

Post-SSRI Sexual Dysfunction (PSSD)

Key Information for Patients

What is PSSD?

PSSD stands for post-SSRI sexual dysfunction. It's a health problem where sexual and other side effects from antidepressants go on after you stop taking the drug.

Side effects during antidepressant treatment are common and well known. PSSD is different. Its symptoms are often more challenging than the sexual side effects some people have while taking the medication, and they do not go away when the drug is stopped. For some people, symptoms carry on for years, or do not go away at all.

PSSD can range from mild to severe. For some people, it gets in the way of daily life.

PSSD can start after only a few doses, or after long-term use. It does not depend on the dose you take. It can begin while you're still taking the medication, or after you stop.

There is no cure or treatment for PSSD.

What Medications Can Cause PSSD?

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

Sexual Symptoms

- Genital anaesthesia – numbness, or a loss of feeling in the genitals
- Loss of ability to orgasm
- Orgasms that are weaker or you can't feel
- Erectile dysfunction
- Less ability to feel pleasure from sex, or none at all
- Loss of ability to feel sexual sensation, arousal, or attraction to others
- Reduced sex drive (libido) and response to sexual thoughts, imagery, or touch

Non-Sexual Symptoms

- Finding it harder to feel emotions, both good and bad (emotional blunting)
- Loss of ability to feel pleasure (anhedonia)
- Feeling disconnected from yourself, or like you're watching your own life from the outside (depersonalisation)
- Changes in how things feel, smell, taste, or appear visually (sensory disturbances)
- Problems with memory, concentration, or clear thinking

How Common is PSSD?

We do not know exactly how many people are affected. Research suggests PSSD is more common than once thought, and that many cases go unreported. This may be because people do not link their symptoms to antidepressants they took in the past. Some people also feel uncomfortable talking about sexual health. PSSD should not be treated as rare.



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Why this Matters

Ongoing sexual dysfunction can have a big effect on someone's quality of life and relationships.

Everyone should be told about the risk of PSSD before they start treatment, so they can make an informed choice.

The European Medicines Agency recognises PSSD. However, we do not fully understand what causes it.

Who is at Risk?

Anyone taking an SSRI or SNRI (common types of antidepressants), or certain older antidepressants called tricyclics, can get PSSD. This can happen no matter how long you take the drug for, or what dose you take.

People who started antidepressants as kids may not notice a change in their sexual function because of not having a clear sense of what was normal for them before treatment.

Reporting Symptoms

PSSD has its own diagnostic codes: MedDRA (10086208) and SNOMED CT (1340196008). These are used to record and track health conditions. If you have symptoms of PSSD, tell your doctor. Doctors and patients can both report symptoms through the MHRA Yellow Card scheme, the UK system for reporting suspected harmful effects of medicines.

References

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