

COMLEX Level 2 PE Exam

Erectile Dysfunction in 62 years old male

Patient Data Sheet

- **Patient Name** : Mr. Edward Radulovic
- **Clinical Settings** : Medicine Office
- **CC** : A 62 years old male present with complaining of erectile dysfunction.

➤ **Vital Signs:**

- **Blood Pressure** : 130/74 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 98.2 °F
- **Pulse** : 76 bpm, regular
- **Height** : 69 inches
- **Weight** : 153 lbs.
- **BMI** : 22.6 kg/m²

Differential Diagnosis

- Diabetes Mellitus
- Medication induced
- Psychogenic
- Neurogenic
- Primary gonadal failure- Endocrinological

Key points to remember before entering patient's room

- You should have patient's name, Chief Complaint and vital signs.
- Please have a Differential Diagnosis before entering room so you can ask specific questions.
- Patient might be shy about talking of his erectile dysfunction, so please make him comfortable and reassure him, so he can speak about it.

Position of the patient

- The patient will be sitting on bed. He might be shy initially to talk about his erectile dysfunction.

How to make patient comfortable

- Address patient by his last name, shake hands and introduce yourself.
- Explain him what you are going to do in next 15 minutes.
- Offer help if they need during history taking and physical examination.
- Reassure and explain him for any of his concerns. Reiterate that all information will be kept confidential.

Opening of the case

- **Mr. Radulovic, Good morning, I am Dr. Kendall, I am an attending physician in this hospital. (Shake hand). Today I will take care of you. First I will ask you few questions and do brief physical examination. Meanwhile If you have any questions, feel free to ask me. Let me make you comfortable. (drape patient at this time)**
- *Ok, Doc.*
- **Please tell me what brought you in today?**
- *Doc, I have problem with my sexual life.*

Subjective

- **Please tell me what kind of problem you have.**
- *Doc, I do not have enough erection any more.*
- **Tell me how long you have been having this problem?**
- *Doc, about last six months.*
- **Do you see any changes over last six months?**
- *It's getting worse.*
- **Do you have sexual desire?**
- *Yes, Doc, I always want to have sex but because of this problem I cant enjoy it.*

Contd...

Subjective (Contd...)

- **Mr. Radulovic, I can understand how difficult this problem is. I will try my best to help you.**
- *Thank you doc.*
- **Do you have difficulty in initiating erection?**
- *Yes doc, it takes long time.*
- **Can you maintain erection?**
- *Yes, but for shorter time period.*
- **Do you have any difficulty in ejaculation?**
- *Yes, doc, I sometimes have early ejaculation.*

Subjective (Contd...)

- **Can you achieve orgasm?**
- *Yes, I can.*
- **Do you have erections in the night / early morning? (psychogenic ED)**
- *Yes, I do.*
- **Do you have any weakness in legs?**
- *No doc.*
- **Do you have any numbness/tingling in legs? (DM related ED).**
- *No doc.*

Subjective (Contd...)

- **Do you have any pain in legs while you walk?**
(Atherosclerosis induced ED).
- *No doc.*
- **Do you have any chest pain?**
- *No doc.*
- **Have you notice any changes in urination?**
- *No doc, it's good.*
- **Have you noticed any changes in bowel movements?**
- *No doc.*

Subjective (Contd...)

- **Do you have any conflicts with you partner?**
(psychogenic ED)
- *No doc, She is very understandable.*
- **Have you had any injury to back?**
- *No doc.*

Pam Hugs Foss

- (Here, You should use transition sentence).
- **Mr. Radulovic, I would like to ask you few questions about your health in the past.**
- *Ok, doc.*
- **Do you have high blood pressure?**
- *Yes, doc, I takes HCTZ 25 mg and Atenolol 50 mg daily.*
- **Is it controlled?**
- *Yes, I check it regularly and it is about 130/85.*
- **Do you have high blood sugar?**
- *Yes, doc, I am taking Metformin 1000 mg two times a day.*

Contd...

Pam Hugs Foss (Contd..)

- **Is it controlled?**
- *Doc, not really, I check it occasionally and most of the times it is above 200.*
- **I see. Do you have high blood cholesterol?**
- *Yes, I take Lipitor 20 mg at bedtime.*
- **Do you have any other medical conditions?**
- *No doc.*

Pam Hugs Foss (Contd..)

- **Do you have any surgery?**
- *Yes, I had prostectomy two years back.*

➤ **Medications:**

- **Apart from the medications you told me, do you take any other medications, anything herbal or Chinese or over the counter?**
- *No doc.*

Pam Hugs Foss (Contd..)

➤ Allergy:

- **Do you have any allergy?**
- *No doc.*

➤ Social history:

- **Mr. Radulovic, Now I would like to ask you few questions about your habits.**
- *Ok, doc.*
- **Do you smoke?**
- *I used to smoke ½ pack per day for last 20 years but I quit it 3 years back.*

Pam Hugs Foss (Contd..)

- **(take this opportunity to appreciate patient's smoking cessation).**
- **I appreciate that you quit smoking. It will help you.**
- **Do you take alcohol?**
- *Occasionally.*
- **Do you take any recreational drugs?**
- *No doc.*

Pam Hugs Foss (Contd..)

