

P03-85

FREQUENCY OF SEXUAL DYSFUNCTION RELATED TO DIFFERENT ANTIDEPRESSANTS. RESULTS FROM A MULTICENTRIC PRAGMATIC STUDY IN 2000 PATIENTS IN SPAIN: THE SALSEX-I STUDY

S. Majadas¹, A.L. Montejo², A.I. Hernandez³, J. Calama³, SALSEX-I Project Working Group
¹Spanish Association of Sexuality and Mental Health (AESexSAME), Department of Psychiatry, Faculty of Medicine, University of Salamanca, ²Psychiatry, University Hospital of Salamanca. University of Salamanca, ³Service of Psychiatry, University Hospital of Salamanca, Salamanca, Spain

Introduction: Antidepressant-related sexual dysfunction (ADr-SD) is a frequent and underestimated adverse event that may lead to medication non-adherence.

Study aim: To explore ADr-SD in regular clinical practice.

Objectives:

1. To establish the prevalence of sexual dysfunction (SD) in patients following antidepressant treatment.
2. To compare ADr-SD between different antidepressants.

Methods: Cross-sectional multicentric naturalistic study. Patients in antidepressant treatment from at least two months before inclusion without previous SD were included. SD was evaluated with the specific questionnaire PRSexDQ (SALSEX, Montejo 2001).

Results: 1988 out of 2000 patients recruited resulted eligible for the analysis. According to PRSexDQ criteria, most of the antidepressants recorded in the sample (venlafaxine, duloxetine, escitalopram, citalopram, paroxetine, fluoxetine, fluvoxamine, sertraline and clomipramine) were associated to high rates of moderate to severe SD (>70%), with the exception of bupropion (39.6%) and mirtazapine (44.4%). Orgasm delay and reduced libido were the most affected areas of sexual function in all cases. Based on PRSexDQ mean global score bupropion and mirtazapine were associated to a lesser extent of SD vs. the other antidepressants ($p < 0.01$). Some risk of discontinuing treatment was showed by 8.5%-23.6% of patients presenting SD, depending on the antidepressant.

Conclusions: These results stress the relevance of SD related to most of the antidepressants, showing both bupropion and mirtazapine a better profile regarding this adverse event. Given that ADr-SD may lead to medication non-adherence, individual patient's perception of sexual life and the profile of each antidepressant regarding SD should be considered by clinicians before initiating any antidepressant treatment.