

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.

“Take This Job and Shove It”: Better Than an Antidepressant!

Christian G. Wolff, M.D.

Monday

Ooof, what a day—I take 3 days off, and when I return on Monday, I am greeted by depression crisis after depression crisis. Oh, my kingdom for a nice raging case of colitis! Er, that would be “for a patient with colitis.” I never thought I’d be asking for such a thing. . . .

Tuesday

I was glad to see BH in the office today. BH followed up from last week when she had a selective serotonin reuptake inhibitor–induced manic episode. She cooled off quickly after a dose of olanzapine and discontinuation of the fluoxetine. Now, a week later, she not only feels better, but also actually thinks she feels much better than she did in the first place. She’s going home with a mood disorders questionnaire to fill out with her husband. Her long-term plan will take some careful consideration.

Wednesday

HF is an affable fellow with a darling 3-year-old daughter and delightful wife who are my patients as well. You can imagine my surprise when I learned today that HF needs a physician to manage his buprenorphine. He has been well cared for by an addiction specialist “in the city,” but since that physician has met his legal limit of patients whom he can manage on that regimen, HF needs to find a doctor closer to home who can take over. I currently don’t provide that service, but after speaking with his other doc, I plan on getting the certification to provide it. In conjunction with his addictologist, I hope I can help him to take this opportunity to salvage his family.

Thursday

NH announces today that she’s quit her job. Normally, this would alarm me, but she has had an ongoing personality conflict with her boss for the last year that has torn her to pieces. An earlier employer, also a patient of mine, had raved about her, so I knew that such conflict would be out of character for her. I’ve been treating her with counseling, antidepressants, and anxiolytics, but it is finally today when I see a glimpse of her old self.

I was wary of suggesting a job change earlier because I feared I might not have been privy to the whole story. For instance, I worried that, despite her denials, she might have had a substance abuse problem. Quitting a job is not something easily reversed, as opposed to discontinuing a medication. But now that she’s done it, I can see that this is the key to her recovery.

Friday

KM is a 40-year-old woman whom I have seen in the office for nearly 7 years and about whom I have had strong suspicions of bipolar disorder.

I've discussed my suspicions with her in the past, but she would have nothing of it. Well, today she comes in asking for a prescription for Dexedrine. She notes that when "borrowing" a friend's medicine, she found herself incredibly "focused"—so much so, in fact, that she could stay up all night and get work done that has been 3 months overdue. While I acknowledged that it was not impossible

that an attention deficit may be part of her personal "dynamic," I made it clear that I was going to let a psychiatrist make that call.

I'm calling that psychiatrist on Monday to share my experiences with this patient. I can't imagine trying to care for her without any longitudinal experience for reference. ♦