ED

A/P

Patient has been struggling with symptoms of ED for quite some time per his report

Possible causes include: CVD, diabetes, medication side effect (beta blockers, thiazides, SSRI's, anti-psychotics)

Likely from CVD

Patient is/is not on any medications that could cause ED upon review

No substance use identified as a possible cause

Still getting morning Erections:

Given that patient likely has ED from a history of CVD, PDE-5 inhibitors will likely give the greatest benefit

Patient does {\_} does not take nitrates for chest pain

\*\*Patient takes alpha inhibitors for BPH, so he will need to either stop the alpha inhibitors or make sure he takes that and sildenafil atleast 4 hours apart\*\*

-Continue {\_} start Sildenafil

-Discussed low dose daily cialis for both ED and BPH, patient would like to do sildenafil for now {\_} patient elected low dose daily cialis

- Discussed that if this does not work we can refer the patient to urology to discuss other treatment options

-Discussed referral to mental health provider to discuss external factors, patient declined

-Patient was counseled on lifestyle factors that affect ED

-F/U in 3-6 months, if no improvement can consider referral to Urology for surgical/injection/ intraurethral options

- Priapism was discussed in detail with the patient, other side effects discussed as below.

All of the common side effects of PDE-5 inhibitors were discussed with the patient including but not limited to: headache, flushing, epistaxis, diarrhea, myalgias, erythema, erection, rhinitis, gastritis, visual disturbances, rash, nausea, dizziness

Much more serious side effects were also discussed with the patient, these include but not limited to: allergic reaction, MI, stroke, hypotension, retinal hemorrhage, vision loss, hearing loss, seizures, and specifically priapism.

The above treatment is based off of guidelines by the AUA found at: [https://www.auanet.org/guidelines-and-quality/guidelines/erectile-dysfunction-(ed)-guideline](https://www.auanet.org/guidelines-and-quality/guidelines/erectile-dysfunction-%28ed%29-guideline)

HPI:

ED:

Patient doing well with current medication. NO acute concerns or issues. Feels like medication is working for them.