



Introduction

- Priapism is a urologic emergency defined as a prolonged, painful erection lasting greater than 4 hours, not usually initiated by sexual stimuli or desire.
- There are a variety of risk factors for priapism, including the use of antipsychotics such as trazodone, and having a history of prolonged erections.
- There are several reports in the literature of trazodone use leading to both prolonged erections and priapism, but patients are often not counseled on these well-known side effects.

Objective

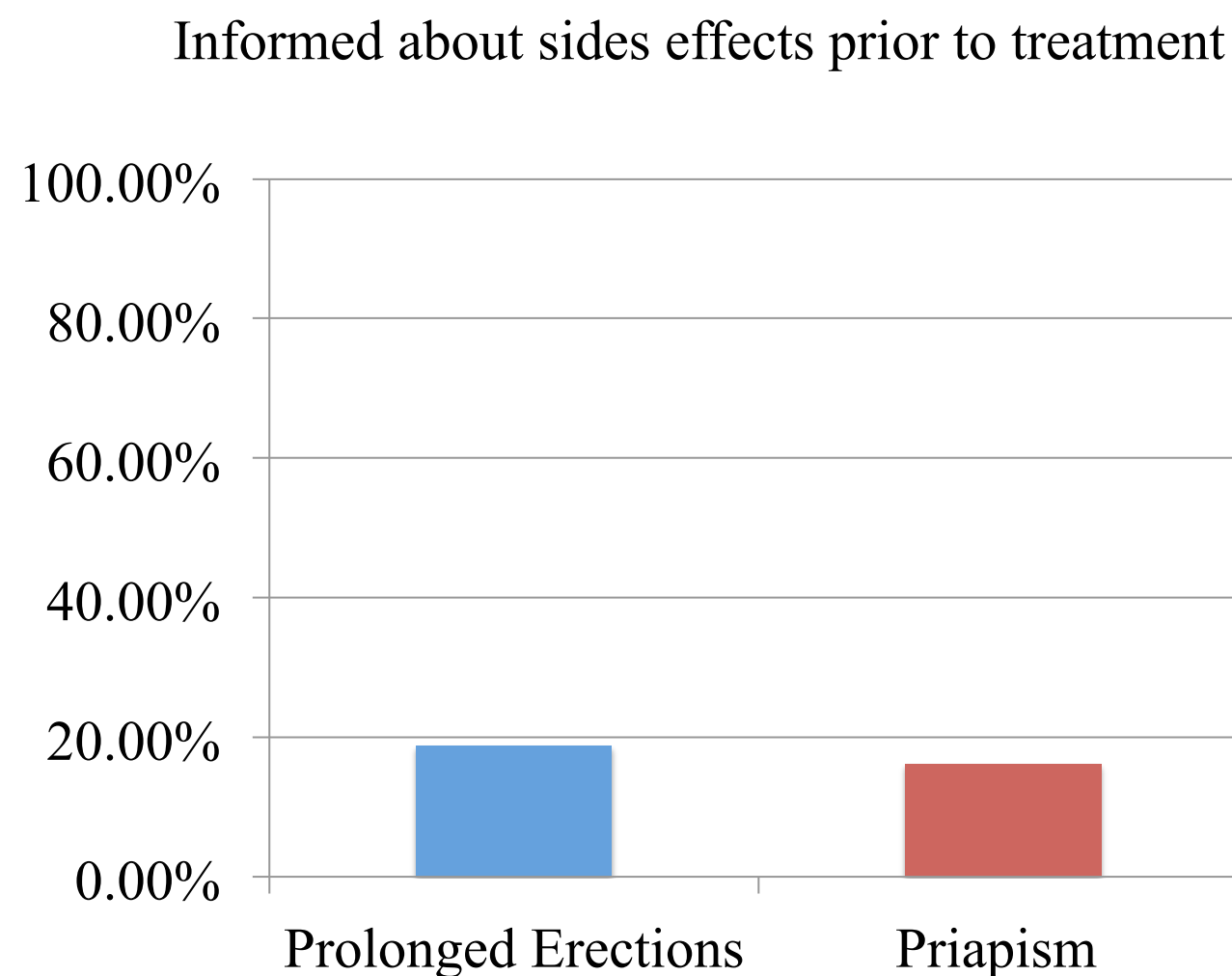
- To evaluate whether patients were appropriately counseled about trazodone complications regarding prolonged erections and priapism prior to starting the medication, the incidence of prolonged erections in those taking trazodone and the rate of patient reported events of prolonged erection to their prescribing physicians.

