

Travel Itineraries, Jackhammers, and Acorns

Christian G. Wolff, M.D.

Monday

I received a call this morning from a frantic mother regarding her 19-year-old daughter who is a college student here. Several hundred miles away, Mom is concerned that pre-exam stress has caused her child to suffer from attacks of anxiety. I had seen the young lady earlier in the term and helped her control her seasonal allergies, and, apparently, she is comfortable talking with me. Working her into the schedule this afternoon, we managed to have a chat in between a pap smear and a lipoma excision. It turns out that her sister and mother both have been taking buspirone for many years. She also confided that she has had mild episodes of anxiety in the past, although none have been incapacitating—including the present episode. We talked about stress management and decided that a prescription for five 0.5-mg alprazolam tablets could be used as a safety net. I will see her again in a week or 2 and see how she is doing. Exams start next week.

Tuesday

I entered the exam room to see GP with a broad smile on her face. A few months ago, at her annual exam, this 35-year-old mother of one of my favorite pediatric patients revealed that she was having symptoms of fairly severe premenstrual dysphoric disorder. Her epiphany came when she looked at the family calendar and noted that for the next 3 months her husband had scheduled business trips during what had become predictable periods of household angst. A low dose of fluoxetine has all but eradicated her symptoms, and she doesn't mind taking the calcium, magnesium, and vitamin B supplements, either. Her husband's travel schedules are now becoming more erratic. Now *that* is a measure of success.

Wednesday

BT is a 47-year-old construction foreman who speaks very loudly because of years of exposure to back hoes, jackhammers, and the like. My nurses have learned to turn up the volume of the background music in the exam rooms when he arrives so that he doesn't share his personal life with half the office. Regardless, this otherwise gregarious man had come to me a couple of months ago because he was concerned about his temper. Coworkers were concerned that he was too hard on his employees. He had been sleeping very poorly and had lost interest in fly-fishing. In fact, he found himself spending most Saturdays lying in bed watching television. I had begun him on sertraline treatment, and today he has a new "complaint": his buddies now refer to him as "Mr. Sunshine." I told him that some side effects were unavoidable and that he would have to live with it.

Thursday

WR's MRI report was waiting for me when I finished hospital rounds today.

During an annual physical, this 44-year-old gentleman's lone complaint was his diminished libido. Dutifully checking his testosterone level, I found it to be significantly low, while corresponding luteinizing and follicle-stimulating hormones did not exhibit the expected feedback elevation. His MRI revealed a pituitary mass. To this point, his thyroid and adrenal function were still unaffected. He has a neurosurgical evaluation scheduled for tomorrow.

Fortunately, his managed care organization did not require "focal neurological deficits" to have the MRI scheduled. My worry is that with an increasingly busy practice, will I always have the willpower to jump through the hoops and demand approval for tests that "rarely find abnormalities"? After this case, I hope so.

Friday

After attending a fine restaurant as the guest of a triptan manufacturer, I was fortunate to have the opportunity to discuss nuances of migraine care with the speaker. While I had used metoclopramide as an adjunct for migraine-associated nausea, it had not occurred to me to routinely coadminister the medication with an analgesic of choice, be it an NSAID, butalbital, or a triptan. Since then, I have prescribed it with great success for a number of patients. I may be the last family physician alive to understand this treatment pearl. Maybe it is true that even a blind hog finds an acorn once in awhile, as an attending once told me during residency.

Editor's note: Dr. Wolff is a board-certified family physician in private practice in Huntersville/Davidson, 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.