INTEGRATED PSYCHIATRY & UROLOGY ASSOCIATES

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MULTIDISCIPLINARY CONSULTATION - COMPLEX CASE REVIEW

Patient Name: Freeman, Robert L.

Date of Birth: 12/07/1969 (Age: 55)

Medical Record #: IPUA-729384

Date of Service: October 5, 2025

Urologist: Dr. Michael Chang, MD

Psychiatrist: Dr. Rachel Goldstein, MD

CHIEF COMPLAINT

Erectile dysfunction in patient with major depressive disorder with psychotic features, on multiple psychiatric medications

HISTORY OF PRESENT ILLNESS

Mr. Freeman is a 55-year-old male with complex psychiatric history who presents with erectile dysfunction of approximately 3 years duration. Patient reports progressive difficulty achieving and maintaining erections, with near-complete inability to engage in sexual intercourse for the past 1218 months.

Timeline of onset appears to coincide with escalation of psychiatric medication regimen starting around 2022. Patient has been treated for major depressive disorder with psychotic features since 2020, requiring multiple medication adjustments.

Patient reports erectile dysfunction has significantly impacted his marriage and overall quality of life.

PSYCHIATRIC HISTORY

Primary Diagnosis: Major Depressive Disorder with Psychotic Features (ICD-10: F32.3)

Course: Patient initially diagnosed in 2020 following severe depressive episode with auditory hallucinations and paranoid delusions. Hospitalized x 2 (2020, 2021). Has been relatively stable psychiatrically since mid-2022 on current medication regimen. Last hospitalization was 3+ years ago. Currently followed by Dr. Goldstein monthly.

Current psychiatric status: Patient reports mood is stable on current medications. Denies active hallucinations or delusions. Some residual negative symptoms including social withdrawal and anhedonia. Medication compliance is good per patient and family report.

MEDICATIONS

Psychiatric Medications:

- **Risperidone 4mg twice daily** (atypical antipsychotic)
- **Sertraline 200mg daily** (SSRI)
- **Mirtazapine 45mg at bedtime**
- **Benztropine 1mg twice daily**

Other Medications:

- Metformin 1000mg twice daily
- Lisinopril 20mg daily
- Atorvastatin 40mg daily

PAST MEDICAL HISTORY

- Major depressive disorder with psychotic features (as above)
- Metabolic syndrome (antipsychotic-associated)
- Hypertension
- Hyperlipidemia
- No history of diabetes (HbA1c normal)
- No cardiovascular disease

SOCIAL HISTORY

Married for 28 years. Wife is supportive and involved in care. Patient works part-time as library assistant. Non-smoker. No alcohol use. Patient's functional capacity has improved significantly since acute psychiatric episodes.

PHYSICAL EXAMINATION

Vital Signs: BP 138/84, HR 76, Weight 228 lbs, Height 5'10", BMI 32.7, Temp 98.3°F

General: Overweight male, appears stated age, flat affect but cooperative

Cardiovascular: Regular rhythm, no murmurs, peripheral pulses intact

Genitourinary: Normal external male genitalia, mild gynecomastia noted, testes normal bilaterally

Neurological: Grossly intact, mild parkinsonian features

DIAGNOSTIC STUDIES

Test	Date	Result	Interpretation
Testosterone, Total (AM)	09/28/2025	312 ng/dL	Low-normal
Free Testosterone	09/28/2025	6.2 pg/mL	Low (normal >7.2)
Prolactin	09/28/2025	48 ng/mL	Elevated (normal <15)
LH/FSH	09/28/2025	LH 2.8 mIU/mL, FSH 3.1 mIU/mL	Low given testosterone level
Thyroid Function (TSH)	09/28/2025	2.6 mIU/L	Normal
HbA1c	09/28/2025	5.8%	Normal
Lipid Panel	09/28/2025	Total 234, LDL 142, HDL 38, TG 268	Dyslipidemia

ASSESSMENT

1. **Erectile dysfunction, etiology unclear - medication-induced vs. organic components (ICD10: N52.9)**

2. **Medication-induced hyperprolactinemia with secondary hypogonadism**

3. **Major depressive disorder with psychotic features, currently stable**

4. **Metabolic syndrome**

Clinical Complexity:

This case presents diagnostic complexity. The patient's erectile dysfunction has multiple potential contributing factors:

- **Medication effects:** Patient is on three medications associated with sexual side effects (risperidone, sertraline, mirtazapine). Risperidone is causing hyperprolactinemia which suppresses gonadal function
  - **Endocrine:** Secondary hypogonadism due to elevated prolactin
  - **Metabolic:** Obesity, metabolic syndrome
  - **Primary psychiatric condition:** Depression with residual symptoms

The relationship between psychiatric medication effects and potential organic erectile dysfunction is unclear from current evaluation.

PHYSICIAN ASSESSMENT AND RECOMMENDATION

Urologic Assessment (Dr. Chang):

This patient presents with erectile dysfunction in the setting of major psychiatric illness and multiple medications associated with sexual dysfunction. The elevated prolactin level (48 ng/mL) from risperidone is particularly significant, as hyperprolactinemia directly suppresses testosterone production and causes erectile dysfunction.

The erectile dysfunction may be largely medication-induced and potentially modifiable with appropriate medication management. However, we lack objective data about the patient's erectile capacity - no nocturnal tumescence study has been performed and no vascular studies have been completed.

Psychiatric Assessment (Dr. Goldstein):

From a psychiatric perspective, the patient has been stable on his current regimen for approximately 3 years with no hospitalizations. His current medications - particularly risperidone and sertraline at these doses - have known sexual side effects.

There may be opportunities to optimize his psychiatric medication regimen, such as:

- Switching from risperidone to aripiprazole or quetiapine (lower prolactin effect)
- Adding cabergoline to lower prolactin
- Switching from sertraline to bupropion if antidepressant still needed
- Reassessing necessity of all three psychiatric medications

However, medication changes carry psychiatric risk given patient's history of severe psychotic depression with multiple hospitalizations. Psychiatric stability must be carefully considered.

I have not yet attempted medication optimization as this requires careful discussion with patient and family regarding risks and benefits.

CURRENT PLAN:

- Multidisciplinary conference scheduled with patient, family, psychiatry, and urology to discuss treatment approach (scheduled 10/20/2025)
- If medication optimization deemed safe and feasible: 6-month trial with careful psychiatric monitoring before reconsidering surgical options
- If medication optimization not feasible: proceed with complete objective erectile function testing

Follow-up appointment after conference to finalize treatment plan

Patient and family have been counseled that additional evaluation is needed before determining appropriate treatment approach. Patient understands the complexity of the situation and the need for coordination between urology and psychiatry. Family is supportive and will participate in upcoming conference.

Michael Chang, MD
Board Certified Urologist
MD Medical License #: UR-84729
Date: October 5, 2025

Rachel Goldstein, MD
Board Certified Psychiatrist

Copy sent to: Patient's Primary Care Physician (Dr. Sarah Mitchell)
Follow-up: Multidisciplinary conference scheduled 10/20/2025

MD Medical License #: PS-62847
Date: October 5, 2025