

Antidepressant use and genital numbness among sexual and gender minority youth

Post-SSRI/SNRI sexual dysfunction syndrome is a condition where people who use or have stopped using some antidepressants experience loss of sexual feeling and function. Genital hypesthesia (commonly referred to as genital numbness by patients) is a reliable indicator of PSSD prevalence.

What you need to know

- A survey 809 mostly 2S/LGBTQ youth* who had used SSRIs/SNRIs found that:
 - 13% of those who used antidepressants experienced genital numbness compared to less than 1% of those who used other mental health drugs.
 - People who used antidepressants had 14 times the odds of having genital numbness after the treatment stopped, compared to those who used other mental health drugs**.
- PSSD symptoms can start while on medication or after stopping use,
- The duration of symptoms can be unpredictable; they can stop with time or last for years,
- PSSD can really hurt a person's ability to form relationships and can lower their quality of life, leading to disability in some cases.



Safety Report

Health Canada issued a safety report warning that “Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) may cause long-lasting sexual dysfunction that can persist despite discontinuation of the drug”.

Why you need to know about PSSD

- You may be the only person who can tell the patients about this risk of harm when using SSRIs/SNRIs,
- You will help other professionals and patients to recognize PSSD and access therapy,
- You can help monitor the adverse effects SSRIs/SNRIs can cause.



What you can do

- Be aware of possible ongoing sexual health consequences SSRIs/SNRIs can cause,
- Be transparent about possible risk of irreversible adverse effects of SSRIs/SNRIs.
- Offer alternative treatments to your patients, especially those who are younger or whose sexual functioning is important to their identity.
- Remember that PSSD is a complex, under-researched, and under-reported syndrome.

We need more research expanding upon our efforts to estimate PSSD prevalence. We also need increased surveillance and industry regulation to avoid harms to all patients, and prevent further health problems among those with mental illness, and marginalized populations.

*We included past users of psychiatric drugs and excluded those who had reported surgeries involving the genital area, including hysterectomy, and participants without sexual experience.

** Variables: Sedatives, antipsychotics, gender-affirming hormone treatment, age, sex, and PHQ-9 Category.

Source: Pirani Y, Delgado-Ron JA, Marinho P, Gupta A, Grey E, Watt S, MacKinnon KR, Salway T. Frequency of self-reported persistent post-treatment genital hypoesthesia among past antidepressant users: a cross-sectional survey of sexual and gender minority youth in Canada and the US. *Soc Psychiatry Psychiatr Epidemiol.* 2024 Sep 20. doi: 10.1007/s00127-024-02769-0. Epub ahead of print. PMID: 39302425.

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You can diagnose PSSD if:

- Someone was treated with antidepressants and stopped, and also
- Has change in tactile or sexual genital sensation three months after the end of treatment.

You can rule out PSSD if:

- Someone had experienced the listed symptoms before taking antidepressants, and/or
- Has underlying medical conditions or substance use that could cause the listed symptoms.