

Post-SSRI Sexual Dysfunction (PSSD)

Key Information for Clinicians

What is PSSD?

PSSD is a persistent condition where sexual and other nonsexual adverse effects from antidepressant medications continue even after discontinuing the medication.

While side effects during antidepressant treatment are well known, some patients report **persistent dysfunction lasting years or indefinitely after treatment cessation**.

Current drug leaflets understate PSSD's potential severity, which ranges from mild impairment to complete disabling dysfunction.

PSSD can develop after just a few doses, and can present either on the medication, or upon discontinuation. There is currently no known cure or effective treatment.

Medications Associated With PSSD

PSSD has been reported following exposure to:

- SSRIs (e.g. fluoxetine, sertraline, paroxetine, escitalopram)
- SNRIs (e.g. venlafaxine, duloxetine)
- Some tricyclic antidepressants
- Other serotonergic antidepressants in some reports

Commonly Reported Symptoms

Sexual Symptoms

- Genital anesthesia or markedly reduced genital sensation
- Loss of libido or reduced response to sexual stimuli
- Erectile dysfunction
- Loss of ability to experience sexual sensation, arousal and attraction
- Delayed, muted, or absent orgasm

Non-Sexual Symptoms

- Emotional blunting or reduced ability to experience emotions (both positive and negative)
- Sensory disturbances (involving skin, smell, taste or vision)
- Cognitive impairment
- Anhedonia (loss of ability to feel pleasure)
- Depersonalisation

How Common is PSSD?

Prevalence is unknown. Studies suggest PSSD is more common than once thought and often underreported. Patients may not connect symptoms to past antidepressant use, or may feel uncomfortable discussing sexual health concerns. PSSD should not be dismissed as rare.



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Why This Matters

Persistent sexual dysfunction can significantly affect quality of life and relationships.

It is essential that all patients are offered informed consent about the risk of PSSD before treatment.

People who started antidepressants in adolescence may not recognise PSSD because they lacked a baseline for comparison.

Regulatory agencies, including the **European Medicines Agency**, have acknowledged reports of persistent sexual dysfunction following antidepressant treatment. However, the biological mechanisms underlying these effects remain poorly understood.

References

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Research Gaps

Key unanswered questions include:

- What biological mechanisms underlie persistent dysfunction?
- What diagnostic and treatment approaches are appropriate?
- What risk factors increase vulnerability?
- How common is this condition?

Reporting Symptoms

PSSD has its own MedRA (10086208) and SNOMED CT (1340196008) codes. It is essential that physicians and patients report symptoms using the MHRA Yellowcard scheme.

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