

Sexual and relational dysfunctions in people with schizophrenia

A.L. Montejo¹, S. Majadas¹, L. Montejo-Egido²

¹Psychiatry, University of Salamanca, Salamanca, Spain ; ²Neuroscience, Ibsal, Salamanca, Spain

Sexual and emotional/relational dysfunctions are commonly associated to some treatment of severe mental illness (bipolar disorder and schizophrenia) mainly antipsychotic-related hyperprolactinaemia. Unfortunately these dysfunctions are present during the long term after the antipsychotic onset to provide continued symptom control and enable recovery. Many patients with schizophrenia, mainly young males, consider impairment of sexual function as one of the most important adverse effects together with extrapyramidal symptoms, weight gain, and sedation. Unfortunately many patients may consider this drug-induced impairment of sexual function unacceptable influencing strongly the compliance. Hyperprolactinemic antipsychotics like haloperidol, risperidone, paliperidone and amisulpride are more likely associated with this adverse event. Nevertheless aripiprazole, quetiapine, ziprasidone, clozapine and olanzapine are not related to sexual dysfunction and should be first election in these patients.

Recent studies (Montejo 2010) shows that sexual, emotional and personal relationships are highly relevant in at least 65% of patients suffering Schizophrenia as much as the control group of normal population. Many patients have few information about sexual education and there's a lack of appropriate interviews with their psychiatrist in this topic. Love and emotional stable relationships could definitively contribute to normalize their lives.

Given that patients taking some antipsychotics may experience poorly tolerated side effects, it is therefore important to tailor treatment to the individual with respect to efficacy and tolerability, and to manage any treatment-emergent side effects adequately in order to facilitate compliance and achieve the best possible outcomes.