

Hypervigilant? Who, Me?

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Monday

In the last diary, I made note of an adolescent, PK, who was experiencing symptoms of depression as her parents were sorting through a marital conflict. I had started her on treatment with an SSRI antidepressant. Well, within a week, I received a frantic call from her mother because of strange behavior of the child that amounted to a hypomanic episode. We discontinued her medication—luckily, one with a short half-life—and her symptoms cleared. Additionally, follow-up was arranged with psychiatry. Today, her mother came in for a sick visit and gave me an update of her daughter's condition. The SSRI was restarted after the child was begun on lamotrigine treatment, and she is now doing much better. A startling statistic was shared with me on this topic: a recent study showed that in over 10 years of follow-up in nearly 100 depressed prepubescent kids, 50% were diagnosed with bipolar disorder. Yikes—I'm glad she's doing better.

Tuesday

After thinking about PK, I have found myself to be more vigilant than usual about trying to scrape up any possible predisposition to bipolar disease when initiating antidepressant therapy. TR is a young woman who spent the last 30 minutes holding back tears while describing her 10-month slide into depression. While the usual question "Is there any family history of psychiatric illness?" got a "no" answer, she went on to say that she always thought her mother was "out there." Further interrogation revealed a mother who had been married 5 times, was an ebullient and successful salesperson for commercial real estate, drank heavily, and slept 2 hours a night. TR denies any hypomanic behavior whatsoever. I'll be watching TR very closely.

Wednesday

Today was a tough day. An elderly gentleman whom I have followed since I began my practice has been slowly losing the battle against senile dementia. We have been proactive: he has done all of his legal legwork and has even reluctantly scouted out assisted living facilities. But, today it has become clear that this fiercely independent man can no longer live by himself and must leave his home of 40 years, even though his son lives next door. I get some solace in knowing that he had some advance preparation for this day, but that did little to get me through the afternoon.

Thursday

JT is a middle-aged woman with a history of asthma, gastroesophageal reflux, and migraine headaches who reported that over the last 3 months she has had worsening reflux and dysphagia. These symptoms culminated in a 2-week episode of repeated emesis after eating and a 15-pound weight loss. I was

convinced enough that she had a gastric outlet obstruction from analgesic overuse that I admitted her into the hospital. What did her EGD reveal but perfectly healthy gastric and duodenal mucosa? Her gastroenterologist suggested that anxiety may be at the root of her problems and that he had had good results treating patients like her with paroxetine. Sceptically, I initiated that therapy, and, lo and behold, not only did her GI problems disappear, but her headaches and asthma are suddenly in better control. Whodathunkit—psychiatry tips from a gastroenterologist.

Friday

BB is here to follow up on her progress toward returning to work. This middle-aged woman was stricken with a stroke and had hit a roadblock during her rehabilitation. She had been extraordinarily dyspneic with even minimal exertion, and, therefore, I had done an extensive cardiopulmonary workup that essentially found nothing wrong with her heart and lungs. This woman was having a hard time finishing sentences without gasping for air and yet had normal study results. As a last-ditch attempt, I asked her to try fluoxetine. She initially refused, saying that, while she admittedly “felt a little stressed,” she remained convinced that there was an organic cause for her symptoms. Today, 3 months after relapsing and even agreeing to a dosage of 40 milligrams, she has returned to work full-time and has no dyspnea whatsoever. Don’t think that I wasn’t keeping my fingers and toes crossed when she didn’t respond to 20 milligrams and I asked her to increase her dose. I think I still have writer’s cramp from that episode.

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.