago. Her comment? “I’ve never been so fat, but I’ve never been so happy. Happy and even-keeled, that is.”

It’s not often I see that kind of insight.

**Friday**
A new patient, GT is concerned about his suddenly effluent perspiration when conducting sales calls. He’s been in sales for over 15 years and loves it, but for the last 4 months has found himself beginning to dread new visits for fear of becoming a tsunami. This is quite anxiety-provoking, and he was hoping for something to take the edge off his urge for flight from this situation. After a little more conversation, we elected to try some Inderal an hour before his appointments. That and a little Arrid Extra Dry.

His next sales trip: Phoenix. I’m glad it’s not August. ♦