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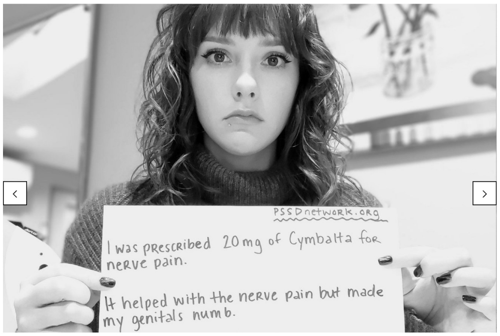
Post SSRI sexual dysfunction: 'I had no libido – my partner and I haven't had sex in over two years'

SSRI antidepressants can cause long-term sexual and emotional numbness for some, and sufferers are calling for greater awareness


PSSDnetwork.org
I was prescribed 20mg of Cymbalta for nerve pain.
It helped with the nerve pain but made my genitals numb.

Some users of SSRI antidepressants suffer sexual dysfunction known as PSSD. Photo: PSSD Network

Niamh Jiménez

Today at 03:30

"November 2017 was the point at which my whole world collapsed, and I remember it so well.

"It was when I finally realised that what I thought was just a temporary side effect could last forever," says Tom*, a 42-year-old IT worker living in Dublin.

Eleven years earlier, Tom — then a postgraduate student at Trinity College Dublin — was prescribed the antidepressant Lexapro for anxiety and mild depression.

Initially, Tom noticed that, while Lexapro eased his anxiety, it was taking him longer to orgasm and ejaculate.

But it was not until his GP increased his daily dose from 10mg to 20mg, prompted by an increase in work-related stress, that he experienced a "distressing" increase in his refractory period.

"It was taking me 24 hours, sometimes more, to get physically aroused again after sex, so my GP and I agreed I would start tapering off the drug.

"Once I was down to about 2.5mg, that's when things really started to worsen. By the time I was fully off the drug, I had no libido and almost a complete inability to get or maintain an erection.

"For me, I think of PSSD [Post-SSRI sexual dysfunction] as the loss of my sexuality. My girlfriend and I haven't had sex in over two years," Tom reveals.

> **"By the time I was fully off the drug, I had no libido and almost a complete inability to get or maintain an erection. My girlfriend and I haven't had sex in over two years"**

This is an experience shared by Simon Wright, a 33-year-old PSSD sufferer based in Nottingham.

When the former marketing executive, who is half-Irish, finished university in 2012, he was experiencing social anxiety in a new work environment and grief following his uncle's suicide.

Wright says: "I was prescribed [Citalopram (brand name Celexa), Sertraline (brand name Zoloft) and Venlafaxine (brand name Effexor)] from 2012 to 2022 and my symptoms [of sexual dysfunction] got worse over that time.

"Last year, I was trying to date again, and I noticed that when I was sleeping with a woman, I couldn't feel anything in my genitals.

"Now, it's gotten to the stage where I feel nothing in the presence of someone I might have previously found attractive. I have no physical response, and even the romantic side has been deleted."

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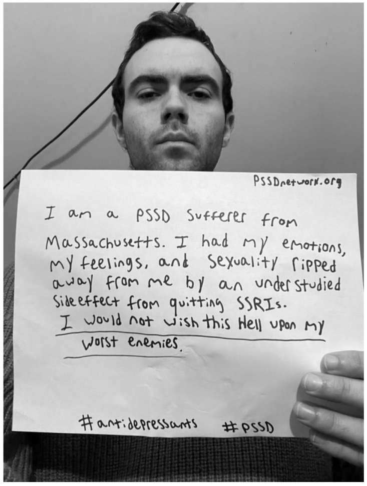
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I am a PSSD Sufferer from
Massachusetts. I had my emotions,
my feelings, and sexuality ripped
away from me by an understudied
sideeffect from quitting SSRIs.
I would not wish this Hell upon my
worst enemies.
#antidepressants #PSSD

Sufferers of PSSD are seeking to raise a greater awareness of the condition. Photo: PSSD Network

Wright, who tested positive for small fibre neuropathy this year, is actively involved in the PSSD Network, an online patient-led community. He was disturbed to find that some members prescribed SSRIs during their preteen or teen years reported the sense of having never sexually developed.

“I was going through puberty when I started taking [Sertraline]. I remember feeling myself develop in that way, and then the experience of it just being cut short, almost like a switch being flipped.

"Any sexual feelings I had just completely disappeared a few hours after taking the first pill,” says Rebekah Kane, a 23-year-old woman living in Glasgow.

