

Irritable Bowel . . . or Simply Irritable?

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Monday

TG is a 42-year-old fellow whom I have been treating with venlafaxine XR for his first bout with depression. He had been significantly symptomatic for about a year before treatment and responded to a 150-mg dose and counseling. Well, it has been about a year, and spring has been beautiful, so we have decided to wean him from his medication. In spite of a slow taper, twice he developed significant dysphoria that persisted for several days and completely resolved by resuming a 37.5-mg dose. A literature review was unhelpful, and I was a bit annoyed that we were having this difficulty. On our third try, after staying on the lowest dose for 3 weeks, he was able to discontinue medication without difficulty. Whew! I wonder if any colleagues have anecdotal tips for dealing with this problem.

Tuesday

SB is a 40-year-old divorced woman who was severely depressed until last year when she began treatment with paroxetine. Since then, she has repaired a tattered relationship, is engaged to be married, and has received a significant job promotion. We have made great strides with her general health—she has lost 30 pounds through diet and exercise and is now able to discontinue her acetylcholinesterase inhibitor. On her last visit, she broke the news that she was being transferred to a city 70 miles away. Jokingly, I told her that I would require her to hang around as a model for my other patients. You hate to see the success stories leave, don't you?

Wednesday

HG is a 30-year-old woman whom I have been treating for irritable bowel syndrome and generalized anxiety disorder. I began treatment for both simultaneously, and both are significantly improved. This leads me to ask the question that many of you ask many times as well: chicken or egg? I suppose that as long as she is better, it doesn't matter much to her. I think everyone benefits from more fiber anyway.

Thursday

An update on a prior diary entry¹: this gentleman had a meningioma found after CT scan for presumed sinus headaches and has since had concomitant sinus and neurosurgery. Three months after tumor removal and sinus reaming, his breathing was excellent, but his headaches—well, his headaches were unchanged. You will recall that I had used every headache strategy I knew before his CT, and he has seen a neurologist in association with his meningioma. I made an appointment for him with an anesthesiologist for pain control.

Today I received a letter that states: “Mr. so and so’s headaches have completely resolved on 12.5 mg of rofecoxib daily. I now discharge him to return to your care.”

Go figure.

Friday

TP is a 53-year-old man who presented today for an initial visit, my first patient after a difficult flexible sigmoidoscopy. The woman undergoing sigmoidoscopy was incredibly intolerant of discomfort, as she began to howl after the scope was inserted only 15 cm. Finding TP sitting in a chair drowning in tears after finishing the flex had me questioning my choice of vocation. This, clearly, was not in the “Life as a Family Physician” brochure. But then, I digress.

TP was referred to me by his ex-wife, another patient of mine. She, actually, was his third wife. He had just asked his fifth (and current) wife to pack up and leave the house. Through the tears, he began to recount to me severe depression punctuated by “good times” of high living, travel, gambling, and risky business ventures. He had a course of citalopram prescribed by his previous physician in New York a few months ago, which, he says, helped him immensely with his depression. Unfortunately, besides lifting his depression, it helped him slide into a season of spending and womanizing—he lost his sales job and has moved here to be close to his son. During the last 2 weeks, he has restarted the citalopram on his own, and his depression is beginning to improve.

As he left his appointment with a prescription for lithium in hand, I reflected: this sort of thing *should* be in “the brochure.”

REFERENCE

1. Wolff CG. Hidden agendas and inexorable forces [DIARY FROM THE FRONT LINES]. Primary Care Companion J Clin Psychiatry 1999;1:121-122.

Editor’s note: Dr. Wolff is a board-certified family physician in private practice in Huntersville/Davidson, 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.