

## Little Fishies

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### Monday

PT is a 40-year-old woman I had referred to a neurologist for a constellation of vague neurologic symptoms, of which I could not make heads or tails. Well, an MRI, EMG, multiple blood tests, and several office visits later, she returns to me from the neurologist with a nice note that can be summarized as “Your guess is as good as mine.” Ah, the plight of the family physician. Just when you think you can punt a tough case, it gets punted right back to you.

By this time, PT had become quite distraught and suffered from symptoms of depression that were not present 4 months ago. While not very receptive to the idea that any of her symptoms might have psychiatric underpinnings, she did acknowledge that she currently had a problem that might benefit from medication. So today, we started easing her onto venlafaxine XR. Why venlafaxine? At lower doses, she will get the serotonin boost I think she definitely needs; at the higher doses, I have hope that the other neurotransmitters may improve her neurologic symptoms. If not, she may find herself visiting one of the fine medical schools in our area for that tertiary referral.

### Tuesday

A large bag of squash and tomatoes was found on my desk this afternoon, delivered from the husband of one of my elderly patients. Earlier in the summer she came to me complaining that the “all-natural” herbal remedy she was taking for insomnia wasn’t working at all and was costing her \$100 a month. I put her on 25 mg of trazodone nightly at a cost of \$6 a month. Her husband’s note read, “Now that she’s sleeping, she ain’t grumpy anymore, doc.”

### Wednesday

Remember the silly “signs” that you came up with when you were in medical school? You know, like the “knit winter cap in August” that might tip you off that schizophrenia may be an issue? Or a “tooth-to-tattoo” ratio that might alert you to a higher risk of blood-borne pathogens? Now, a partner and I are working on a correlation between the thickness of a chart and a patient’s occupation as a self-taught minister in an obscure religious sect. This week alone, we have seen 3 different men with clear symptoms of bipolarity who fit this description. Each returns to the office frequently, obsessing about trivial complaints. To make this more interesting, all 3 have teenage daughters with their own eccentricities being magnified by their rebellion against their fathers. Two of these families are in the process of moving out of state. They move the ministry every 2 or 3 years.

I have often wondered whether to consider a mood stabilizer in these patients.

I don’t necessarily equate eccentricity with illness. But, if you did think they would benefit, how would you approach these patients about taking medication?

**Thursday**

Another partner shared this with me today: a patient of his who happened to be bipolar came to the office exhibiting signs of acute mania. He treated her with olanzapine beginning that evening and had telephone follow-up with her the next day. It turns out she went home and slept for the first time in 3 days. She thanked him and said, "It makes quite a difference when all the fishies in my head swim in the same direction."

**Friday**

Today I find myself working in an urgent care facility downtown "in the big city." The reasons behind this make a long, irrelevant story. What is relevant is that I was expecting a little change of pace: sore throats, lacerations, and maybe a little workman's comp. And I saw all of that, for sure. But again, depression is everywhere. The first person I saw was a young woman who was ushered in by her roommates to seek care because she had not gotten out of bed to go to work for the last 3 days. I started with 3 weeks' worth of paroxetine samples. I hope she keeps her follow-up appointment.

*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.