

Feeling Good and Losing Weight: The Chicken or the Egg?

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Monday

The week starts off with a call from hospice to notify me of the death of one of my patients. HG was a septuagenarian who spent a fair portion of his last weeks of life in the hospital. While he was getting treatment for obstruction of his common bile duct, an incidental diagnosis of metastatic cancer to the brain was made. He had been significantly depressed from the prolonged recovery from surgery on his belly, but, in retrospect, he may have been having some symptoms from his brain tumor as well. In any event, once he was discharged from the hospital and placed in hospice care, his depression significantly improved. How much of that improvement came from medication and how much came from the wonderful care of the hospice nurses is unclear. I just know that those hospice nurses were indispensable to him and his family.

Tuesday

YH is a middle-aged woman who has been seen many times over the past month or two for a number of disparate symptoms and has had a thorough medical examination that turned up no abnormalities. Her troubles began half a year ago and seemed to have been following a crescendo since. Sounds like a case for an antidepressant? I thought so. To my dismay, she has been having a difficult time tolerating a slow titration of sertraline, with symptoms of sweating and gastrointestinal distress. Thankfully, a brief adjunct of ranitidine has muted those side effects. She is now feeling much better overall, especially since she has had 2 weeks for the medication to take effect. My telephone triage nurse and I are keeping our fingers crossed that this success will be maintained.

Wednesday

I had a call from a frazzled mother this morning regarding her son, a patient of mine. TR is a teenager with a number of psychiatric problems being managed by a psychiatrist. Her question? Around the home, TR has left several small paper cups with ejaculate in them. She was just making sure that there was no medical reason he would be doing this. At a loss for any such explanation, I am grateful for the availability of my friends in the psychiatry world.

Thursday

JH is a 52-year-old man who has just successfully undergone treatment for lymphoma. Strong and upbeat throughout chemotherapy, he has finished all of his treatments and has been declared in remission. It is now, in the aftermath of his illness, that he has noted a creeping depression. His difficulty surprised me, but, in retrospect, maybe it shouldn't have. Now that the dust has settled, he

has been more ruminative, and perhaps he had been expending his energy fighting the malignancy.

Friday

One of my partners was intrigued when he came across a study of the use of bupropion in the treatment of obesity in nondepressed individuals. So intrigued, in fact, that he is conducting a small, informal open-label study of his own. He recruited 9 patients, all eager participants. His findings reveal that after about 6 months of bupropion, 150 mg twice daily, in combination with a 1600-calorie diet and moderate exercise, an average weight loss of about 20 lb occurred, with a range of 13 to 50 lb. These patients had all been dieting and exercising before to no avail and were not diagnosed with any mood disorder. Interestingly, they all report "feeling much better." I wonder if all of their self-reported improvement comes from the benefits of being leaner or if the medication has some effect in this regard as well.

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.