

## 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.

## No Fun Being Picked On

Christian G. Wolff, M.D.

### Monday

On the visit form, the chief complaint is “rash.” BB is a 10-year-old girl accompanied by her mother, and BB is lacking her eyebrows. It seems that BB has been embroiled in a bitter imbroglio with several of her classmates, and the stress has led her to nervously pick her eyebrows clean. In my eyes, BB has always been a very sweet, bright girl and always very mild mannered rather than demurring. Interestingly, she concurrently has developed a rash consistent with guttate psoriasis.

After speaking further, I’m not completely convinced this condition represents trichotillomania, but it may be associated with alopecia areata. Either way, our next step is connecting her to a psychologist I know who seems particularly adept at cognitive-behavioral therapy with kids. I hope he is able to effectively help her; she really is a sweetheart.

### Tuesday

At lunch today, one of my partners shared a case in which he successfully treated a patient with a history of posttraumatic stress disorder due to an incorrect incarceration. Fluoxetine alone was inadequately controlling her symptoms, so he augmented her therapy with propranolol with remarkable result—completely extinguishing her symptoms. Interesting! He had me scouring my reference manuals that afternoon.

### Wednesday

TR is a very nice septuagenarian who recently moved to the area to be closer to family. The move was particularly difficult in that she had lived in her previous home for over 40 years. Since her move, she has developed significant gastrointestinal symptoms that have prompted an extensive workup, all within normal limits. Ten years ago, she had a similar episode and did well with sertraline. Not this time. Four days into therapy, she returns today with a significant worsening, noting agitation, racing thoughts, sleeplessness, and profuse diarrhea. I discontinued her medication and began quetiapine 50 mg at bedtime, and I will see her back in my office in 3 days.

### Thursday

JD is a 40-year-old woman whom I had identified as suffering from bipolar disorder and have since referred to psychiatry for management. Today, she presented with a contusion to her foot, which she attributed to her horse stepping on her. Thumbing through her chart, I noted that she had 5 visits to our urgent care for various odd injuries over the last 4 months. I asked her directly, “Is that the real story?” wondering if she was a victim of spousal abuse. She broke down and admitted that she was injuring herself in order to obtain

pain medication. I arranged for quick follow-up with her psychiatrist, but I wonder—is that the real story?

**Friday**

The economic downturn clearly has its negative effects on numerous patients. One patient in particular has had numerous vague somatic complaints, and his workup has been unremarkable. He confided today that

he has had difficulty sleeping since having to identify 300 employees for layoffs. We talked about symptomatic therapy with zolpidem and an occasional benzodiazepine, and I will see him again in a few weeks. I wish his employees knew how torn up he is about his task. So often, “the Man” is characterized as a cold, calculating “meanie.” This guy truly cares about his employees. ♦