

Home Improvement for Beginners

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Monday

FS is a 42-year-old stay-at-home mom gone back to part-time retail work to help pay for her kids' college education. She came to me about 4 months ago because her prior physician had been treating anxiety symptoms with alprazolam alone, and, in her words, she didn't like that "funky-in-the-head feeling." Besides, she then only felt numb and terrible, instead of anxious and terrible. After a lot of dose tweaking and brief follow-up sessions, we settled on 187.5 mg of venlafaxine XR daily. Today, at routine follow-up, she sat down and proceeded to tell me her woes of underappreciative children and her inattentive husband. "But you know what, Doc," she followed, "a year ago I would lock myself in the bathroom for a day and cry. Then I would call in sick for a week. Now, I'm whipping my family into shape." I didn't ask for details on what she meant by that.

Tuesday

RD is in today for follow-up after a wholesale tune-up. At his physical a few months ago, I diagnosed a number of new problems including gastroesophageal reflux, obstructive sleep apnea, and an ACE inhibitor-associated cough. This was in addition to his complaint of steady decline of libido since taking citalopram. His depression was in remission, but since he had already suffered a relapse after discontinuing the medication, he was reluctant to even switch medications. We elected to address his other problems first, and despite a good night's sleep after an uvulopalatopharyngoplasty, his libido was no better. After much coaxing, he allowed me to switch him to bupropion SR. Now he answers my question with a smile.

You know, often the tune-ups are just as satisfying as new diagnoses—though changing an otherwise successful regimen does make me anxious.

Wednesday

HM scared me. I think we all have had a patient like this in the past. This 52-year-old Persian Gulf War veteran was decompensating under stressful conditions during his job as a dispatcher. He told me about fantasies of breaking the knees of his supervisors. This was accompanied by perseverating on the phrase "It's about DEFCON-5, man."

I received a nice note from his psychiatrist today. I had started him on olanzapine and kept him out of work. This was continued, and an antidepressant was added to his regimen. After about 2 months, he has now mellowed and is back to being a productive member of society, albeit now with another firm.

Thursday

Today I saw the brother of a woman who brought their 82-year-old blind and depressed father to see me. He was bringing in his son who had an ear infection. (Did you follow that? That's the *family* in family medicine.) Apparently they

were so impressed with grandpa's improvement with mirtazapine (his depression—not his blindness) that the entire extended family has decided to move to our office. Cool.

Friday

UZ is a 64-year-old man who was dragged in by his wife because "he was not the man that she married." Since retirement 4 years ago, he has firmly imprinted the shape of his buttocks on his recliner and done little else besides increase his consumption of alcohol and *Jerry Springer*. One of his excuses was that, since the area around his home has experienced a building boom, he is uncomfortable with the crowds. As an example, Mrs. Z and he were at one of those mega-home improvement stores when he suddenly felt claustrophobic and dashed back to the car.

Last month we started paroxetine, and his wife is astonished in the sudden change that occurred after about 2 weeks. Slowly, he began piddling in his workshop. But the coup de grâce occurred last week when he suggested that they *go shopping*. In *Charlotte*. On *Saturday*!

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.

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