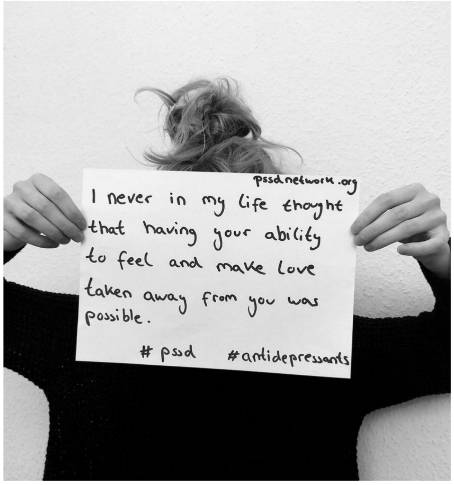
Originally prescribed Sertraline for OCD and anxiety at the age of 15, Kane says that, though she stopped taking the drug over two years ago, her PSSD symptoms have progressively worsened.

“Before, my body could react to touch and get aroused even if my brain wasn’t connected to it,” she says. “Now, it’s like there’s no arousal system. I couldn’t have sex physically if I tried.”

> **“Now, it’s like there’s no arousal system. I couldn’t have sex physically if I tried.”**

While sexual dysfunction, particularly genital numbness, is the hallmark of PSSD, those who experience it often report a constellation of symptoms, including emotional blunting and anhedonia or the inability to experience pleasure.

“I don’t get excited by anything anymore,” Wright says. “I feel like a completely different person. I’ve always been into cars, and I’ve completely lost interest. I can’t enjoy music or a cup of coffee or even feel the effects of alcohol.”



Sufferers often report a constellation of symptoms, including emotional blunting and anhedonia or the inability to experience pleasure. Photo: PSSD Network

Viewing sexuality as something that extends beyond the physical act of having sex, Tom perceives the loss of it as something that has eroded other facets of his personality.

He says: “For me, sexuality was part of my sense of humour, my identity, the clothes I wore. It’s like all of that has gone.

"If anything, I would also say that I’m just not as fun a person to be around as I was before PSSD. With the emotional blunting, sometimes I think, ‘How does my girlfriend put up with me?’.”

In addition to losing her sexuality, Kane says that she is now without the “emotional capacity” to connect to others, including friends and even family.

Devoid of any hobbies or interests, the severity of her symptoms has led Kane to drop out of university. Just a few days ago, she opened up about her PSSD to a psychiatrist—a disclosure which marked the end of seven years of silence.

“When I tried to explain to [the psychiatrist] what had happened to me, he was dismissive and irritated that I was speaking about it,” Kane says.

“He said it is quite possible that the symptoms I’m experiencing are from the SSRIs I was prescribed but told me not to speak about [the PSSD], saying that there is nothing he can do to help."

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In the face of medical disbelief and gaslighting, Kane reveals that many individuals on PSSD forums, including the PSSD reddit group — whose size has almost doubled in the last year to 8,500 members — are turning to drugs from the dark web in a bid to alleviate their symptoms.

While Tom recently experienced a partial return of sexual function by using an ADHD drug procured in this manner, the effects were short-lived.

According to Dr David Healy, a psychiatrist and psychopharmacologist from Dublin, such practices carry significant risks: "There are people who are going to give themselves serious injuries this way. That is why we need research to identify safe, effective treatments."

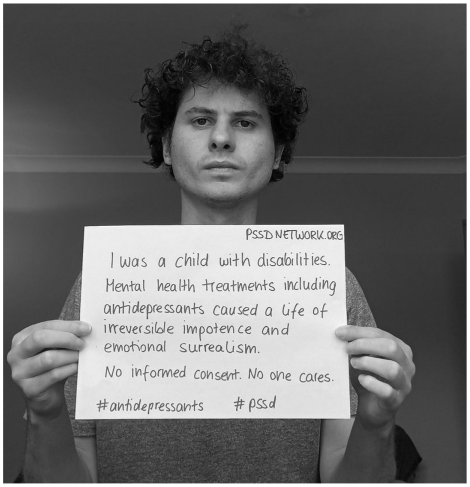
In the absence of any medical prognosis or available cure, the grief experienced by PSSD sufferers can be immense.

As Wright describes it: "You grieve three things. You grieve the life you could have had in the future, the life you have not been able to have in the past, and the actual [SSRI] injury itself."

This grief is often compounded by widespread disbelief and denial of the legitimacy of PSSD, with many sufferers opting to conceal their experiences owing to the stigma attached to sexual dysfunction.

