Sexual Dysfunction and Psychiatric Medications

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Objectives

• To discuss the topic of sexual dysfunction in general, as it relates to psychiatric illness, medications and specifically to the college student.
• To discuss the association of psychiatric medications with sexual dysfunction.
• To identify therapeutic approaches to the problem of sexual dysfunction in the context of psychiatric medication use and in general.

Evolutionary Perspective

• Everything living organisms do contributes to one or both of two primary objectives:
  – Survival
  – Reproduction
• Anything which contributes to survival but inhibits reproduction is counterproductive!
  – In other words, reproduction is the most important of the two!

Sex

• The single common denominator to the process of reproduction in vertebrates.
  – So biologically, the most important thing we do?
• One of the strongest drives we and many other animals experience.
• Perhaps the most confusing issue that most of the patients we see in a Student Health Center are learning about and coping with...
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# Importance of Sex
- Affection
- Identity
- Acceptance
- Adequacy / Normalcy
- Physical fulfillment
- Mental health
- Physical health
- Reproduction

# “Sexual Dysfunction”
- Decreased Libido
  - Low or completely absent desire for sex
  - Different from person to person
- Anorgasmia
  - Absent or substantially delayed orgasm

# Differential Diagnosis
- Medications
- Depression
- Alcohol/Alcoholism
- Drugs
- Fatigue
- Relationship problems
- Anxiety/Stress
- Medical illness
- Hormone disorders
- Body image issues
- PTSD/negative sexual history
- Societal pressure
- Family issues

# SSRIs and Sexual Dysfunction
- Selective Serotonin Reuptake Inhibitors
  - Most commonly prescribed antidepressants and antianxiety medications
  - Effect on sexual function varies
    - Neutral impact on libido
    - Increase in libido
    - Decreased libido
    - Greater difficulty achieving climax
    - Delayed climax
- Other Psychotropics and SD
  - Stimulants <5%
    - decreased libido, impotence, excessive erections... overall effect is not well defined
  - Benzodiazepines <5%
  - Mood stabilizers
    - Lithium 5%
    - Lamotrigine 5%
    - Valproic acid (not a listed side effect)
  - Antipsychotics
    - Risperidone <4%
    - Olanzapine 1-10%
    - Aripiprazole <1%
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**Question #1**

- What is causing this “sexual dysfunction?”
  - “What was your libido like before you started medication?”
  - “Tell me about your relationship?”
  - “Have you ever had any negative experiences with sex?”
- Discussion of medication side effects can be a segue into a constructive, broader discussion of sex...

**“Managing” Sexual Dysfunction**

- Watchful waiting
- Medical Management
  - Adding a medical “remedy”
  - Changing dose
  - Changing medication all together
- Behavior Management

**Medical Management**

- Has our initial medical management been helpful?
  - Yes
    - Consider waiting a couple months to see if the problem improves (about 20% effective)
    - Consider a dose decrease if prudent (dose decrease can be about 50% effective)
    - Consider a “remedy” or augmentation
    - Discuss behavioral approaches
  - No
    - Consider a dose increase
    - Consider a medication change

**Medication Change**

- New medication in the same class
  - It’s not clear that different medications in the same class would have a different effect.
- New medication in different class
  - Bupropion (Wellbutrin)
  - SNRI (Effexor, Cymbalta)
  - Mirtazapine (Remeron)

**Adding a Remedy**

- Controversial, but may be helpful... none have FDA approval to my knowledge
- Adding a “remedy”
  - Bupropion (Wellbutrin)
    - targeting improvement in libido
  - PDE Inhibitor (Viagra, Cialis, Levitra)
    - possibly improved orgasm in women, possibly improved libido for men
  - Buspirone (Buspar)
    - why do we keep talking about this medication?

**Behavioral Approaches**

- This is your opportunity for a great discussion on sex with your patients!
  - How do you choose your sexual partners?
  - What was your libido like before?
  - What has your experience with sex been?
  - Have you ever achieved orgasm with a partner?
  - Can you orgasm through masturbation?
  - What is your definition of “normal” sex?
  - How do you and your partner approach sex?
Some Answers are “Easy”...

- Regular and adequate sleep
- Good diet
- Regular exercise
- Low alcohol use
- Avoid substances
- Reduce your stress

Sleep

- Managing sleep can have a major impact on one’s sex life...
  - Go to be earlier!
  - Go to bed together!
  - Go to bed naked!
  - Keep distractions out of the bedroom!

Diet

- There are many claims out there...
  - High fat, vegan, paleo, herbal supplements...
  - Not a lot of validation available on Pub Med... Except for...
- Adequate!!!
  - You need food for energy
  - Obesity and anorexia are both associated with lower libido
  - Good health status and libido are associated
  - “Eat good food, not too much, [regularly], mostly plants.” – Michael Pollen

Exercise

- Can both increase and decrease libido
  - Extreme exercise leads to tiredness and less interest in sex, generally speaking.
  - Moderate exercise may enhance libido
    - Improves circulation
    - Improves self image and self perception
    - May directly be sexually stimulating
    - Increases energy

Stress

- More to do
- More to worry about
- Greater fatigue and exhaustion
- Greater frustration
  - All lead to lower libido

Alcohol

- A mixed story
  - alcohol disinhibits psychological sexual arousal, but suppresses physiological responding
    - former effect stronger at lower doses
      - combined pharmacological and psychological etiology
    - latter effect stronger at higher doses
      - strongly pharmacological etiology
  - may be related to arousal to deviant stimuli in men
  - may be related to riskier sexual behavior in women
- Conclusion
  - Low doses in secure settings may be helpful, if it’s okay with your medication...
Drugs

• Too much to talk about!
• Marijuana
  – Decreases libido, causes impotence and decreases sperm count in men
  – Decreases reproductive capacity on multiple levels
• Club drugs (ecstasy, ketamine, GBH, flunitrazepam)
  – may increase sensation of intimacy, libido, dissociation and facilitate sexual assault
  – many negative side effects and not recommended!!!

Conclusions

• “Sexual dysfunction” is a common problem encountered particularly with SSRI antidepressants.
• Don’t be afraid to take your time.
• Don’t give up too quickly on something that works.
• Get a good sexual history.
• Don’t be afraid to talk about sex!

Resources

• UpToDate.com
• http://www.livestrong.com/article/80273-effect-exercise-sex-drive
• Front Biosci (Landmark Ed). 2011 Jan 1;16:498-516. The manifold actions of endocannabinoids on female and male reproductive events. Bari M1, Battista N, Pirazzi V, Maccarrone M.