Sexual Dysfunction

Characteristics: Impairment of some aspect of sexual functioning, including low libido, anorgasmia, decreased sensation, erectile dysfunction, or delayed or retrograde ejaculation (in men).

Meds That Cause It: Antidepressants (paroxetine most likely, but all SSRIs and SNRIs can cause it); antipsychotics (primarily risperidone and paliperidone); some mood stabilizers (valproic acid and carbamazepine).

Mechanism: Various, including activation of 5-HT2 receptors by antidepressants; hyperprolactinemia by antipsychotics such as risperidone; and anticholinergic and antiadrenergic effects in other antipsychotics, especially first-generation.

General Management:

- Watchful waiting—works in 10%–20% of patients.
- Drug holiday—no dose Friday or Saturday, resume Sunday or Monday. (Not a good idea with paroxetine or venlafaxine due to discontinuation syndrome, nor with fluoxetine due to long half-life.)
- Decrease dose.
- Switch to a medication with low sexual side effects (eg, bupropion, mirtazapine, or an antipsychotic that does not affect prolactin).

First-Line Medications:

- Add a PDE-5 inhibitor, such as sildenafil (Viagra) or tadalafil (Cialis). Works best for erectile dysfunction, but may help with low libido as well. Less effective in women.
- Add bupropion (possibly more effective in women than men).

Second-Line Medications:

- Buspirone (BuSpar) 30–60 mg daily.
- Cyproheptadine (Periactin) 8 mg 30 minutes before sex.
- Amantadine (Symmetrel) 100 mg daily.

Clinical Pearl:

It can be hard to know if sexual dysfunction (SD) is caused by a medication, the underlying psychiatric condition, or a separate problem predating the medication. For this reason, you should try to obtain a sexual history in your patients before starting medications that can cause SD.

Fun Fact:

Early estimates of SD incidence from antidepressants were very low (in the range of 2%–16%) because researchers relied on spontaneous self-reporting. By contrast, in a prospective study of 1,022 outpatients, all of whom were asked specifically about sexual functioning, the authors estimated that SSRIs and venlafaxine caused rates of SD ranging from 58% to 73% (Montejo AL, *J Clin Psych* 2001;62(Suppl 3):10–21).