MP78-15

Post-SSRI Sexual Dysfunction (PSSD): Ten Year Retrospective Review

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Introduction

- SSRI/SNRI antidepressants are widely used. Sexual side effects with SSRIs/SNRIs are common; thought to go away upon discontinuation.
- 2006: Reports emerge of sexual side effects from SSRIs/SNRIs **persisting** after discontinuation. Termed Post-SSRI Sexual Dysfunction (PSSD)
- 2013: Referenced in DSM-5 (most used source of psychiatric diagnoses; page 449).
- 2019: European Medicines Agency (EMA), or European equivalent of FDA, recommended that SSRI/SNRI labels now include information about persistent sexual dysfunction upon discontinuation.
- 4 common symptoms: 1. ED 2. hypoactive sexual desire disorder (HSDD) 3. orgasmic dysfunction 4. genital anesthesia
- No known treatment currently exists for PSSD
- Aim: We wished to better understand PSSD, the frequency/severity of symptoms, and the results of diagnostic testing

Methods:

Retrospective chart review (2009-2019). Reviewed: (1) History (2) International Index of Erectile Function [IIEF] (3) Ultrasound (4) Quantitative Sensory Testing [QST] (5) Sexual Distress Rating -Revised [SDS-R] for distress from sexual dysfunction
Inclusion criteria: (1) Required to have had at least one in-person patient visit at San Diego Sexual Medicine [SDSM] (2) Male with age ≥ 18 years at time of initial contact (3)History consistent with PSSD (had normal sexual function, took SSRI/SNRI, had sexual dysfunction after discontinuation of SSRI/SNRI) (4) Completed IIEF. 43 patients met inclusion criteria.

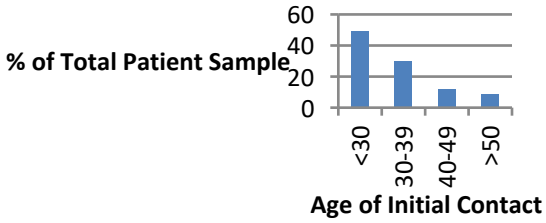
Results

Age of Initial Contact (i.e. age when SDSM contacted) [n=43]	
Mean: 33	Standard Deviation: 10
Median: 30	Range (19-60)

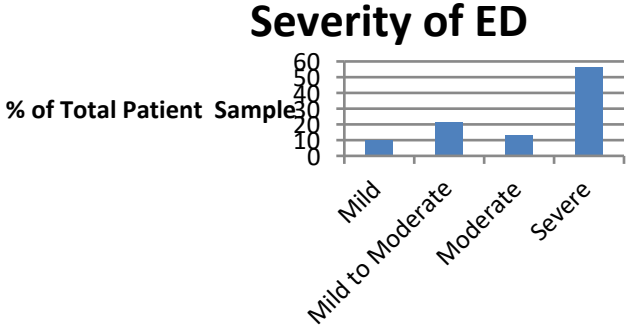
IIEF Results	
Erectile Function (n=43)	**IIEF Score (score 1 to 30)**
Mean	**12.6**
Median	**9**
Sexual Desire (n=43)	**IIEF Score (score 2 to 10)**
Mean	**4.3**
Orgasmic Function (n=43)	**IIEF Domain Score (score 1 to 10)**
Mean	**6.3**
Intercourse Satisfaction (n=43)	**IIEF Domain Score (score 0 to 15)**
Mean	**4.9**
Overall Satisfaction (n=43)	**IIEF Domain Score (score 2 to 10)**
Mean	**3.1**
IIEF Total Score (n=43)	**IIEF Total Score (score 6 to 75)**
Mean	**31.2**

IIEF EF Domain (Score 1 to 30) Analysis Using Severity Scale	
% of Patients (n=43) with ED (Score <26)	**91%** (39/43)
ED Severity in those with ED (n=39)	Percentages
Mild (Score 22-25)	*10% (4/39)*
Mild to Moderate (Score 17-21)	*21% (8/39)*
Moderate (Score 11-16)	*13% (5/39)*
Severe (Score <11)	***56% (22/39)***

Age of Initial Contact



Severity of ED



Genital Anesthesia (n=43)
31 said yes, 1 said no, 11 did not bring it up
72% (31/43) of total sample have it **97% (31/32) of those who referred to the issue have it**

Quantitative Sensory Testing (QST)	
% of Abnormal QST Results from Patients with Genital Anesthesia who Underwent QST	**88% (21/24)**

Sexual Distress Scale-Revised (SDS-R, score 0-52) [n=43]	
Mean(±SD) for PSSD Sample	**35.7±9**
Mean(±SD) of Generic Sexually Dysfunctional Male	26.2±11
Mean(±SD) of Generic Sexually Functional Male	13.9±11

Grayscale/Doppler Ultrasound	
% with Inhomogeneity (of patients with ED who had an ultrasound)	**92%** (22/24)
Mild inhomogeneity (>0% but <25% cross-sectional area)	23% (5/22)
Moderate inhomogeneity (>25% but < 50% cross-sectional area)	68% (15/22)
Severe inhomogeneity (>50% cross-sectional area)	9% (2/22)

Discussion

- This series of patients examined clinically (i.e. in-office visit as opposed to online survey) is largest in known peer-reviewed literature for PSSD
- Consistent with previous studies, patients are young (mean: 33yo; 79% under age 40)
- Consistent with other reports on PSSD, patients have ED, hypoactive sexual desire disorder, orgasmic dysfunction, and genital anesthesia. Both IIEF and history supported this finding
- This sexual dysfunction is very distressful for patients (as evidenced by SDS-R results). Potential adverse effects on a patient's relationships and qualify of life should be considered when treating these patients
- Study finds that ED is most often severe (56% had severe ED)
- Study finds that erectile tissue inhomogeneity is common, consistent with erectile tissue fibrosis/decreased erectile tissue expandability as an underlying vascular ED pathophysiology
- Study finds QST as an example of a neurogenital test that can demonstrate a connection between neurological dysfunction in PSSD and decreased genital sensation
- Future directions for PSSD research: (a) Examine role of diagnostic testing (ultrasound and neurogenital tests like QST) for PSSD management (b) learn more about pathophysiology (c) testing treatments based on pathophysiology

Conclusion/Takeaways

1) Providers need to be aware that persistent sexual health consequences following SSRI/SNRI discontinuation exist and are significant
2) Providers should assess sexual function prior to, during, and after SSRI/SNRI use
3) **Most importantly, providers should inform patients of PSSD before patients are prescribed an SSRI/SNRI**
4) Patients should be referred to sexual medicine specialists for management if they develop PSSD
5) PSSD is an iatrogenic condition that is multidimensional (i.e. more than just ED), is serious in severity, occurs in young people, and is distressing