

Teach Patients the Sexual Side Effects of SSRIs

BY HEIDI SPLETE

PENTAGON CITY, VA. — Educating depressed patients about the sexual side effects of selective serotonin reuptake inhibitors could mitigate their experiences with those side effects, results of a study of 92 adults who were first-time users of the medication show.

Many physicians do not feel comfortable talking to patients about the possible sexual side effects of SSRIs, said Tierney K. Ahrold and Cindy M. Meston, Ph.D., of the department of psychology at the University of Texas at Austin.

Some doctors might worry that forewarning patients about side effects might change their expectations of the side effects, or change their attributions of the symptoms, the researchers noted. But other studies have shown that patients who learn about sexual side effects before they start taking SSRIs have less anxiety about the side effects, and the

their sexual problems to their medications rather than blaming themselves were less likely to report sexual dysfunction.

The women in the intervention groups reported greater improvement in sexual function, compared with the men, but this difference might be attributable to the greater number of women in the study.

The clinical implication of the study is that depressed patients tend to blame themselves for any type of problem, in-

cluding sexual problems. But if they know that they can attribute sexual problems to the SSRIs (at least to some extent), that might take some of the pressure off, and the problems might improve, Ms. Ahrold said in an interview.

"Being as honest as we possibly can is best for the patient," she said. The trick is to find ways of managing the side effects that do occur, she added.

The results suggest that shifting a pa-

tient's focus from internal (personal) factors to external (medication) factors changes his or her experience of those side effects.

The way the information is presented to patients is not as important as whether the information is presented at all, although more research is needed to confirm these results, the researchers wrote.

The researchers had no financial conflicts to disclose. ■

Patients who were educated that SSRIs could contribute to sexual problems reported less sexual dysfunction at follow-up visits, compared with the controls.

side effects are less severe, compared with patients who are not informed.

To test the impact of educating patients about the sexual side effects of SSRIs, the researchers enrolled 13 men and 79 women who were new to using SSRIs for depression and divided them into four groups. All participants completed assessments of sexual functional and satisfaction, medication attribution, psychological symptoms, and SSRI use at baseline, 2 weeks, and 8 weeks.

In addition, 26 patients received an online educational intervention that de-emphasized sexual side effects of SSRIs; 30 patients received an online intervention that emphasized the severity and likelihood of sexual side effects; and 24 patients received an online intervention that was informative but neutral about sexual side effects. The remaining 12 patients served as controls.

The average age of the patients was 33 years, and their medications included sertraline, fluoxetine, paroxetine, citalopram, escitalopram, and fluvoxamine. The study results were presented in a poster at the annual meeting of the Society for Sex Therapy and Research.

Overall, patients who were educated that SSRIs could contribute to sexual problems reported less sexual dysfunction at follow-up visits, compared with the controls. But there were no significant differences in sexual dysfunction scores among the intervention groups, the researchers noted.

A significant correlation was found between change in sexual dysfunction scores and change in medication attribution, meaning that patients who attributed



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