Sexual dysfunction in psychiatric patients

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Introduction

SD in Mood Disorders

SD in Anxiety Disorders

Sexual Disorder in Psychosis

Treatment of Medication Induced SD

Introduction

We should explore whether mental health concerns are the cause or consequence of sexual complaints so treatment can be tailored appropriately.

Psychotropic medication used to mend the struggles of the mind can at times worsen sexual functioning.

Sexual health cannot be detached from mental health.

Both are inextricably bound to quality of life and relational satisfaction.

These facets of health continue to share societal stigma, perpetuating misinformation and deterring from effective treatment.

Introduction

Reviewing	reviewing the impact of various psychological symptoms (mood, anxiety, somatic, etc.) on sexual health.
Discussing	discussing common effects of psychotropic medications, alcohol use,and illicit substances on sexual functioning.
Placing	placing this knowledge within the consultation room of the biopsychosocial practitioner via case examples and collaborative treatment planning.

Introduction

Stage	Description	Examples
P—Permission	Give the patient permission to discuss sexual health and enable the patient to feel comfortable in addressing sensitive matters	"Many women/men under treatment for bipolar disorder notice changes in sexual function. Have you noticed any change lately?", "Would you like to tell me about any sexual concern you may be having?"
LI—Limited information	Provide limited and accurate information to help the patient function sexually	Education about the sexual response cycle, anatomy, and how bipolar symptoms and medication may affect sexual function and sexual response
SS—Specific suggestions	Provide simple specific suggestions to enable the patient to engage in the desired sexual activity (depending on current mood)	Improving sexual communication and emotional intimacy between sexual partners, particularly during symptom-free phases, helps the patient and the partner to spot early warning signs and prevents problematic sexual behavior associated with depression and mania. Provide suggestions on different forms of sexual stimulation
IT—Intensive therapy	Validate patient's concerns and refer the patient to a qualified specialist	Sex therapy, marital therapy, cognitive behavioral therapy

The Intersystem Approach to Sexual Functioning

Biological Factors:	Organic Diseases, Medications
Psychological Factors:	Schematic Distortion, Irrational Thinking, Sexual Mythology
Cultural Factors:	Religious beliefs, External life events, Cultural beliefs
Couple Factors:	Sexual history, Sexual communication, Sexual patterns

The prevalence of sexual dysfunction in major depressive disorder to be between 35% and 70%.

Beyond sexual dysfunction, depression has been associated with sexual risk behaviors and increased use of sexual health services.

Sexual dysfunction can be a common side effect of not just the disorder, but also the pharmacologic treatments.

Depression

In patients with depression who achieved remission, sexual dysfunction was less likely to be reported than non-responders.

In the first weeks of treatment, about 26–57% of men and 27–65% of women experience new sexual dysfunction or worsening of pre-existing sexual difficulties.

The most common sexual dysfunction associated with psychiatric medications in women is problems with delayed orgasm or inability to achieve orgasm.

Symptoms of depression, including anhedonia, loss of motivation, fatigue, and feelings of worthlessness, can influence sexual functioning.

Depression

- SSRIs are reported to cause sexual dysfunction in 30%–70% of patients.
- Different antidepressants according to their levels of impact on sexual dysfunction (from highest to lowest):
- sertraline
- venlafaxine
- citalopram
- paroxetine
- fluoxetine
- imipramine
- duloxetine
- escitalopram
- fluvoxamine

Depression

There were several medications examined that did not have a significant difference in rates of sexual dysfunction compared to placebo; three of these being mirtazapine (Remeron), Nefazodone, and bupropion (Wellbutrin).

Bupropion would be the only antidepressant found in “improves sexual functioning”.

Medication is most likely to cause sexual dysfunction within the first few weeks or month of treatment.

Taking a careful timeline of events with sexual symptoms, depressive symptoms, and medication initiation is crucial.

The most notable display of sexual problems in mania includes hypersexuality and associated risky behaviors that may put an individual at greater probability for contracting a sexual transmitted infection (STI), having an unintended pregnancy, or being unfaithful in a monogamous relationship.

Couples where one member has bipolar disorder tend to have lower levels of sexual satisfaction and incongruent sexual satisfaction between partners.

Bipolar Disorder

	Male	Female	Both
Bipolar disorder			Hypersexuality Risky sexual behavior Unwanted pregnancy
Mood stabilizer lithium valproic acid carbamazepine			 ↓libido, ED ↓libido, ED, anorgasmia ↓libido, SD
APD	ED, ↓orgasm, ↓libido	↓libido, ↓orgasm	

Anxiety Disorders

Many different anxiety disorders can cause or contribute to sexual dysfunction. The hallmark features of fear, worry, and anxiousness can interfere with all stages of sexual activity and in a person's confidence in performing and completing sexual acts.

The first line pharmacological treatment for patients with anxiety disorders is often the SSRI/SNRI agents described previously in the depression section.

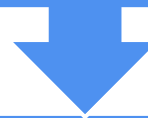
Benzodiazepines are controlled substances that have been associated with decreased libido, erectile dysfunction and delayed ejaculation.

Anxiety Disorder

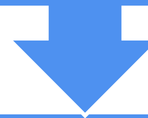
	Male	Female	Both
Anxiety disorder Social phobia OCD PTSD Panic	PME, ED		↓drive, ↓arousal SD, ↓libido, sexually avoidant SD SD
BZD			↓libido
Hydroxyzine	ED		SD
Buspirone			Anorgasmia

Psychotic Disorder

Positive symptoms, such as significant paranoia and auditory or visual hallucinations may lead to avoidance of personal relationships.



Patients may exhibit negative symptoms such as isolation, amotivation, and inability to respond appropriately to social cues, again leading to either disinterest or inability to build interpersonal relationships.



People with psychotic disorders who are taking antipsychotics, may experience sexual side effects:

- Elevated prolactin
- Metabolic side effects
- Motor side effects

Psychotic Disorder

It is estimated that sexual dysfunction affects from 38 to 86% of patients treated with antipsychotics.

The most common complaints include orgasmic and erectile dysfunction in the short term and decreased sexual desire in the longer term .

Dopamine-blocking and hyperprolactinemia-inducing APs (including first generation drugs like haloperidol and some second-generation drugs like risperidone, paliperidone, or amisulpride) are related to higher rates of desire and arousal dysfunction as compared with aripiprazole, quetiapine, olanzapine, and ziprasidone.

Especially aripiprazole has been reported to cause less sexual dysfunctions, decreasing hyperprolactinemia.

Treatment of Medication Induced SD

The first approach to managing sexual side effects of psychotropic medication can be to use drugs known to have fewer sexual side effects.

It will always have first priority to treat the underlying condition.

Often patients with a high load of disease burden are not concerned about sexual side effects in the acute phase.

Treatment of Medication Induced SD

Psychotropic Medication Change from same group

Dose Adjustment

Adjunctive Medication

Treatment of Medication Induced SD

PDE-5 inhibitors sildenafil, lodenafil, or tadalafil in restoring erectile function adversely affected by antidepressants or antipsychotics.

There is a beneficial effect of the adjunctive aripiprazole to antipsychotic treatment in women.

For women with antidepressant-induced sexual dysfunction the augmentation by bupropion 300 mg daily improved side effects.

One RCT has shown improvement of sexual function in depressed men taking serotonergic antidepressant treated additionally with testosterone gel.

Thank You