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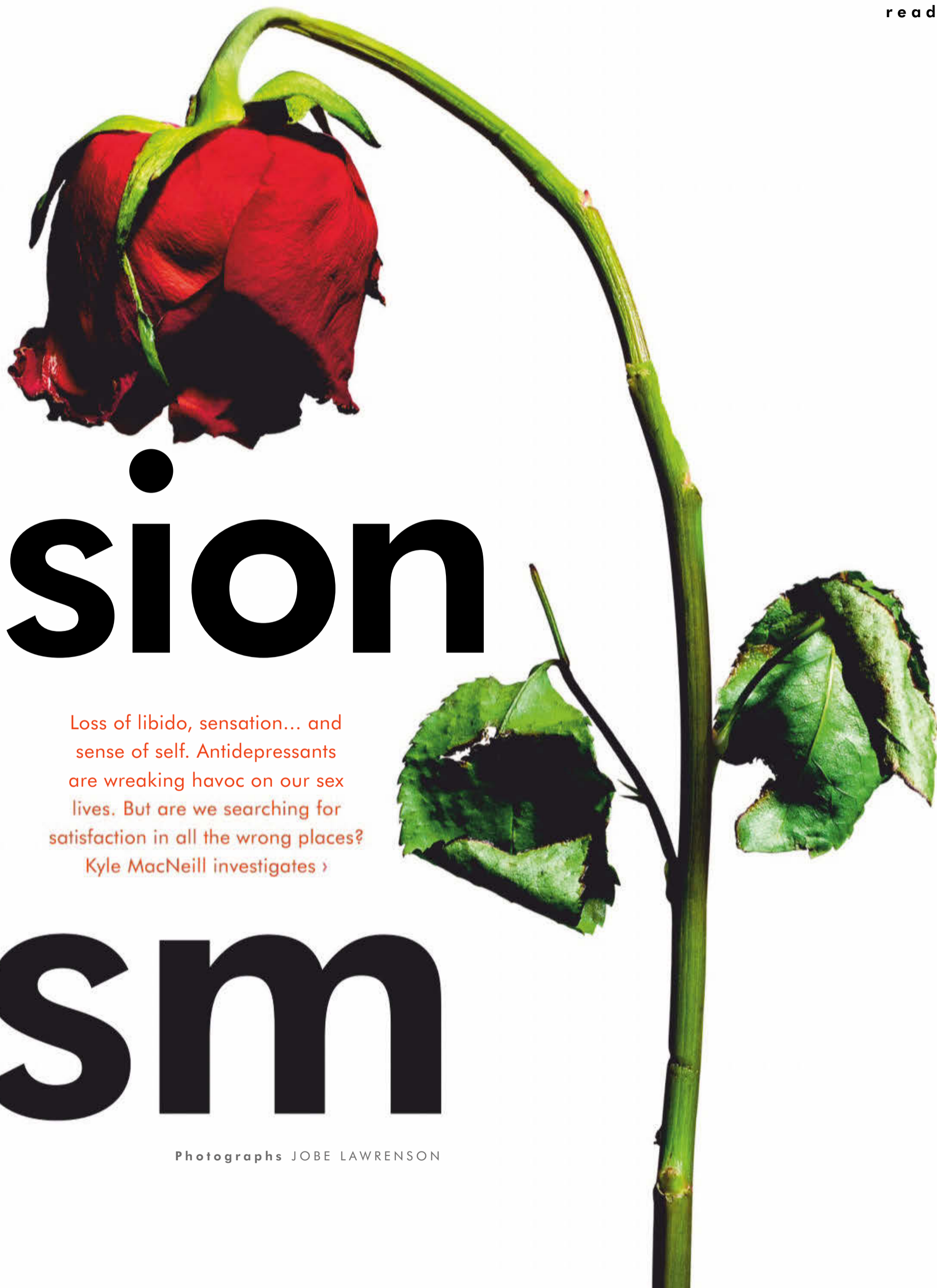
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HOW
depress
stole my
orgasms



• sion

Loss of libido, sensation... and sense of self. Antidepressants are wreaking havoc on our sex lives. But are we searching for satisfaction in all the wrong places? Kyle MacNeill investigates ›

sm

Photographs JOBE LAWRENSON

“Sorry, I take a while.”

