

A Look at Neuropsychiatric Issues in Everyday Practice

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Monday

Today, MJ, a 45-year-old woman, returns for follow-up of her pyelonephritis diagnosed during work-in clinic on Saturday morning. Her back feels much better, and, on a side note, she continues to be free of the headaches that had plagued her for 10 years. Since she started valproate, both her headaches and her hypomanic irritable mood have vanished. She has been seen in our office for years, so I had the good fortune of being able to review her chart for the many failed attempts to treat her headaches before prescribing valproate. By the time I became involved in her care, there were few other prophylactic medications from which to pick. Without having the old record to assist me, would I have picked valproate first? Probably not. I suppose patience pays dividends. It did in her case.

Tuesday

BB, an 8-year-old boy, is here with his mom. Apparently, BB has been soiling his underpants with regularity for the last 8 months. Review shows poor potty habits, and exam notes a hard stool in the rectum with liquid fecal overflow. Further review of schoolwork (straight A's) and home stressors reveals that his half-brother committed suicide 5 years ago. The family continues to attend family counseling regularly, and Mom feels that her son is otherwise well adjusted. We discussed bowel training and stool softeners at length and plan to recheck in 3 to 4 weeks, with 30 minutes set aside.

Wednesday

RT came in for follow-up today. This 27-year-old funds manager has had a rocky couple of months. He initially presented for headaches; it took only 2 visits to uncover his bipolarity. Uncover is a stretch—he was just waiting for me to tell him what he already knew. You see, his sister is a psychiatrist and had apparently told him already. Because of this family dynamic, I am sure, he refuses to visit a psychiatrist. So we plod together.

Initially, we had great success with valproate, but he soon gained 50 pounds (yikes!), and that was unacceptable. Much of the weight is gone now, but lithium had incomplete results. At his last visit, I decided to add metoprolol to cover some borderline hypertension and, hopefully, augment the mood stabilizer. I hoped for an assist and received a slam-dunk! RT is now headache-free and in harmony with his coworkers, and his blood pressure is in an acceptable range. Whew. I hope he keeps up with the lithium.

Thursday

A new patient, KT, is worked in for sinus evaluation. I care for her first child, who is now 10 weeks old. She has had a cold for a week and is very fatigued.

Additionally, her menses began yesterday morning for the first time since delivery. Two minutes into the interview, she begins to sob uncontrollably. She says that she is exhausted, and, for the last 24 hours, she finds herself crying for no apparent reason. She has a wonderful husband and beautiful baby in a nice home, she says, quite ashamed of her feelings. She is apprehensive of the label of depression and notes that her sister is prescribed fluoxetine. "Does this mean I'm crazy?" We talked for a long while. I gave her some samples for her cold symptoms and will see her this coming Monday in follow-up.

Friday

What do you do when you look on your schedule and groan to see Mrs. VP to blight your Friday afternoon? Here she comes huffing and puffing down the hall, list of complaints in tow. Fifteen minutes of "I'm not really sure why you feel that way, for I can find nothing particularly wrong" apparently is her elixir of choice. I'm certain to see her again in another couple of weeks. I've got to get her scheduled for Mondays. Hmm, maybe that's a bad idea.

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.