Methods

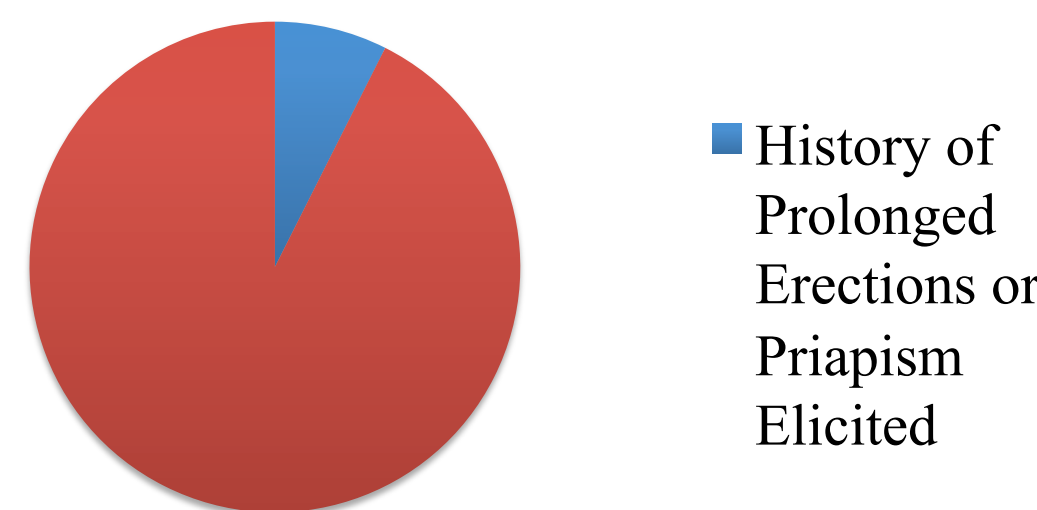
- A pharmacy search was performed at 1 center, the East Orange Veterans Affairs Hospital (EOVA), to identify all patients under the age of 50 currently taking trazodone as of February 27, 2019.
- Patients previously on trazodone or those who discontinued it prior to this date for any reason, including priapism, were not included.
- Patients were contacted via phone and if they agreed to participate were asked about information provided to them prior to medication initiation, occurrence of prolonged erections/priapism, and reporting rate to prescribing physicians.

Results

- 229 out of a total of 524 male patients on trazodone at the EOVA participated in the study,
- average age of 38.57 +/- 6.88 years.
- Indication for prescribing trazodone was insomnia or depression. Dose of trazodone ranged from 50mg – 100mg, two to three times a day.
- Prior to prescribing trazodone only 43/229 (18.78%) of patients were informed about the side effects of prolonged erections. Even fewer numbers of patients were informed about the risk of priapism, 37/229 (16.16%).



- Only 17/229 (7.42%) of patients were asked if they previously had any episodes of prolonged erection.
- Similarly, only 17/229 (7.42%) of patients were asked if they ever had priapism in the past.



Results

- After the initiation of trazodone therapy 18/229 (7.86%) of patients developed prolonged erections.
- Only 2/18 patients who developed prolonged erections were informed about this risk prior to initiation of therapy.
- Only 5/18 of those who developed prolonged erections told their physicians.
- None of the patients who were actively taking trazodone had an episode of priapism while on the medication.

Conclusions

- Patients taking trazodone are known to have an increased risk of prolonged erections and priapism.
- However, as this study shows prior to trazodone treatment only a fraction of patients were properly screened for previous prolonged erections or priapism and properly informed about the side effects of trazadone treatment.
- It is imperative that physicians appropriately screen patients prior to trazodone initiation, educate patients about the risks of prolonged erections and priapism and instruct patients to report any treatment side effects.

Acknowledgements

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