I’m coiled up in a ball, gripping at the duvet, holding it tightly so as to cover my naked body. A few minutes earlier my nudity with a stranger hadn’t bothered me. But now, suddenly, it’s making me feel vulnerable. We’ve been having sex for just over half an hour. I haven’t orgasmed. And I know there is no chance that I will at any point soon. It’s definitely time to call it a night. Yet as much as I want to, I can’t ignore what has just happened. I have to say something.

“Don’t worry about it,” I add, the noise muffled by the pillow I’m hiding my face in. There’s more I could say, perhaps *should* say, but none of it lends itself to sexy bedroom talk. Certainly not on a one-night stand. It’s a lot easier to just close my eyes, delve into a deluge of darkness, and forget.

When I was first prescribed antidepressants, I wasn’t thinking about my sex life. There were more important things to focus on. It was 2015, I was 19 and the Christmas holidays had just begun. I had also started to self-harm with anything I could get my hands on. Low mood, low energy, low interest in anything plagued me day and night. I listed my reality to my doctor in a monotone, telling him I’d tried counselling before – for OCD – and it hadn’t worked. I wanted medication. He handed me a prescription and off I went.

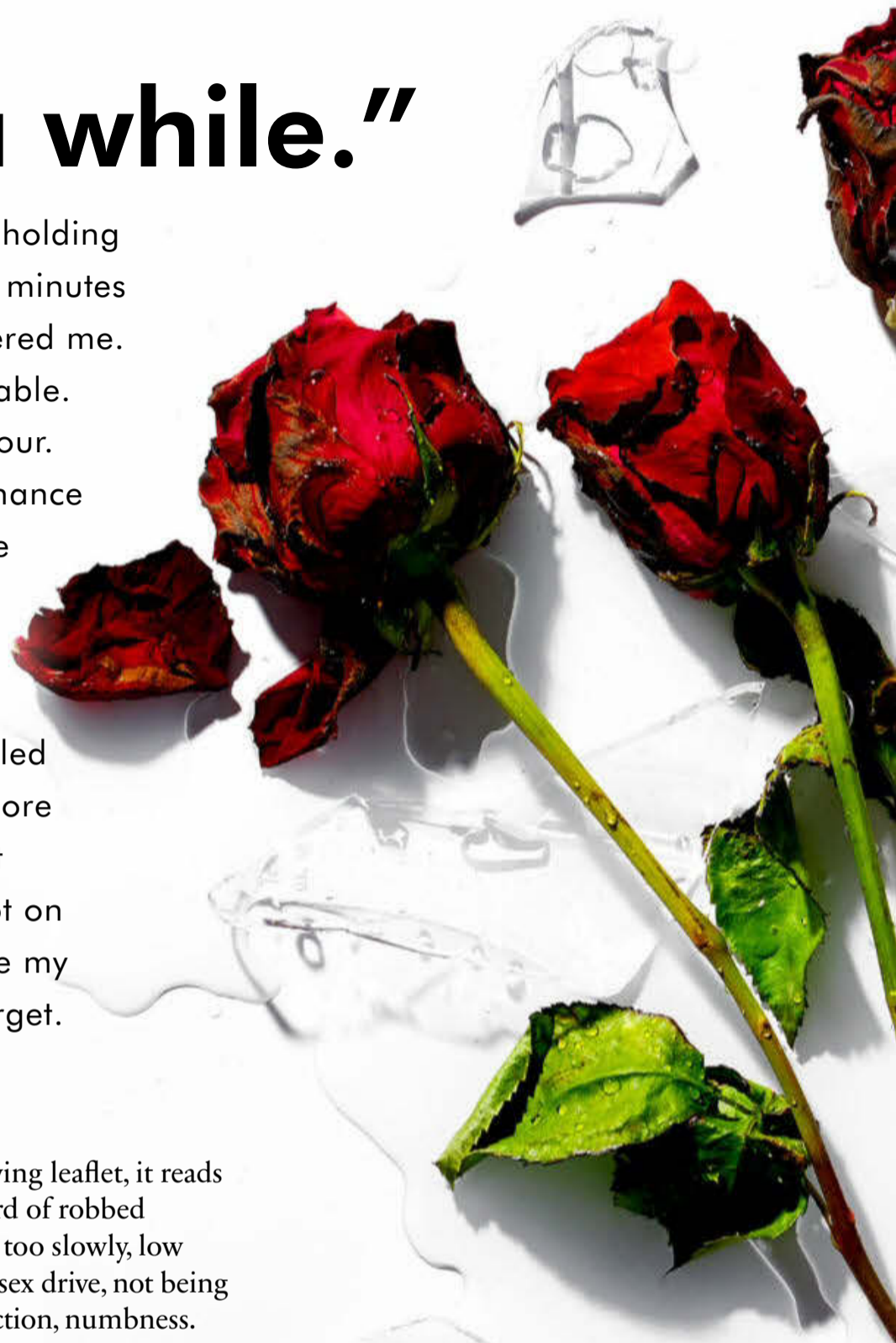
It was for citalopram, an SSRI (selective serotonin reuptake inhibitor) antidepressant that’s widely used in the UK. I didn’t take anything in about the side effects – I only learned of them from a doctor back at university when I popped in to get a second opinion. Even then, they were mentioned casually. But looking back

