

JORDAN RULLO: Hi. I'm Dr. Jordan Rullo. I'm a board certified clinical health psychologist. I'm also a certified sex therapist. I work here as the clinical health psychologist and sex therapist in the Women's Health Clinic here at Mayo Clinic in Rochester. I'm super excited to talk with you today about a recent publication in *Mayo Clinic Proceedings* entitled "Antidepressant Induced Female Sexual Dysfunction." And I'm one of three authors on this paper. Few really important pieces about this paper that I'd love to share with you.

First, we know that about one in six women in the United States is on an antidepressant. And antidepressants are major culprits of sexual dysfunction, sexual dysfunction side effects. We know the most common sexual side effects for women are difficulty with sexual desires, so low sexual desire, difficulty with sexual arousal, and orgasmic difficulty. A tricky piece of this is these side effects appear about one to three weeks after the patient starts taking the medication. So within one to three weeks, she's experiencing these sexual side effects and not getting any benefit of the medication at that point. It takes about two to four weeks to get the benefit of the medication.

Because of this discrepancy in the amount of time to feel benefit, we know that about 15% of women-- or at least according to one study-- about 15% of women just stopped taking their antidepressant because of these sexual side effects. And half of those women didn't even tell their provider why they stopped. It's really important as a provider that you know how to treat these patients that you're seeing, these women, how to treat their sexual side effects. Because these are very treatable. There are a number of options.

Most importantly, before you put a patient on an antidepressant, or if you start seeing a patient who's already on an antidepressant ask if she's experiencing any sexual concerns. Do a really brief assessment. And there's a couple easy ways to do this. First is just to simply ask one question, do you have any sexual health concerns. And that's my favorite question to ask. Just one question. Do you have any sexual health concerns? And then at each follow up visit asking, have you had any bothersome sexual health changes. So asking at the beginning, at the onset, and then at each subsequent visit.

And the reason that's important is we know that depression in and of itself can cause sexual dysfunction. So you may have a patient coming in and she's already experiencing sexual dysfunction and she gets on the medication. And then she blames the sexual dysfunction on the medication. But in fact, she was experiencing that sexual dysfunction before she even got on the antidepressant. But if you take that assessment data at the beginning point of putting her on the medication, you can look back at that when she returns for her next visit and say, oh, wait actually, this is where it was before you came in and surprisingly, it's even better than it was now. So being able to give your patients some actual data to show how the sexual function is changing.

We also know from one study that the reduction in depression, even if patients on an antidepressant that causes sexual side effects, the power of that reduction of depression can make it so the sexual function gets better, even if she's on an antidepressant. So doing that assessment is really important to give your patient information and to give you good information. In addition to the assessment, another really important piece is letting your patient know that if she is experiencing sexual side effects, there is treatment. There is treatment. There are many different options.

Most common pharmacological options are going to be augmenting the antidepressant that she's already on, for example, adding bupropion. Another option would be reducing the dose or switching to a different antidepressant that's known to have less sexual side effects. There are a number of behavioral options. Let's say you're talking to a patient that has low sexual desire. We actually know that having your patient attempt sexual activity a few times a week can increase her sexual desire.

Let's say you're talking to a patient who is having difficulty with sexual arousal. We actually know that one study showed that exercising, moderately intense exercise three times a week, preferably right before sexual activity, actually increases that sexual arousal. Patient having orgasmic difficulties, recommending a vibrator. And then finally there are some other options like nutraceuticals, like saffron, maca root, or acupuncture. The bottom line, there are a number of different behavioral interventions, other interventions, pharmacological interventions that you can share with your patient if they're experiencing sexual side effects. This is very treatable. Thank you so much for listening to this video and for reading the article. And thanks so much.

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