The first reports of enduring sexual side effects from serotonin reuptake inhibitors appeared in 2006 with further reports and the designation of these effects as a post-SSRI sexual dysfunction (PSSD) following. In 2013, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders was published. The section on Substance/Medication-Induced Sexual Dysfunction states:

“In some cases, serotonin reuptake inhibitor-induced sexual dysfunction may persist after the agent is discontinued.”

In 2018, Healy et al[[1]](#footnote-1) collated data regarding 219 cases of enduring sexual dysfunction after the cessation of serotonin reuptake inhibitors; in 8 of these cases symptoms persisted for over a decade, with the longest recorded case persisting for over 20 years. Symptoms included genital anaesthesia, orgasmic anhedonia, anorgasmia, erectile dysfunction, and hypoactive desire. A 2021 Freedom of Information request to the MHRA revealed that they have received 360 reports of SSRIs causing sexual dysfunction that persisted after the medication was stopped.[[2]](#footnote-2)

The enduring sexual side effects of SSRIs were recognised by the European Medicines Agency in 2019, after they received a petition outlining around 80 cases with supporting documents from 34 doctors. The Pharmacovigilance Risk Assessment Committee recommended new product information wording. ‘There have been reports of long-lasting sexual dysfunction where the symptoms have continued despite discontinuation of SSRIs/SNRI’ was added to the Summary of Product Characteristics and ‘Medicines like [Invented name] (so called SSRIs/SNRIs) may cause symptoms of sexual dysfunction. In some cases, these symptoms have continued after stopping treatment’ added to the package leaflet.[[3]](#footnote-3)

Diagnostic criteria for PSSD were outlined in 2022, with the necessary criterion of reduced tactile and erogenous sensation of the genitals.[[4]](#footnote-4) ‘Enduring inability to orgasm or decreased sensation of pleasure during orgasm’ is listed as an additional criterion. It is proposed that the unusual symptoms, genital anaesthesia and anhedonic orgasm, serve as markers that distinguish PSSD from other sexual dysfunctions that may be primarily of psychological origin.

1. [Healy D, Le Noury J, Mangin D. Enduring sexual dysfunction after treatment with antidepressants, 5α-reductase inhibitors and isotretinoin: 300 cases. Int J Risk Saf Med. 2018;29(3-4):125-134](https://rxisk.org/wp-content/uploads/2018/06/JRS744-2.pdf) [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/publications/freedom-of-information-responses-from-the-mhra-week-commencing-5-april-2021/freedom-of-information-request-on-adverse-sexual-dysfunction-reactions-to-ssri-use-foi-21-232> [↑](#footnote-ref-2)
3. <https://www.ema.europa.eu/en/documents/other/new-product-information-wording-extracts-prac-recommendations-signals-adopted-13-16-may-2019-prac_en.pdf#page=2> [↑](#footnote-ref-3)
4. [Healy D, et al. Diagnostic criteria for enduring sexual dysfunction after treatment with antidepressants, finasteride and isotretinoin. Int J Risk Saf Med. 2022;33(1):65-76](https://rxisk.org/wp-content/uploads/2022/02/jrs210023-1.pdf) [↑](#footnote-ref-4)