at the accompanying leaflet, it reads like a smorgasbord of robbed orgasms: coming too slowly, low sex drive or high sex drive, not being able to get an erection, numbness. The small print goes on...

Not feeling myself

My penis was numb within hours of taking that first pill. I was ready to expect emotional numbness. I also knew it would take at least four weeks before I felt any positive effects... But I didn’t expect to feel so much less down below.

The first time I had sex after taking the pills, a few weeks in, it was as if I was wearing half a packet of condoms (I wasn’t even wearing one). Every thrust was desensitised; the awesome, toe-curling high of physical touch dulled to almost nothing. I didn’t orgasm. I know that for women this isn’t unusual, that this suddenly being





an issue for me seems a very particular, privileged type of complaint that could only come from a man. But it had never happened before. All my life I had an idea of who I should be and what sex should be – and the act not matching up to that terrified me.

Other side effects came on quickly, too – from hands so clammy you could wring them like a damp flannel to gurning as if I'd dropped two Es. These sensations were occasional and gradually went away as my body got used to the drug. But the SSRI sexual dysfunction (SSD) persisted. And it has persisted in various forms ever since. I've taken around 1,000 citalopram tablets in that time, and the words "Sorry, I take a while" have become a mainstay of my vocabulary. I still have some sensation, so there have been ways for me to be able to slowly reach orgasm. At other times, no matter how hard I am, or how hard my partner is working, it just doesn't happen. And the longer it takes, the more anxious I feel, the less concentrated I become... and then the orgasm slowly fades away.

Getting unlucky

When Dan,* 25, speaks to me about citalopram, he does so in staccato sentences, as if he's been suffering for so long he's tired of elaborating. "Weak, mute orgasms. Numbness in penis. Trouble maintaining erections," he says, listing his sexual side effects on his fingers, before moving on to the emotional impact. "I felt suicidal," he says simply. "Angry. Confused. Broken. Less than a man." Although he's able to get erections, the tip of his penis is "still numb". He's managed to move from what he rates as 0/10 sex to 2/10 sex, but is crushingly anxious. "I'm nervous but I've also largely accepted I'm a defect," he says, shrugging.

