AS01-02 - THE IMPACT OF PSYCHIATRIC DISORDERS ON SEXUAL DYSFUNCTION: AN UPDATE

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Sexual dysfunction is prevalent among psychiatric patients and may be related to both the psychopathology and the pharmacotherapy. Schizophrenia, affective disorders, anxiety disorders, eating disorders and personality disorders - all have a substantial impact on sexual function. The negative symptoms of schizophrenia limit the capability for interpersonal and sexual relationships. The first-generation antipsychotics cause further deterioration in erectile and orgasmic function. Due to their weak antagonistic activity at D2 receptors, second-generation antipsychotics are associated with fewer sexual side-effects and thus may provide an option for schizophrenia patients with sexual dysfunction. Depression and anxiety are a cause for sexual dysfunction that may be aggravated by antidepressants, especially the selective serotonin reuptake inhibitors (SSRIs). The SSRI-induced sexual dysfunction may be overcome by lowering doses, switching to an antidepressant with low propensity to cause sexual dysfunction (bupropion, mirtazapine, nefazodone, reboxetine), addition of 5HT2 antagonists (mirtazapine, mianserin) or co-administration of 5-phosphodiesterase-inhibitors. Eating disorders and personality disorders, mainly borderline personality disorder, are also associated with sexual dysfunction. The sexual dysfunction in these cases stems from impaired interpersonal relationships and may respond to adequate psychosexual therapy. It is mandatory to identify the specific sexual dysfunction and to treat the patients according to his/her individual psychopathology, current pharmacotherapy and interpersonal relationships.

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