

“Pour Me a Gin and Tonic, Honey; It’s After 5 in Paris.”

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Monday

Traditionally, among today’s events is the “weekend recap” from the physician on-call. On Saturday, this physician received a call from a patient whose son had just committed suicide. She asked for a few benzodiazepines to help her weather the storm through the weekend. Sadly, she also asked 4 other practices to call 4 separate pharmacies with the same request. Saturday night, she was admitted to the hospital for observation after her own suicide attempt. What a way to start the week.

Tuesday

PR is a 40-year-old man whom I have seen for a number of minor complaints over the last 3 years. His affect has always been very flat, but he has politely rebuffed any inquiry as to his mental health. Today, he has taken me up on the offer—he is “at the end of his rope.” In fact, he halfheartedly jokes about swinging from that rope. Talk like this from someone with his affect makes me very nervous, particularly with yesterday’s news. I arranged an appointment with a local psychiatrist for the morning. PR assures me that he has no plans for suicide, and his wife (who is with him today) feels comfortable with his assertion. I wonder sometimes if I’m not pushy enough with my patients when I see red flags. Maybe I could have prevented this level of depression. Maybe not.

Wednesday

A partner at my office related this encounter with a new patient last week. She was scheduled for a well-woman exam, and was, shall we say, three sheets to the wind? Her husband accompanied her and feigned (we assume) astonishment when the possibility of a drinking problem was suggested. Her blood alcohol level was 0.31%—over 3 times the legal limit for driving. Among other things, she has been referred to a support group. At the follow-up visit today, her husband appeared significantly relieved. Author Lee Smith quotes Pat Conroy as saying “the whole South runs on denial.” This couple was using up more than their rightful allotment.

Thursday

DL is a 37-year-old woman who has come to see me today with symptoms that scream fibromyalgia. Now, because of the uncertain nature of that diagnosis, I am rather leery of making it in a patient after a single visit. Instead, I frequently lay the groundwork for the diagnosis by discussing with the patient a little about the biochemical relationship between fibromyalgia and depression—linking the mental with the physical. (Believe it or not, I’ve done this so much that the spiel only takes about 20 seconds.) To my surprise, DL

then blurts, “Since this is my first visit, I hesitated bringing this up, but all these symptoms started 2 months after I stopped taking sertraline.” What an opening! We’re restarting that today, and she will be going to the YMCA to investigate about memberships tomorrow.

Friday

Among a group of geriatric patients whom I recently “inherited” is a delightful 82-year-old hypomanic woman who makes it a point to visit about every 2 weeks. Her complaints are minor, and I am not too worried about her—she is always very well kempt and remains quite active. In fact, she volunteers at her church’s day care for 3 hours 3 times a week. She always has some mild “flightiness” of thought, but with effort, she can be directed in conversation. At the end of her visit today, as usual, I let her speak on from topic to topic as I completed her encounter form. To my astonishment, she concluded by mentioning that she had been to a lecture here at Davidson College about 2 months ago to hear a woman named Kay Jamison speak about bipolar disorder. “A lot of what she said sounded like me,” she claimed, “but of course I certainly don’t have a problem. But say, Dr. Wolff, what do you think about that?” I told her, among other things, that I would see her again in about 2 weeks.

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.