Online, men like Dan are easy to find. Disguising themselves under

usernames like "Nogasm", they flood onto forums such as Reddit, using the anonymity the keyboard provides to open up. I learn that having – and wanting – sex deems me "lucky" in the eyes of others. John,* who, like me, began taking SSRIs while at university, has found his libido has completely vanished. "I never fantasise about sex," he tells me. "It doesn't turn me on any more. It's like that 'spark' is totally lost from my brain; the rush of attraction and lust is gone pretty much completely."

Others experience weaker erections or total erectile dysfunction, changes in the intensity of an orgasm or less sensation. Just like the huge mixture of experiences reported online, sexual dysfunction associated with antidepressants varies considerably between studies, making it difficult

"I expected emotional numbness. I didn't expect to feel so much less down below"

to estimate the exact incidences or prevalence. That long leaflet I was given (which, let's face it, most people barely read) says sexual side effects are "common", happening to up to one in 10 people, but experts reckon it could be a lot more. One thing's for sure, it *is* happening – to men, women and non-binary people across the country. As to why, that's not 100% clear either, as sex is more than just a physical act, it's emotional too.

The symptoms of SSD can have a lasting impact, even if someone comes off the drug. It turns out that there's also PSSD: that's post-SSRI sexual dysfunction. It's exactly what it suggests: the same ill effects persisting after medication is stopped. It's under-researched, and it affects Dan – he >



only took pills for a matter of days, but two years on, symptoms remain.

For some, these sexual issues could be down to the depression itself, with SSRIs merely exacerbating the problem. Dr Juliet McGrattan, a health expert and former GP, says, “When you’re depressed, there are chemical changes and imbalances in the brain that make you stop enjoying things in life, and that includes sex. Sometimes patients would come to me concerned about a lack of sex drive and after exploration we would work out that depression was the underlying cause,” she explains. To truly separate which symptoms are caused by depression itself and what’s a side effect from the drugs, a large study would need to be conducted on adults who *don’t* suffer from

“Sex doesn’t have to be the traditional heterosexual penis-in-vagina way”

depression. Unfortunately, few of these have taken place. In addition, the effects and speed of the medication varies from person to person – so it could be positively impacting your mood, while still compromising your sexual function.

Coming off to come

There have been times when I’ve been holding my anaesthetised penis in my hand, desperate to

come, trying to finish myself, and I have questioned why I’m still taking citalopram. Feeling light-headed and horny, the temptation to quit the tablets entirely becomes all I can think about.

But this would not be a good idea for me. Taking citalopram didn’t just dramatically improve my life – it saved it. A period of depression had left me confined to my crumb-filled, sweat-stained bed, sleeping throughout the day and an insomniac during the night. Pleasures became pleasureless, emotional pain became physical self-harm. But finally, medication galvanised me.

Although SSRIs have faced some fierce criticism that debates how helpful they actually are, and much is still unknown about their workings (and even about depression itself), it’s clear that they *do* work, in some way, for most people. In 2018, the largest-ever review of antidepressant trials[†] (including some that weren’t SSRIs) showed that every single one of the 21 studied, including citalopram, worked better than a placebo.



THE OTHER SIDE OF THE BED

**Writer Amy Jones discusses
the impact of antidepressants
on her sex life...**

Citalopram both killed and saved my sex life. I started taking it five years ago, when I was simultaneously fizzing with anxiety and caught in a fog of depression. Sex just wasn't an option. I had no interest in anything, let alone something that would involve putting in effort or showing off the body my brain had convinced me was repulsive. It wasn't an option for my boyfriend (now my husband) either – mainly because he was worried about me, but also because

I don't think a woman who mopes around the house without showering for days was his sexual fantasy. The citalopram helped me pull myself out of the fog and start taking an interest in things again. Showering, leaving the house, eating something other than cereal – and sex. I became very aware that it had been months since I'd had sex with the attractive man in bed next to me, and all of the desire and motivation I'd not felt over that time hit me at once. The problem was, the mind was willing but the body was taking a bit more persuasion.