For some, like Kane, who says that she can no longer feel either positive or negative emotions, grief is entirely absent.

She says: "In the beginning, I used to cry every day about what happened to me, but I can't cry now. I don't feel anger towards what happened to me, and I don't feel grief."


PSSD NETWORK.ORG
I was a child with disabilities.
Mental health treatments including antidepressants caused a life of irreversible impotence and emotional surrealism.
No informed consent. No one cares.
#antidepressants #pssd

Some people lose the "emotional capacity" to connect to others. Photo: PSSD Network

Despite causing what some researchers describe as "substantial and prolonged suffering, with devastating effects on quality of life," PSSD is relegated to the tiny print of SSRI packet inserts — documents often overlooked by doctors and their patients.

Healy emphasises that, in addition to developing a medical test for PSSD, it is crucial for medical professionals to offer patients informed consent by equipping them with adequate knowledge of the risks associated with antidepressant use.

"I specifically asked the doctor if it [Sertraline] was safe to take, and they said: 'Yeah, the worst that can happen is that you'll feel nauseous for a few weeks," Kane says.

Reflecting on her experience of PSSD following her initial withdrawal from the antidepressant at the age of 16, she says: "I felt violated."

While the burden of living with PSSD cannot be underestimated, there are glimmers of hope.

Engaged in the campaign for an increase in PSSD research, Simon's cautious optimism and determination for the restoration of his former self is palpable.

In the meantime, Tom holds tight to the value of gradual acceptance.

"During the early years, I had to give up my job, and honestly, I didn't see any point in continuing," he says. "Now my perspective has drastically shifted — just simple things like having a routine and focusing more on friendship have definitely improved how I am day-to-day.

"I'm still not happy but the really dark, devastating days have gone and I've been back working again for two years."

**Name changed at the request for anonymity.*

See pssdnetwork.org

Dr David Healy

An expert view on PSSD: ‘I have a hunch as to what might be causing it’

"I remember the first lady who walked into my clinic with post-SSRI sexual dysfunction (PSSD),” says Dr David Healy, a Dublin-born former professor of psychiatry at Bangor and Cardiff Universities in the UK and McMaster University in Canada.

“‘I’ve been on Lexapro,’ she said, ‘and I’m not able to make love the way I used to be.’ I told her that once she came off the drug, everything should revert to normal.

"She looked at me and said, ‘I have been off this drug for three months. I can take a hard bristled brush and rub it up and down my genitals and I still feel nothing’.”

PSSD is a condition in which symptoms of sexual dysfunction, including genital numbness, decreased libido, and pleasureless orgasms, persist after discontinuing a selective serotonin reuptake inhibitor (SSRI) or a serotonin and norepinephrine reuptake inhibitor (SNRI), each a class of antidepressant.

Genital numbness, according to Healy, is the key clinical criterion for diagnosing PSSD.

“Within 30 minutes of taking an SSRI, they make you genitally numb,” Healy reveals.

“You may not be aware of it, but if we test you, we can show that your genitals are more numb than they were before. They [drugs] have the same effect as rubbing lidocaine, a local anaesthetic, into a clitoris or penis.

“For lots of people, when they come off the drug, everything goes back to normal. But the mystery is the group of people who remain genitally numb; some are unable to function [sexually] for 20 years or more.”

The latest research on PSSD, published in the *Annals Of General Psychiatry* earlier this year, estimated that the risk for the condition was one in 216 patients (i.e. 0.46pc).

While precise figures for Ireland are not yet available, 8.3 million people in England and over 32 million adults in the US take antidepressants, which could amount to 38,180 cases in England and 151,400 cases in the US as a whole.

These are estimates which, according to Healy, may not accurately reflect the disorder’s true prevalence, due to exclusion of the large proportion of individuals who are unable to stop taking the drugs.

While research into the underlying biological mechanisms of the disorder remains in its infancy, Healy has a hunch as to where the problem lies.

“I suspect that the peripheral nerve endings in the skin are no longer functioning as they should,” he says.

In Healy’s view, the development of a medical test might also validate the disorder which, though it was first reported to UK and US regulators in 1991, did not receive medical recognition from the European Medicine Agency until 2019.

“The problem a lot of people have is they go to their doctor and they are disbelieved,” says Healy.

“If we had a test to show that the person’s peripheral nerve endings weren’t working right, that would change the discussion between the doctor and the patient.”

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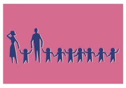

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