

I took X for 16 years without any side effects. Stopped 7 months ago and all hell broke loose. Some of the side effects I got in the first week after quitting are: no libido, cold testicles/penis, pain around penis and anus, tinnitus, erectile dysfunction, tingling, numbness...

Life is not very good these days.

I am married with beautiful children. They have lost their father. If I can do anything to help, don't hesitate to get in touch. I would like to give you my biggest thanks for what you are doing and wish you all the best with the fundraising.



This email received last week explains what the RxISK Prize is all about. We have had heart-breaking messages from teenagers who wonder if they will ever know what it is like to make love. Emails from older men and women who say life is now grim, but at least they know what it's like to have loved and been loved.

"It's like being dead," is a common theme.

The Prize aims at getting those affected to unite and to

stop taking dangerous risks. For more than a decade, thousands of people who have lost their sexuality to serotonin reuptake inhibitors (SSRIs), isotretinoin, and finasteride have been researching and experimenting in impressively sophisticated, but sometimes dangerous, and ultimately unsuccessful, ways. See <u>Post-SSRI Sexual</u> <u>Dysfunction (PSSD)</u>.

We figured everyone could do with input from pharmacologists or physiologists who might be able to shed light on why some problems endure. Or from network analysts who might be able to pinpoint other drugs which when taken are linked to an absence of, or a lower rate of, difficulties. Or the answers might come from other sources. There are so many indicators that this is an answerable problem, that it would be wrong to stay on the side-lines.

The biggest surprise so far was finding out that people who know all about SSRIs and the acute sexual difficulties they cause knew nothing about the fact that these problems can endure for decades after treatment has stopped, or about isotretinoin or finasteride. So, by far, the most important thing is to spread the word.

The second most important thing is that RxISK has never mounted a campaign before, and it is clear to us that we have a lot to learn. If you know about activism, we welcome your input.

Donations are also important. A substantial Fund will get researchers and the media to give the problem the attention it needs. If everyone on this email newsletter list gave \$10, we would have more than is needed. But donating a few minutes to spread the word is almost certainly of equal or greater importance.

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David Healy, MD

PS. You can follow RxISK on Facebook and Twitter.



Could it be my meds?

Free resources to help you assess the connection between a drug and a side effect.

