

## 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.

## Long Distance Information, Give Me Memphis, Tennessee

Christian G. Wolff, M.D.

### Monday

New patients who complain of depression always make me nervous, especially when they present with a sense of urgency. HF is a 25-year-old fellow whom I met for the first time this morning. He appears agitated, but tearful. He felt a crisis looming since he just got dumped by his girlfriend and was informed by his boss that his department was moving to St. Louis, Mo.—without him. He notes that his mood had been slipping for 6 months but that he had felt in control until last week.

His agitation is what worries me. He denied any history of hypomanic symptoms or any family history of suicide, as well as having any self-injurious thoughts himself. I'd just feel better if I knew him better, that's all. He's starting some citalopram as well as some short-term clonazepam. I figure he might be paying cash fairly soon, so some low-cost generics are right up his alley.

### Tuesday

Speaking of urgency, I got an urgent phone call from a long-time patient this morning. He also feels like he's "losing it," though, again, he specifically denies self-hurt. Also, he's just been dumped by his girlfriend (Is this a trend?). TR has unsuccessfully tried a number of antidepressants over the last 3 years. My suspicion has been that he develops somatic side effects from the medications because, while he wants to feel better, he really doesn't want to take anything. This time, he's calling from a sales trip 3 states away and wants help yesterday. What to do?

He does have a little forced speech. He does note racing thoughts. He also notes emphatically that he will not visit an emergency department. Is he hypomanic? I wonder. I called in some low-dose clonazepam and valproate. I'll see him Friday when he returns.

### Wednesday

School is now 2 weeks old, and the parade of parents concerned regarding attention-deficit/hyperactivity disorder has already begun. I wonder if there is some correlation to anxiety disorders in parents who get this wound up so early in the year.

### Thursday

MW is a 24-year-old mom who has floated in and out of my practice over the last 7 years. She was diagnosed as suffering from bipolar depression by the county mental health department several years ago and, sadly, is notoriously noncompliant with her medication. Today, she arrives with 4 kids in tow. She appears to be a loving mom, but the stress of being an underemployed single mother is tough on the euthymic patient. I really have grave concerns for her family. Today, though, we have a breakthrough in regard to her insight—she's asked for a referral for a tubal ligation.

**Friday**

TR has safely returned from his trip. He still feels “like crap” but now feels “even keeled” and “levelheaded.” He hints that he was bordering on irrational until he started his medication.

This is the sort of thing that makes me lose sleep when treating mood disorders. On one hand, in a perfect world, he would have gone to an emergency room and had a competent evaluation in person. The medico-legal part of me was urging that I demand that he go to the emergency

room—to minimize any risk on my part—even though the chance that he wouldn’t have been seen was very real. So, I went out on a limb and trusted a patient with whom I had developed a relationship, even one who was feeling a little irrational. Higher risk, but I think better care. Now, in the comfy confines of my office, we can explore the possibility that his intolerance of his prior selective serotonin reuptake inhibitors may have been a sign of bipolarity. It may take a while to figure that one out. But tonight, I will sleep a little better. ♦