

## 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.

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## Mood Follows the Market

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### Monday

The economic downturn has certainly made itself apparent. The real estate market in our community has slowed, as it has in many areas of the country, and the realtors, who had become accustomed to houses selling themselves, are really feeling it.

HW is a 51-year-old new patient who presented for dizziness. A recent addition to the real estate sales ranks, she has held 7 disparate occupations over the last 10 years. She hadn't slept well (actually *at all*) for 4 days and exhibited somewhat forced speech. Looking over her medication list, I noted fluoxetine, trazodone, paroxetine, buspirone, venlafaxine, and escitalopram. I asked if this was a medication history, and she noted, "*No, I'm taking all of them—none of them helped me before when I took them alone and I was desperate to try something so I figured what the hey I'll try them all and see if something sticks but nothing really seems to be helping me in that regard which is why I'm here to see you and please explain to me why I'm so dizzy and my! I like the decor of your new office and do you know when the road construction in front of your office will be done—it is a beautiful sunny day today isn't it?*"

She's not the only dizzy one. Tonight she sleeps with olanzapine. I'll see her next week to follow up with a telephone check this Thursday.

### Tuesday

AG is here with her daughter, a young adult who has just moved home to be safely away from an abusive relationship. The young woman has a long history of self-mutilation and substance abuse and has been diagnosed with bipolar disorder. Of course, she is without insurance or any medication, noting her quick relocation. As you might guess, complicated mood disorders are rife in this family tree, and AG and I have been somewhat successful so far getting everyone settled down and productive. Her daughter is our latest "project."

Well, thank goodness for the 4-dollar medicine plan. In the past, she had responded well to carbamazepine, so we started that while I set about plugging her into the local charity care program. I'll need some help from psychiatry to get her on the right road.

### Wednesday

CC is here to have a case of sinusitis treated, but our discussion turns to her brother. Suffering from bipolar depression, he is particularly noncompliant with therapy. I have been treating him for 3 or 4 years, but recently he decided that the mood stabilizers had "taken the joy out of life," and so he stopped taking them. Subsequently, he has returned to his erratic moods and lost his job, and his family life is on the rocks. CC pleads to him to return

## DIARY FROM THE FRONT LINES

to treatment, but he refuses, manufacturing excuses as crude as “It was raining that day so I cancelled my appointment.”

I feel for CC. She tirelessly and selflessly has tried to help her brother and his family but is stymied by his refusal to take medicine. I wish I had a way to help them.

### Thursday

I practice in what some refer to as “Bank Town,” a city that *was* home to 2 of the 5 largest banks in the country. Part of the fallout of the recent banking crisis was the forced sale of one of these previously stalwart institutions. This was not a quick event, but a 3-week drama with twists and turns that swung from acquisition to dissolution and finally settled on a merger with a respected company. While not the worst of all possible

worlds, this still portends the loss of hundreds, if not thousands, of prestigious headquarters jobs.

The effect on the psyche of the community is palpable. Requests for sedatives, hypnotics, and anxiolytics have skyrocketed. At times I feel more like a job counselor than a physician.

### Friday

Something about BG struck me as odd. BG is a mid-40s bond trader at the aforementioned financial institution in for a routine exam. I noted his place of employment and his calm and self-assurance. I asked him how he was managing with the relative financial chaos, and he replied, “Oh, I’m fine. Five weeks ago I took a job with [the other big bank down the street]. I start next week. I guess I finally timed a transaction well.” ♦