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.

"I'm Not a Psychiatrist, Nor Do I Play One on TV"

Christian G. Wolff, M.D.

Monday

GR is a woman in her mid-70s who returns today after a visit to her psychiatrist. Apparently, it is now official—GR has tried every pharmacologic combination of antidepressants and mood stabilizers. She comes today because her psychiatrist has left her 2 options: try hormones or try electroconvulsive therapy. Despite my recommendations, she really wants to try hormones first.

Heck, she's tried everything else. Let's see what a little estrogen and testosterone might do for her.

Tuesday

"My mom sent me. You fixed Mrs. X. She says to fix me." This is how the conversation began with my new patient, a 45-year-old woman with irritable mood, insomnia, depressive symptoms, and a history of alcohol abuse. Mrs. X is a bridge partner of my patient's mother, who is "cured" since I prescribed quetiapine. Interestingly, these 2 women are quite alike.

Wednesday

FE is in today because he hasn't slept in 3 days, and he's feeling very, very anxious. This 40-year-old vigorous, healthy fellow is usually in for the occasional sports-associated injury, so this visit is quite out of character for him. After a brief discussion (interrogation?), he did admit that turning 40 had made him want to shed a couple of pounds, so he went to "the fat doctor," who prescribed human chorionic gonadotropin injections as well as phentermine. The "fat doctor" actually saw him for what FE called "10 seconds"—enough time to shake FE's hand and give him a preprinted prescription. FE filled out a 10-page questionnaire and signed all sorts of waivers during the first 30 minutes he was there; no one actually looked at the questionnaire before he received his prescription. All for the low, low price of $350. Of note, FE refuses to get a cholesterol screen because his insurance does not cover preventive care.

Thursday

BL is a 27-year-old woman whom I have diagnosed with attention-deficit disorder (ADD). What makes her case interesting is that she is a pharmaceutical representative who sells an ADD medication, but she specifically wants to take anything but her company's medication. "Not that I don't believe in it," she said. "But that would just be too weird, and I couldn't deal with it."

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Friday

JT is actually routinely a patient of one of my partners. Now, my partners are good 99.99% of the time about not sending me patients for care of mood disorders. JT is a pleasant exception. JT is a hard-working fellow at a nearby manufacturing facility whose new health care plan has no psychiatrists participating in our county or surrounding counties. (Note that our county is the most populous in North Carolina.) JT does not qualify for care at the county mental health department because he has some coverage (in theory). He has seen psychiatrists for his depression over the last 3 years, though he feels he has made little progress. It sounds like my work is cut out for me.

I made it clear to JT that I was not a psychiatrist, nor did I pretend to be one, but that I would do what I could to help him. "That's OK doc," he replied. "You've already listened to me better than any of the psychiatrists I've seen so far." ◆

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