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ABSTRACT

Most antidepressant and antipsychotic drugs have adverse sexual effects. The incidence of sexual dysfunction is underestimated. Research done on the subject are scanty.

This study attempts to detect the presence of sexual dysfunction, and the degree of their severity and that of patient's tolerance towards the dysfunction in patients attending a psychiatry follow up clinic.

This descriptive study was conducted at follow up clinics of Colombo South Teaching Hospital and National Hospital of Sri Lanka. 250 male patients who reported normal sexual functioning prior to prescription of psychotropics were interviewed using the Psychotropic Related Sexual Dysfunction Questionnaire (PRSexDQ), which includes questions about libido, ejaculation and erectile function.

Patients included were either on conventional antipsychotics, atypical antipsychotics, tricyclic antidepressants or selective serotonin reuptake inhibitors for at least 6 months.

Results

The overall prevalence of sexual dysfunction in male patients on psychotropic medication was 52.4%.

Sexual dysfunction was reported by 44.1% of those diagnosed as suffering from schizophrenia and 56% of those suffering from major depressive disorder.

In the study sample of those on conventional antipsychotics 48.6%, 47.4 on atypical, 51.7% on tricyclics and 41.7% on SSRI's reported sexual dysfunction.

The degree of severity of reduced libido, ejaculatory problems and erectile dysfunction varied from mild to severe in each of the drug groups considered.

47.4% of those between 43 to 55 years had been on treatment for over 5 years.

When duration of treatment increased from less than one year to between 1 to 5 years the percentage reporting sexual dysfunction increased from 37.9% to 52.8%.

The association between age of respondents and the duration of treatment was statistically significant.

63.8% of those reporting sexual dysfunction considered it unacceptable.

8.4% of respondents discontinued treatment due to the sexual dysfunction.

As a considerable proportion of patients on psychotropics reported sexual dysfunction on specific enquiry this should be assessed routinely during follow up of patients.