

## 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.

## Surprise!

Christian G. Wolff, M.D.

### Monday

CR is here with his wife for a follow-up. They came in 2 weeks ago because she was “at the end of her rope.” Two years into their 7-year marriage, she notes he changed. He became withdrawn, moody, and irritable. CR’s mood change coincides with the time he began to use crack cocaine. Now, I’ve been in practice for a while, and I’ve seen a fair share of drug abuse cases. But never have I seen a fellow who, on the outside, seemed to have it all together—beautiful family, high-powered job with a 6-figure salary, affable, and friendly. A quick review with a mood disorder questionnaire strongly suggested bipolar disorder as a comorbidity, so we elected to begin quetiapine, while he arranged to see a psychiatrist—this fellow will need intensive treatment. Since then, his wife notes that he has been more “even keeled” and less irritable; however, he admits, with little sign of remorse, to continuing his habit. I have asked his wife to schedule a separate appointment for herself. I think she is in for a bumpy ride.

### Tuesday

HV is here today to see how his combination of carbamazepine and bupropion is doing in helping him restart his life. Among other reasons, we chose this combination due to its relative affordability—both are on the “\$5 list” at the local discount store pharmacy. HV is recently separated and was recently fired from his job as a repair shop manager. Six months ago, this guy, whom I had been caring for with routine examinations for 5 years, surprised me with his revelations of mood disturbance, jail time, and alcohol abuse. During my routine family history reviews, I’d ask my usual questions about parents and siblings, but it never came out that 2 brothers and his father had been institutionalized for either schizophrenia or bipolar disorder. After a thorough medical review, we began those medications, and he began intensive counseling. Today, he tells me he’s genuinely never felt better in his life. Now, my hypomanic antennae were raised with this statement; however, I truly feel he’s getting on track. But he’s coming back in 1 month just to be sure. Fool me once. . . .

### Wednesday

My patients like to be frank; I guess it’s easy to speak to me. But I wonder what my facial expression is like when a patient matter-of-factly asks me if it’s okay that she wants to have sex 3 times a day—every day. Her husband is, well, it sounds like he’s getting tired. After ruling out any obvious hyperthymic disorder or other potentially destructive behavior, I suggested she and her husband seek marriage counseling, at least to open communication between them.

### Thursday

I received a letter from my favorite cardiovascular surgeon about one of my longtime patients, whom I have been treating for chronic

anxiety. He had recently spent the night in a downtown hospital with a very reputable cardiology group because of a bout of chest pain. After “acing” his nuclear treadmill test, this very fit 40-year-old was sent to me for follow-up to fix his anxiety medications. But something about his story didn’t smell right; this wasn’t his usual flavor of anxiety. So, I arranged for a computed tomographic angiogram of his heart, which revealed 3-vessel high-grade

stenoses. He’s doing quite well after his bypass surgery. How’s that for provoking doctor anxiety? I quickly thought of all the anxious patients I’ve seen with normal nuclear stress tests and low risk factors for heart disease.

**Friday**

Whew! It’s my day off. After this week, I didn’t need any more surprises. ♦