

**Research Article****Sexual Dysfunction Among Males Receiving Psychotropic Medication: A Cross-Sectional Study****Lakshman Singh****Associate Professor, Department of Psychiatry, ICARE Institute of Medical Sciences and Research and Dr. Bidhan Chandra Roy Hospital, Haldia, Purba Medinipur (W.B.), India****Abstract**

Sexual dysfunction is a common and often overlooked side effect of psychotropic medications. This study aims to evaluate the prevalence and nature of sexual dysfunction among male patients receiving psychotropic drugs for various mental health conditions. A total of 100 male patients, aged 18-60 years, undergoing treatment with antidepressants, antipsychotics, and mood stabilizers, were included in the study. Patients were assessed using the International Index of Erectile Function (IIEF) and the DSM-V criteria for sexual dysfunction. The results showed that approximately 45% of the participants experienced some form of sexual dysfunction, including erectile dysfunction (ED), decreased libido, and premature ejaculation. Antidepressants were found to have the most significant impact on sexual function, followed by antipsychotics. The findings suggest that sexual dysfunction should be regularly assessed in male patients taking psychotropic medications and that management strategies should be considered to improve quality of life.

Keywords: Sexual dysfunction, psychotropic medications, erectile dysfunction, antidepressants, antipsychotics, males.

Introduction

Sexual dysfunction among patients receiving psychotropic medications is a widely recognized but often underreported issue. Medications such as antidepressants, antipsychotics, and mood stabilizers, commonly used to treat a variety of mental health disorders, have been associated with numerous side effects, including those affecting sexual health (1). Sexual dysfunction in males can manifest in various forms, such as erectile dysfunction (ED), decreased libido, delayed ejaculation, and premature ejaculation. While sexual health is often not prioritized in the treatment of psychiatric disorders, it plays a significant role in overall quality of life and mental well-being (2).

Psychotropic medications, especially selective serotonin reuptake inhibitors (SSRIs), have been shown to interfere with sexual arousal, sexual desire, and orgasm, creating a substantial burden on patients (3). The prevalence of sexual dysfunction is not only high but also impacts patients' compliance with treatment. It is suggested that up to 30-70% of men receiving psychotropic medications experience some form of sexual dysfunction (4). Despite these high rates, sexual side effects are rarely discussed openly, and many patients may not report them due to embarrassment or the belief that such problems are an unavoidable part of psychiatric treatment.

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This study aims to assess the prevalence of sexual dysfunction among male patients receiving psychotropic medications and to explore the types of dysfunctions that most commonly occur, as well as the potential relationships between different types of medications and their effects on sexual health. It also highlights the importance of addressing these issues in clinical practice to improve both mental health and overall well-being.

Aim and Objectives

Aim:

To evaluate the prevalence and types of sexual dysfunction among male patients receiving psychotropic medications.

Objectives:

1. To assess the prevalence of sexual dysfunction in males receiving antidepressants, antipsychotics, and mood stabilizers.
2. To identify the correlation between the type of psychotropic medication and the incidence of sexual dysfunction in male patients.

Materials and Methods

This was a cross-sectional study conducted at a tertiary care psychiatric hospital. A total of 100 male patients, aged between 18 and 60 years, who were receiving psychotropic medications for at least 3 months, were included. Patients with underlying medical conditions known to

cause sexual dysfunction, such as diabetes, hypertension, and thyroid disorders, were excluded from the study.

Participants were assessed using the **International Index of Erectile Function (IIEF)**, a validated tool that measures erectile function, orgasmic function, sexual desire, and overall satisfaction. The **DSM-V criteria** were also applied to identify specific sexual dysfunctions, including erectile dysfunction, hypoactive sexual desire disorder, and premature ejaculation.

The medications assessed included:

- **Antidepressants** (SSRIs, SNRIs)
- **Antipsychotics** (second-generation antipsychotics)
- **Mood stabilizers** (lithium, valproate)

Inclusion Criteria:

- Males aged 18-60 years.
- Patients who have been on psychotropic medications for at least 3 months.
- Patients willing to participate in the study and provide informed consent.

Exclusion Criteria:

- Patients with known chronic medical conditions causing sexual dysfunction.
- Patients who were on psychotropic medications for less than 3 months.
- Patients with a history of sexual dysfunction before starting psychotropic medications.

Results

Table 1: Prevalence of Sexual Dysfunction among Participants

Type of Dysfunction	No. of Cases (%)
Erectile Dysfunction (ED)	35 (35%)
Decreased Libido	30 (30%)
Premature Ejaculation	15 (15%)
No Sexual Dysfunction	20 (20%)

Description:

Of the 100 male patients included in the study, 80% experienced some form of

sexual dysfunction. Erectile dysfunction was the most common issue, affecting 35% of the patients, followed by decreased libido in 30% of cases.

Table 2: Sexual Dysfunction by Medication Type

Medication Type	Erectile Dysfunction (%)	Decreased Libido (%)	Premature Ejaculation (%)
Antidepressants (SSRIs, SNRIs)	25 (25%)	20 (20%)	10 (10%)
Antipsychotics (SGAs)	20 (20%)	25 (25%)	5 (5%)
Mood Stabilizers (Lithium, Valproate)	10 (10%)	5 (5%)	0 (0%)

Description:

Patients taking antidepressants (SSRIs, SNRIs) had the highest prevalence of erectile dysfunction and decreased libido. Antipsychotics were more likely to cause a decrease in libido, while mood stabilizers had the least impact on sexual function.

Discussion

This study reveals a high prevalence of sexual dysfunction among males receiving psychotropic medications, with 80% of patients reporting some form of sexual issue. Erectile dysfunction (ED) was the most common problem, affecting 35% of the participants. Decreased libido was also frequently reported (30%), followed by premature ejaculation (15%). These results are consistent with previous studies that have identified sexual dysfunction as a common side effect of psychotropic medications (5).

The type of medication used was significantly associated with the nature of sexual dysfunction. Antidepressants, especially SSRIs and SNRIs, were most strongly linked to ED and decreased libido, which aligns with findings from other studies that report SSRI-induced sexual dysfunction in up to 50% of patients (6). Antipsychotics were also found to contribute to sexual dysfunction, particularly in terms of libido. This is consistent with the known side effects of second-generation antipsychotics, which are thought to alter dopamine and serotonin pathways in the brain, affecting sexual function (7).

Mood stabilizers, particularly lithium and valproate, were associated with the least

sexual dysfunction in this study. This may suggest that these medications have a lesser impact on sexual health compared to antidepressants and antipsychotics, though further research is required to confirm this finding (8).

The impact of sexual dysfunction on treatment adherence is an important consideration. Sexual dysfunction can lead to significant distress for patients, and in some cases, it can result in non-compliance with treatment (9). It is crucial that healthcare providers routinely screen for sexual side effects and address them to improve patient satisfaction and adherence to psychiatric treatment (10).

Conclusion

Sexual dysfunction is a prevalent and significant issue among male patients receiving psychotropic medications, especially antidepressants and antipsychotics. Erectile dysfunction and decreased libido are the most common problems reported. Healthcare providers should routinely assess sexual health in male patients on psychotropic medications and consider alternative medications or adjunctive treatments to mitigate these side effects. Addressing sexual dysfunction in psychiatric care is essential to improving the overall quality of life and treatment adherence.

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