

Toiling in the Herb Garden or Sitting in the Field of Dreams

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Monday

TP has been worked into the schedule this afternoon after a frantic call from his wife. This 42-year-old man was driving between work sites this afternoon when he was overcome by an overwhelming sense of doom. He pulled off the road, closed his eyes for a few minutes, and the feeling disappeared as quickly as it had come. At the office, he felt fine. A review of his history and an examination were unremarkable. He had never had an episode like this, and he was quite understandably unnerved. Of interest, his wife has a long history of panic, which is controlled by paroxetine. After long discussion, we elected to schedule an overdue routine physical and, in the meantime, keep an eye on his symptoms. I have a feeling his wife will fill him in on her understanding of panic during the drive home.

Tuesday

RR is a 45-year-old woman who is a self-professed master of the "healing arts." She sees me today in consultation for treatment of sinusitis, which has been resistant to her various concoctions and the powerful crystals hanging around her neck. I applauded her for keeping an open mind to Western medicine. In response, she shared her disdain for most medication by explaining how several physicians had recommended that she consider lithium. She went on to say that she viewed that time as the "darkest" time of her life, when all her creativity had eluded her. It was that experience that prodded her into becoming a "holistician."

How do you approach a patient like this? Since she appeared to have a modicum of control over her condition (subjective, I know), I chose to counsel her about "stoppers" like alcohol, poor sleep hygiene, and some herbal preparations such as ephedra. When I mentioned ephedra, she threw me a knowing glance and said, "You don't have to tell me about that one, doc." I don't think I want to know any more details about that experience. I did, though, leave it open to her to come in and talk with me about Western medicine anytime she wants.

Wednesday

Mrs. TH brought her husband in today after a discussion at her last appointment. There appears to be increasing tension around the house as a result of Mr. TH's habits. A few examples include taping daily "to do" lists on the kitchen counter for each family member, redundant hand washing, and alphabetizing of books on the shelf. The proverbial last straw was a "knock down, drag out" episode over a planting bed in the garden. He had used twine to mark off the bed, and his 12-year-old son had turned the soil 1 inch outside of the marked bounds. This 1 inch had caused great consternation, and the project was summarily terminated. (This, by the way, is the polite version of the story.) Mr. TH is beginning to feel that he needs some assistance.

While he begins therapy with fluvoxamine, I have recommended that he speak with a social worker I know who suffers from OCD herself. I look forward to his return.

Thursday

One of the challenges of medicine, in my opinion, is assuming the care of a patient already under a treatment plan. GH is a very spry and delightful 80-year-old woman who has come for a refill of alprazolam, which her last physician had prescribed for 20 years. She uses it daily like clockwork—never misses a dose. Sigh. The compulsive side of me is screaming, “Wean her!” But, since records show that she has not changed her dose at all over the last 5 years, I elected to refill it for her today. Is there a good practical answer for a patient like her? Or should I just “get over it”?

Friday

TY is in for follow-up of depression. This 32-year-old woman has been on paroxetine with fantastic improvement except for one complaint: vivid dreams. Before I could consider her options, she interjected that she is actually enjoying that side effect! “It’s like going to the movies every night,” she says. So who needs a DVD player, anyway?

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.