

tends to be state related in depression and when out of phase with the clinical picture strongly predicts prognosis. As noted by Dinan, cortisol hypersecretion often normalises before clinical recovery and this HPA alteration may be a newly recognised mechanism of action of antidepressant drugs. Correction of the glucocorticoid level may produce reversal of some neuroanatomical, cognitive and depressive features and as a result the role of steroid manipulation in the treatment of affective disorders is being explored.

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SSRIs to treat sexual dysfunction

SIR: Power-Smith (*BJP*, February 1994, **164**, 249–250) recommended a beneficial role for fluoxetine in the treatment of erectile failure and sexual dysfunction. It was suggested that further investigation of the role of serotonin specific reuptake inhibitors (SSRIs) may usefully add to the understanding of sexual dysfunction as well as being for many a more acceptable form of treatment than existing options.

In support, we report a case in which Paroxetine, another SSRI, was prescribed primarily to treat a patient with premature ejaculation with dramatic effect.

F, a 29-year-old married man, was referred with severe premature ejaculation dating from adolescence associated with erectile failure. Treatment from another sexual dysfunction clinic three years previously had been unsuccessful, the couple being unable to adhere to the Masters & Johnson approach prescribed at the time. Following his re-referral, the patient, as well as his wife, were negative about attempting the sensate focus programme in view of their previous failure. Considerable marital difficulties had intervened to compound the sexual dysfunction since the initial referral and the high level of frustration, anger and resentment was considered to be a serious obstacle to a behavioural approach. It was therefore decided to commence the patient on 20 mg paroxetine daily in view of its known effect in retarding ejaculation as well as its low frequency of other side-effects. At the follow-up appointment four weeks later, a dramatic improvement was noted in the patient's symptoms, with both partners expressing their delight at the result associated with a significant improvement in their relationship.

Power-Smith's report describes two elderly patients, both of whom had been initially commenced on fluoxetine for its antidepressant effect. The secondary benefit of retarded ejaculation for these patients was only appreciated following its discontinuation. In our experience, paroxetine maintains this benefit, despite a shorter half-life than fluoxetine, if prescribed on alternate days.

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