

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.

I've Been Reading

Christian G. Wolff, M.D.

Monday

EW is a pleasant fellow around 30 years old who has been very anxious since September 11. A former waiter near the World Trade Center, he suffers from a serious case of posttraumatic stress disorder. He returns today for his follow-up. To recap, he was taking clonazepam after not tolerating a number of SSRIs. He told me that he was feeling "OK" but not great. After probing into his SSRI "misadventures" and subsequently applying the mood disorders questionnaire (MDQ), I had earlier concluded that he suffered from bipolar disorder. As of today, he has been taking an atypical antipsychotic for a week and has mixed results. He notes he feels "calmer" and "more at ease" but has reservations about "less energy." His girlfriend quickly chimes in to note that a lot of his energy was "nervous energy" that was "driving her nuts," and she was emphatic about his improvement. So, this begs the question, am I trying to satisfy the patient or his girlfriend? (We stayed the course for another couple of weeks.)

Tuesday

Speaking of "misadventures," this was a doozy. HY is a 17-year-old boy who I had concluded was suffering from attention-deficit/hyperactivity disorder. After an unsatisfying round of atomoxetine, I opted to suggest sustained-release methylphenidate. Today, 1 week later, mom and son arrive for a work-in appointment. Turns out that HY hasn't slept in 3 days, and last night he twisted the head off the family parakeet.

I'll let that sink in for a moment.

Perhaps his diagnosis is more complex. I've stopped the methylphenidate and arranged for a second opinion. Had the stimulant unmasked another bipolar patient, I wonder?

Wednesday

I usually loathe the supermarket magazine self-diagnosis, but today it seemed useful. HD is a 50-year-old female hypothyroid patient who came in 6 weeks ago clutching just such an article. After a surprisingly good discussion, we elected to approach her low-grade dysthymia with a touch of liothyronine (T_3), and she returns today delighted at the effect. Next time, maybe I won't shudder quite so much when a patient starts out a conversation with "I've been reading. . . ."

Thursday

Few things can be finer in life than an antidepressant follow-up where the patient states, "Doing fine, doc." In the middle of a day with complicated patients, I was waiting for the "but. . . ." Almost dumbfounded, I tried to get some sort of complaint out of this fellow but finally succumbed to providing a refill of his current medication. Sometimes it's hard to accept success.

Friday

I'm going to revise my statement from Wednesday's entry. "I've been reading" is acceptable, but "I've been reading the Internet" still gets a shudder. JG is a long-suffering fibromyalgia patient who has, to no avail, been on almost every medication regimen I could conjure. Clutched in her hand is a printout from the Web page of another Internet charlatan offering "miraculous," "natural" relief for only \$150 worth of supplements *a week*. Gently redirecting these patients is not a fun part of this job, to be sure. ♦