➤ Sexual history:

- **Now, I would like to ask you few personal questions. I assure you that all information will be kept confidential.**
- **As you mentioned, you have been sexually active with your wife. Have you had any other partner recently?**
- *No doc, only my wife.*

Pam Hugs Foss (Contd..)

➤ Family History:

- **Now, let me ask you few questions about health of your family members.**
- **Does any body in your family have any medical conditions?**
- *Yes, doc my father died due to heart attack 5 years back when he was 80 and my mom died due to breast cancer when she was 72.*
- **I am sorry to hear that.**
- *It's ok, doc.*

Pam Hugs Foss (Contd..)

➤ Occupational history:

- **What kind of work do you do?**
- *I work as a regional manager at insurance company.*

Summarization of history in 2-3 sentences

- **(now you are done with history, it's time to summarize it).**
- **Mr. Radulovic, thank you. I am done with history let me summarize for it.**
- **As you mentioned you have difficulty in initiating and maintaining erection for last 6 months that is getting worse with occasional premature ejaculations.**

Challenging Question

- **Do you have any question?**
- *Doc, I have seen ad of Viagra. Can you prescribe it for me, please?*
- **Mr. Radulovic. I appreciate that you are aware of Viagra that is good medication for problem like this but I need to examine you and make sure that it is right for you.**
- *Ok, doc.*

Points to remember before starting PE

- Wash your hands.
- Always make patient comfortable.
- Ask permission to examine.
- Do not repeat painful maneuvers.
- Use proper draping techniques.
- Provide help during examination.
- Explain what you are doing.
- Explains, offers and performs OMM if indicated.
- Explain importance of PR and Genital Examination.

Focused Objective

- **Mr. Radulovic, Now I need to examine you. May I proceed?**
- **Please do focused physical examination.**
- **General examination** : do it quick.
- **HEENT**: Carotid bruit.
- **RS** : Inspection, Auscultation.
- **CVS**: Inspection, Auscultation.
- **GI** : Mention Genital examination and PR examination in Diagnostic Workup.
- **Extremities**: check pulse, motor and sensory function of LE.
- **CNS**

How to finish case

- **Once you are done with your physical, give him initial impression and explain your plan.**
- **Mr. Radulovic, thank you for your co-operation. I am done with physical examination. Let me give my impression. Based on your history and my physical examination, It seems that you might have decrease blood supply to penis or nerve damage to it. But it could be something else. So, to arrive at right diagnosis, I will run some blood tests and order imaging study such as ultrasound of the penis. I will call you to let you know results. I would like to see you in a week.**
- **Do you have any questions?**
- *No doc.*
- **Shake hands and leave the room.**

SOAP note

➤ Subjective:

- A 62 years old male came to clinic with complaining of not having enough erection for last six months that is getting worse. It takes long time to have erection that lasts short period of time. It is associated with occasional early ejaculation. He has good sexual desire and achieve sexual orgasm. He also has nighttime erections.
- He denied any numbness, weakness or pain in legs, back injury, urinary and bowel complaints or appetite changes. He also denied any chest pain, sob and conflicts with partner.
- **ROS:** negative except as above.

Contd...

SOAP note (Contd...)

➤ **PMH**: Hypertension, Hyperlipidemia, DM.

➤ **PSH**: prostatectomy 2 years ago.

➤ **Medications**:

- HCTZ 25 mg daily.
- Atenolol 50 mg daily.
- Metformin 1gm two times a day.
- Lipitor 20 mg daily.

➤ **Allergy**: none, NKDA.

SOAP note (Contd...)

- **SH**: used to smoke ½ PPD for 20 years, quit 3 years back, occasional drinker, no recreational drugs, lives with wife and sexual active with wife only, works as regional manager at insurance company.
- **FH**: Father died at age of 80 due to heart attack.
Mother died at 72 due to breast cancer.

Objective

- Vitals: WNL
- General: well oriented elderly male, sitting on the bed, without any acute distress.
- HEENT: PERRLA, EOMI, no pallor, icterus, LAD and carotid bruit.
- RS: CTA, no additional sounds.
- CVS: s1/s2 rrr, no murmur, rubs and gallops.
- Abdomen: Soft and non distended, non tender, BS present, no organomegaly.
- Extremity: no edema, bilateral pulse present.
- CNS: AAOx3, motor : 5/5 in LE and Sensory : bilateral equal.

Assessment and Plan

➤ **Assessment**

1. Diabetes Mellitus
2. Medication induced
3. ED due to atherosclerosis
4. Neurogenic
5. Primary gonadal failure-Endocrinological

➤ **Plan**

1. Sildenafil 50 mg once daily PO 1 hour prior to sexual encounter,
Discontinue Atenolol
2. Genital and rectal examination
3. CBC with differential, Basic metabolic panel, Testosterone,
prolactin, Hemoglobin A1c
4. Penile doppler USG
5. Counseling about disease and its treatment
6. Follow up in a week

HAPPY READING