Antipsychotic induced sexual dysfunction - causes and management

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Abstract

Introduction: Sexual dysfunction (SD) is a potential side effect of antipsychotic drugs. Until a few years ago, these side effects were neglected and received mild attention by research teams. This was mainly due to the fact that most studies were directed towards the effects of the underling disease on patient's sexuality and that most patients, especially those suffering from schizophrenia, do not spontaneously report these side effects.

Objectives: This brief review, aims to analyse the current information concerning SD caused by antipsychotic treatment and the present management options.


Results: The mechanism of action leading to sexual dysfunction is complex and sometimes multifactorial. Several studies agree that all antipsychotic can compromise, up to certain extent, all phases of the sexual response cycle. Different hypotheses have been formulated to explain these side effects (dopaminergic antagonist action, increased prolactin secondary to dopaminergic antagonist action, blockage of alpha-adrenergic receptor, blockage of acetylcholine receptors, serotonin antagonist action, histamine antagonist action and the different receptor affinities among antipsychotics). In addition to direct pharmacological effects and endocrine dysfunction (e.g. increased prolactin levels), other pharmacological side effects including sedation, extrapyramidal effects and weight gain, can indirectly reduce sexual desire and lead consequentially to SD. In order to obviate the deleterious effect of antipsychotics on sexual function, several treatment options have been proposed like decreasing or switching to prolactin sparing antipsychotics (ariprazole, clozapine, olanzapine), the use of dopamine agonists or drugs with specific effects on sexual function such as phosphodiesterase inhibitors.

Discussion and Conclusions: It has been proven that SD can be a major cause for treatment noncompliance, and most studies agree that antipsychotic therapy may be responsible for SD. However, further research is needed to better understand the causes and factors linking antipsychotic use and sexual dysfunction. It is also important, to state the necessity, to enquire for SD symptoms and also to exclude other physical or psychiatric causes of SD in patients undertaking antipsychotic treatment.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org

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