Nothing was happening: I wasn't getting wet, orgasms were taking far longer than before and weren't as intense. I'd been having regular, easy orgasms since my mid-teens, so to suddenly not be able to have one even though I really wanted to was frustrating in every sense of the word. Thankfully, my husband is a patient man and I am as stubborn as a very horny mule. We kept at it, with the help of lube and vibrators, and gradually my body remembered how to enjoy itself. I'm still on citalopram and our sex life is as active and enjoyable as ever – but I'm lucky. I have friends who have found their sex drive non-existent, or who haven't been able to orgasm full stop. Antidepressants are brilliant, but we need to make people more aware of how this kind of medication can change such a huge part of their lives, and offer more support to cope with it.

***The To-Do List And Other Debacles*
by Amy Jones is out now**

And with sex, over time, I've found things that work too. Without going into too much detail, there are other areas of my body that are just as sensitive, and sex doesn't always have to be the traditional penis-in-vagina way that heterosexual society fixates on. It's taken some adjusting, sure – not just for me, but for my current girlfriend and those before. I am aware that in the same way that my SSD impacts me, it has also impacted my partners. I'm less likely to initiate sex, which can be demoralising for them. Just as depression affects the people around you, SSD can also cause collateral damage.

Dr Lori Beth Bisbey, a sex and intimacy coach and psychologist, regularly sees couples who are experiencing SSD. Despite being happy in many other areas, they often feel the issue is ruining their relationship. It doesn't have to be this way. She says there are two key ways that partners can help. Firstly, they need to understand this isn't about their performance, or how attractive they are. Secondly, it's vital that they talk about it, and learn about the side effects in a compassionate way. Equally, the partner suffering from SSD should still initiate and find ways to be intimate and satisfy their other half. It's a balance that's vital to find. And communication is key.

Sexy talk

When it comes to sex, there are certain gendered stereotypes lodged deep in the back of so many of our minds. The aforementioned focus on penis-in-vagina. That men want it all the time. That we orgasm within seconds. That sex has to end in an orgasm. These ideas – and more – have remained since high school and are exacerbated by porn culture, so ingrained it can be hard to shake ourselves out of them. For men like myself, Dan and John, these preconceptions weigh us down, making us feel “less than” because

we don't fit into an ancient mould that's at odds with reality for most men today. And, in turn, our partners are told the same things, so when we don't initiate sex or reach orgasm, it can make them feel that there's something wrong with them, that they're doing something to cause this.

Of course, it's clear that, in general, straight men face the least problems in the world of sex. My issue of not being able to orgasm through penetrative sex is not out of the ordinary. Research conducted by Durex⁺ showed that almost 75% of women studied do not orgasm during sex, compared to 28% of men. This orgasm gap has only really come into public consciousness because we've started to talk about it. And as soon as I started opening up about my SSD, things became easier. Every partner I told was kind and we found a sex life that was enjoyable for all involved.

It also made me realise that somewhere along the way we've got it all wrong. Why do orgasms *have* to be the marker of successful sex? It was chasing them that made me anxious and afraid. But discussing it, and becoming able to enjoy sex in other ways has brought me hope – a hope that in the future I'll be able to lie in bed, never anxious, those painful memories of inadequacy as dim as mood lighting. One day, I'll get there. Even if it does take me a while. ♦



BEHIND THE SCENES

Kyle MacNeill

“Since I wrote this, the European Medicines Agency has recognised PSSD as a medical condition that can outlast the use of SSRIs. It's ace to see this being talked about, but it's made me more anxious of it happening to me, especially as I'm thinking of coming off my medication. But even if it does persist, I know I'm not alone.”