HEALING ARTS

Materia Medica

Five Visits

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I first met Blanca about two years ago in urgent care. I had twenty minutes with her, and as always, was running fifteen minutes behind. She had long black hair she wore in a tidy braid that hung down her back. She was quite overweight. She'd gone to the ED a few weeks earlier with pyelonephritis, but said she felt better after the antibiotics. With what I hoped was an efficient more than perfunctory manner, I checked her flanks for CVA tenderness. There was none. She was overdue for a pap smear, and she agreed to come back and see me for this another time.

The second visit was about two months later. Glittery pink hearts dangled from her hoop earrings and she wore a matching pink sweater. A winter storm swirled through the city and I had cancellations, so we had time to chat about the snowfall. She spoke Spanish and sharply enunciated each consonant, then drew out a vowel out for emphasis, looking heavenward for inspiration on which word to choose next. We laughed as she pantomimed her arms wind-milling through the air, imitating herself falling through the snowdrifts on her way to the clinic.

We talked about her medical history: she had no health problems and took no medications aside from an oral contraceptive. She wasn't sure about her family's medical history. She lived with her husband and worked as a house cleaner, but became uncharacteristically circumspect when the conversation turned to her move to Dorchester, one of Boston's rougher neighborhoods—I wondered if she was undocumented and didn't ask any further questions.

I did a full exam. I palpated her thyroid, lymph nodes, joints, spine and abdomen; I lingered over her cardiovascular exam, unable to feel a PMI due to her habitus. We did the Pap smear. We talked about her contraceptive and she said she wanted to stop it as she and her husband were hoping to start a family. While I printed a prescription for folate, she wrapped herself in a scarf and heavy coat, and headed out into the snow.

She appeared on my schedule again about three months later. She'd stopped the contraceptive and never had a period. Initially cheerful, she murmured quietly that she hoped she was pregnant. We checked and she wasn't. She wiped away tears, her mouth a tight line. I tried to reassure her that many women need some time to re-establish a cycle after taking oral contraceptives, and to give herself a bit more time. She called me six weeks later, still without a

period. She came in and we talked through a progestin challenge—when we next spoke, she was elated to have bled. “Everything will be fine,” I reassured her.

The next visit was on a hot summer day. No period since the progestin. She was tearful and nervous. She wore a yellow blouse and instead of a braid, wore her hair up in a bun. I had my litany of secondary amenorrhea questions at hand. She'd always had regular periods before coming to the US and starting her oral contraceptive; she denied any facial hair or acne; she hadn't noticed any voice changes. No headaches, visual changes, or breast discharge. I trended her blood pressures over the six years of records from our clinic—they were all normal; but as I looked through her flowsheets, I noticed her weights. At her first visit six years ago, she weighed 103 lbs. Today she weighed 166 lbs.

“What have you noticed about your weight over the last few years?” I ventured. Surprisingly, she started giggling, her hand over her mouth. Then, as if giving up, she began to howl with laughter. “Oh, my weight,” Blanca eventually sighed. “Yes. I'm an entirely different person since moving here. I have the clothes I brought with me and can't believe I ever fit into them.” I paused. “Tell me about your diet.”

“Well you see,” she murmured, picking small pills of yellow cotton off the front of her blouse, “you see, I eat pizza for every meal. We don't have a kitchen. Our apartment is one room. We have a hot plate, but that's all.” She started to roll the yellow pills into a little ball. “Downstairs there is a pizzeria. The owners are very nice, and they know we don't have much money or anywhere to cook. So, they give us leftover pizza every day. And that is what we eat.”

I was speechless, and of course, by then we were out of time. I hurriedly ticked off the blood tests I wanted and asked our social worker what food resources might be available to Blanca. Late, as always, I rushed through my remaining appointments—chronic back pain, dysuria, troublesome seasonal allergies.

At the end of the day, I sat and scrolled through Blanca's chart. *This is my fifth visit with this delightful 28-year-old woman*, I typed. My fifth visit—five visits. How is it possible, I wondered—how is it possible that it took me five visits to uncover this crucial piece of history? *Today, we discussed that all she eats is pizza and that she has gained over 60 lbs since moving to the US 6 years ago*. It would be almost comical, really, were the situation not completely

disastrous for Blanca's health. The next morning I scanned her labs and gave her a call. I thought she had polycystic ovary syndrome (PCOS), as well as pre-diabetes and hyperlipidemia. That day we started a conversation about a healthy diet, which we have continued on every visit since.

But Blanca's case plagues me. Perhaps this syndrome would have evolved even had she not moved to Boston, but that seems unlikely. This happened to her only after she moved to a country where the least expensive foods are the unhealthiest, to a neighborhood where the streets are not safe to walk in, and the shops sell a wider variety of potato chips than fruits and vegetables. It is not difficult to draw a direct line from the poverty and isolation Blanca lives with each day to the evolution of this syndrome.

And Blanca is not unique. Like Blanca, many of my patients are obese and live in neighborhoods with more fast food restaurants than safe spaces for exercise; many live in poverty and cannot afford to fill half of each plate with fresh vegetables, as I instruct them to do. None of the patients I have counseled about obesity have lost significant weight, and I can offer no easy solutions to the barriers of poverty or personal safety that contribute to carrying unhealthy weight. And so, like many primary care doctors, I have avoided asking about obesity, because it so often seems futile. With Blanca, I overlooked it for five visits.

There have been encouraging steps toward stemming the obesity epidemic. In some communities, deep fryers and processed foods have been stripped from school cafeterias, and crisp fruits and vegetables added to children's plates instead; fast food menus list nutritional information for burgers and fries. But of course, obesity is an overwhelmingly complex, almost sprawling issue, with social, cultural, psychological, and economic facets—and it will take many, many interventions in concert before the wave of obesity starts to abate. We, as physicians, cannot end poverty or bring peace to a blighted neighborhood—but we can, and

must, use our influence to support these small steps to protect the most vulnerable in our society from obesity and all of its attendant threats to health.

And Blanca has taught me that once in a while, these conversations are *not* futile. Over the last few months I have seen her make tremendous changes in her life. She has lost fourteen pounds. She has started exercising, walking to a bus stop one mile away from her apartment in the safe quiet of the early morning; instead of sending her entire paycheck to her family, she sets aside some money to buy frozen vegetables and prepares them on the hotplate. Blanca has taught me that each patient must find her own motivation to make changes in her life; but it is my job to keep obesity at the top of the problem list, both outside the clinic and within. It is my job as primary care doctor to stand up against the larger forces of poverty, violence, and isolation that allowed Blanca's obesity to take hold. And in the clinic, each day I must ask questions that may reveal realities that neither my patient nor I can change that day. Even if it feels futile, even if it makes me run late for my next patient, I must ask: "What did you eat for dinner last night? What do you think about your weight?" On most days, this intervention accomplishes nothing. It is often met with rolled eyes and nervous laughter. But sometimes, these questions may also lead to a crucial conversation. So now I always ask—usually on the first visit.

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