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PSSD (Post SSRI Sexual Dysfunction)

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PSSD is an iatrogenic syndrome which stands for Post SSRI Sexual Dysfunction. It's important to note that this is not the same as SSRI-induced sexual dysfunction, as the condition is referring to symptoms occurring after discontinuation of the offending drug.

It can occur from all types of anti-depressants such as SSRI's, SNRI's, tricyclics and atypical antidepressants.

The name PSSD is a misnomer, because it doesn't highlight the debilitating cognitive and emotional impairment experienced by patients.

Symptoms are usually seen in 4 different categories which are sexual, physical (nonsexual), emotional, and cognitive. Symptoms vary between patients from mild to extreme. Some of the key symptoms across these categories include sexual dysfunction: complete loss of libido, anorgasmia, weak orgasms, genital numbness, genital pain and inability to experience pleasure during sex, emotional blunting (an inability to physically feel positive emotions) and cognitive impairment.

A diagnosis of PSSD is tricky, as it is currently not a medically "recognised" condition. However PSSD can be diagnosed when a person has passed the 3 month mark since discontinuing their medication, and is still experiencing side effects.

These side effects are typically debilitating, and cause a high amount of psychological and sexual distress for sufferers. As well as this, symptoms persist indefinitely. Symptoms may reduce and patients can make a full recovery, or symptoms can progressively get worse leaving patients stuck for decades.

There are other drugs that can cause these symptoms, including isotretinoin (and other retinoids), and propecia.

It's important for prescribers to be aware of PSSD to avoid re-instating medications that generated PSSD in the first place. Re-instatement is dangerous as it can permanently worsen symptoms. Unfortunately research in this area is limited, and we still don't know the underlying pathophysiological mechanisms driving PSSD, nor any helpful treatments.