A Look at Neuropsychiatric Issues in Everyday Practice

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Monday

My appointment list had "blood test" marked under LJ's name. This visit with a new patient would be far from that mundane. This 22-year-old needed a blood test (valproate level) to fax to his "family's psychiatrist" who was 30 miles away.

It turns out that all was going well for this young man until his junior year at one of the military service academies. At that point, he began to use nicotine (smokeless) and triple caffe lattes to augment his academic performance. Unfortunately, several cycles of sleepless nights and inappropriately aggressive antics culminated in some grandiose behavior—he announced to class one day that *he* would be providing the lesson plan. Soon he was whisked away, not to a top-secret tactical operation (as he thought at the time), but to a debriefing with school officials and staff psychiatrists. Apparently, this sort of behavior is a family trait, hence the "family psychiatrist."

So where do I come in? After consultation with his psychiatrist, he will have an annual evaluation downtown, but will follow up between them with me, and I will monitor his medications. He seems to have adjusted to this upheaval fairly well and has enrolled in the local university. I look forward to seeing how he does.

Tuesday

Report cards must have come out recently, because 3 new kids showed up today with parents asking for their medication of choice. I am sure that my practice is not unique in the number of parents who trot in convinced that a pill will fix their children's academic and behavioral woes. Oh, the ADD dilemma. Sure, some kids have classic symptoms. Sure, the literature claims it is under-diagnosed. But still, I cannot be alone in questioning the sheer numbers. Are we becoming a "Ritalin Nation"? In the meantime, I resist the urge to just prescribe the drug and instead arrange for psychological testing. This does not annoy the truly concerned parents, so it acts as a sort of litmus test for me to see what I'm up against with the parents as well as the child.

Wednesday

QT, a 31-year-old businesswoman whom I have been seeing for a pesky case of tarsal tunnel syndrome (aren't they all?), is in today. She seems distressed. Otherwise healthy, she shares with me a 4-month progression of symptoms lifted directly from the DSM-IV criteria for major depression. "But I'm so tired," she continues, "couldn't it be my thyroid?" "Well, possibly, yes," I explained, before treacherously launching into my depression talk. We discussed her work, the nagging fatigue that hindered the exercise she so enjoyed, and her family history of depression on her mother's side. After a

thorough evaluation (and checking her thyroid), she was receptive, though skeptically, to trying an antidepressant. In a patient like her, with whom I have developed a therapeutic alliance, this was a little less tricky than in many similar patients whom I have seen only 2 or 3 times. With those patients, I might as well be selling desert real estate.

Thursday

DL is a 50-year-old gentleman who comes in today because hospital behemoth "A" has undercut hospital behemoth "B" for his insurance company's business, resulting in 3 consecutive physician changes for him. He has quite a sad story. The company he worked for in a specialized technical field for 25 years "phased out" his position 2 years ago, and unluckily, the job was so specialized that he had to enroll in a technical school to learn a new trade for a new employer. Meanwhile, he also develops a list of symptoms lifted directly from the DSM-IV criteria for major depression. He doesn't wonder about his thyroid. He has tried St. John's Wort unsuccessfully and now wants "the real McCoy." He was irritated because his last physician wouldn't give it to him. His medical review of systems is negative, but, of course, *his* thyroid-stimulating hormone level is stratospheric. It's always the patient that you least suspect, isn't it?

Friday

Mrs. CB returns today, now 6 months after we weaned her from her sertraline. This 45-year-old widow had been on the medication for 9 months after the premature death of her husband triggered a depression. She responded beautifully. Her weaning has been equally successful. She is now being social again and has effectively resurrected her role as mother to her teenage children. We talked about the risks and warning signs of relapse, and I happily discharged her until June when I will see her for her Pap smear. There is nothing like ending a busy week on an upbeat note.

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.