

Introduction

Sexual Dysfunction Associated With Depression

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© Patients with depressive disorders frequently have concurrent sexual problems. Sexual dysfunction is often masked by the mood disorder, and many patients have difficulty discussing these problems openly. Consequently, sexual dysfunction often is detectable only by very careful inquiry. The relationship between sexual dysfunction and depressive disorders is further complicated by antidepressant therapy, which itself may cause sexual dysfunction, increasing the risk of noncompliance and relapse. Thus, it is critical for physicians to assess sexual function during the initial evaluation and throughout treatment. Although sexual dysfunction secondary to antidepressants is a perplexing and common clinical problem, it is important to realize that effective antidepressant treatment does not need to compromise sexual function.

Unfortunately, misconceptions abound regarding sexual dysfunction and depression. One such myth is that patients who suffer from depression do not care about their sexual functioning. A second myth is that most patients will continue to take their medications even if they are experiencing sexual dysfunction, as long as the treatment is helping their depression. A third myth is that patients will spontaneously report sexual problems to their doctor. Finally, a fourth myth is that all antidepressants cause sexual dysfunction at the same rate.

Over the past several years, many articles have been written in the lay press on the topic of sexual dysfunction secondary to antidepressants. Thus, when discussing the initiation of antidepressant medication with a patient who is suffering from depression, it is not unusual in today's clinical practice to hear "Whatever you do, do not give me an antidepressant that can affect my sex life." Unfortunately, sexual side effects of antidepressants are frequently underestimated by physicians despite studies which indicate that sexual dysfunction is among the most common side effects leading to discontinuation of treatment.¹

In the first article of this Supplement, Anita H. Clayton, M.D., discusses the recognition and assessment of sexual dysfunction associated with depression. The article discusses types of sexual problems, the etiology of sexual dysfunction, prevalence rates, barriers to assessment, and the available instruments for evaluating sexual functioning in patients with depressive disorders. Dr. Clayton also discusses the use of rating scales for the assessment of sexual functioning, the taking of a sexual history, laboratory studies, and differential diagnosis. Her article emphasizes that direct but nonjudgmental evaluation of sexual function associated with depressive illness or its treatment will enhance the patient's quality of life and compliance with treatment.

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In the second article, Angel L. Montejo, M.D., Ph.D., and colleagues report on a 5-year prospective multicenter study of over 1000 patients that focused on the incidence of sexual dysfunction associated with various antidepressant medications. The overall incidence of sexual dysfunction with many antidepressants was quite high, illustrating the widespread frequency of this difficult problem. Interestingly, men showed a higher frequency of sexual dysfunction than women, although women scored higher on severity measures. Montejo and colleagues also discuss a drug substitution study in which some patients experienced substantial improvement when they were switched from one antidepressant medication to another.

In the third article, James M. Ferguson, M.D., reviews the literature on the effects of antidepressants on sexual functioning in depressed patients. Dr. Ferguson discusses the different types of research methodology that have been used to investigate the sexual side effects of antidepressant medications. He divides the studies into noncontrolled patient samples, prospective open-label studies, and double-blind comparative studies with and without a placebo control. As in Dr. Montejo and colleagues' article, the inevitable conclusion is that sexual dysfunction can be a frequent side effect of antidepressant medications, although they appear to differ in the frequency with which they cause this problem.

Finally, John Zajecka, M.D., discusses strategies for the treatment of antidepressant-induced sexual dysfunction. His article provides a useful systematic approach for the practicing physician to successfully manage sexual complaints during antidepressant treatment. Using the basic physiologic mechanisms of the normal human sexual response cycle, which can be interrupted by antidepressants, the article provides guidelines for the assessment, management, and prevention of sexual side effects associated with antidepressant treatment. Dr. Zajecka discusses several popular strategies including reduction of the dose of the antidepressant, waiting for accommodation to occur, drug holidays, pharmacologic antidotes, and switching antidepressants.

We are grateful to the authors for providing a rich and practical series of articles and hope that the reader will find them helpful and enlightening.

REFERENCE

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