

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.

No Jogging for You!

Christian G. Wolff, M.D.

Monday

TF is a 42-year-old woman whom I had been treating for bipolar depression. In follow-up about a month ago, we discussed her continued complaint of "feeling even-keeled for the first time in years but having the inability to focus." One of the issues I struggle with is bipolar patients who display features of attention-deficit disorder (ADD). Having once induced mania with methylphenidate in a patient who was already taking mood stabilizers, I am very cautious about this. Thankfully, TF is doing much better on just 10 mg of methylphenidate each morning. Antidepressant adjunct? True ADD? Minimal hypomania? I don't know, but she's coming in for follow-up every month, that's for sure.

Tuesday

GF is an active 45-year-old woman presenting with postural headache. Problem is, she hadn't had a lumbar puncture. Rather, her headaches began after uneventfully kayaking. Her MRIs are all normal, and she's had consultations with neurologists, otolaryngologists, and an anesthesiologist who have all shrugged their collective shoulders, suggesting that she may have a spontaneous dural rent. This is a diagnosis of exclusion, without any definite treatment. Now she returns to me, unable to work and miserable. Boy, do I feel helpless, able only to offer support and some short-term benzodiazepines. Next week she travels to Durham, N.C., for another opinion at an academic center.

Wednesday

NR is here today to introduce his adolescent son, who, over the last 2 years, has started hanging out with "the wrong crowd," experimenting with drugs, and letting his grades plummet into the abyss. Clearly, NR is hoping for a pill to solve his son's problems. Do I wish it was that easy! The predictable "teenage eye roll" after suggesting some counseling to go hand-in-hand with an SSRI tells me this parent has his work cut out. God bless him.

Thursday

What a difficult week! Today I see MC, a delightful first-grader with wonderful parents who has been diagnosed with various mild learning disabilities. MC is beginning to act out at school, presumably out of frustration. He sees an outstanding pediatric neurologist and is getting all sorts of therapy. His mother tells me today that he is now being prescribed yet another layer of yet more specialized therapy. Her question (and mine) is at what point is all this therapy more harmful than beneficial? Four afternoons a week he attends therapy sessions while his classmates play. I wish I knew where that line is.

Friday

The psychology of flu shots is fascinating to me. Since the news has broken that flu shot supplies will be essentially cut in half, there now is a sense of hysteria among the very same patients I have been begging to accept vaccination in the past. I wonder what would happen if we suddenly told folks that exercise would no longer be allowed. . . . ♦