

“Is the Only Way to Heal With Cold Blue Steel?”

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Monday

DM is a 76-year-old gentleman who has been a patient of mine for several years.

Over the last 2 years, he has begun a progressive slide into dementia, in spite of treatment with donepezil. Two months ago, I added 2.5 mg of olanzapine because of increasingly agitated behavior when he becomes confused. His son and daughter-in-law were ready to put him in a nursing home at that last visit.

Today, they report that not only has his behavior improved, but they feel he is sharper than before (although his Folstein assessment is unchanged this visit). So, instead of institutionalization, he is attending Alzheimer's day camp and is doing fairly well at his son's house. I guess not urinating in the flower pots will brighten everybody's day.

Tuesday

I got a call from the ER at about 3 a.m. today. TY, a middle-aged female patient of one of my partners had arrived significantly dehydrated from 4 days of incessant vomiting. She was still vomiting in spite of intravenous antiemetics, and neither I nor the ER physician could come up with a good reason for her illness. Later today, at the office, I had a chance to review her chart. Conspicuously absent from her Emergency Department record was venlafaxine XR, which had been prescribed for her for the last 3 years at 225 mg—with good results. The next morning, when she was feeling much better, she sheepishly admitted that she had stopped her medication without discussing it with her doctor. Her reason was that her insurance company had changed, and her new formulary coverage put it on the third tier, with the added insult of requiring 2 separate third tier copays because her prescription was for a 150-mg capsule plus a 75-mg capsule. We remedied that by prescribing three 75-mg capsules daily. I only wish her pharmacist had suggested it a week ago.

Wednesday

In my relatively short medical career, I have known a urologist named Dr. Cox and a gynecologist named Dr. Beaver. Add to that list of physicians with unfortunate names the psychiatrist who sent a follow-up letter to one of my colleagues. The psychiatrist's name? Dr. Looney.

Thursday

SC returns today for a routine follow-up. A 52-year-old breast cancer survivor, she has had chronic persistent postoperative pain for 2 years and has been taking oxycodone with incomplete relief. She pleads with me for help losing weight, because she has gained 30 pounds over the last year. I considered topiramate for her, thinking it may provide added pain relief as well as some weight-loss effect. When I mentioned it, she leaned over and pulled out a bottle

from her purse—her surgeon had prescribed it for her just 2 days ago!
Who says that surgeons don't keep up with general medicine?

Friday

Venlafaxine has reared its head once again this week. KJ is a woman suffering from depression that had failed 2 different selective serotonin reuptake inhibitors and bupropion, but has responded well to venlafaxine XR. To my irritation, so has her blood pressure, which is now 150/95. Her response was so satisfying, in fact, that she pleaded with me not to change her prescription. So, I will break one of the cardinal rules of medicine and treat a medication side effect not by changing the drug, but by adding one. Ugly? Yes. But as an embattled football fan this season, I'll take an ugly win over an elegant loss any day.

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.