Post-SSRI Sexual Dysfunction (PSSD)

Key Information for Patients

What is Post-SSRI Sexual Dysfunction (PSSD)?

Post-SSRI Sexual Dysfunction, PSSD refers to sexual problems that begin during or after taking an antidepressant and continue even after stopping it. This is different from common side effects of antidepressants, which usually go away once the medication is stopped.[1,2]

PSSD can affect people of any gender, orientation, or body. Some people report a complete loss of sexual function. There is no proven cure yet, research is ongoing.[3,4,5]

Which medications can be linked to PSSD?

PSSD has been reported after the use of[4]:

- **SSRIs** (Selective Serotonin Reuptake Inhibitors) for example fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), fluvoxamine (Luvox), vortioxetine (Trintellix), escitalopram (Lexapro).
- **SNRIs** (Serotonin-Norepinephrine Reuptake Inhibitors) for example venlafaxine (Effexor), duloxetine (Cymbalta)
- **TCAs** (Tricyclic antidepressants) for example imipramine, nortriptyline, amitriptyline, clomipramine.
- **Other antidepressants.** there are reports of mirtazapine being linked to PSSD.

PSSD can occur after a few doses or after long-term use of these antidepressants. It does not depend on the dose.[6]

Common symptoms

Sexual symptoms

These symptoms may include[3,6,7]:

- Numbness or reduced sensation in the genitals
- Reduced sensitivity in other sexually sensitive areas (such as nipples)
- Low sexual desire or reduced response to sexual touch or images
- Vaginal dryness
- Difficulty reaching orgasm, muted or absent orgasm
- Erectile dysfunction, premature or delayed ejaculation, loss of morning erections

Non-sexual symptoms

These symptoms may include[3,4,5]:

- Emotional blunting or feeling "numb"
- Reduced ability to feel pleasure or motivation
- Trouble with memory or thinking clearly, brain fog
- Sensory changes. Skin, vision, taste, or smell may feel different

Symptom patterns

Some people have "windows" when symptoms improve, and "crashes" when symptoms get worse again. This can follow a dose change or happen without a clear trigger. Others have steady symptoms.

Who is at risk?

Anyone who takes an SSRI, SNRI, or certain tricyclics antidepressants can develop PSSD. It may occur regardless of how long the medication is used or the dose taken.[6,8] People who started antidepressants in adolescence may not recognize a change because they lacked a baseline for comparison, and in some cases may be misidentified as asexual.[9]

How common is PSSD?

The exact frequency is unknown. Some studies suggest it is more common than once thought and it is likely underreported.[8] Some people may not connect their symptoms to past antidepressant use,or may feel uncomfortable discussing sexual health concerns. More research is needed.

Management and self-care strategies

Medical care

- Discuss medicine options with your prescriber. Examples include a dose change, a switch to a different antidepressant, or an add-on strategy. Evidence for PSSD is limited. Decisions are individual and based on risks and benefits for your mental health.
- Ask about tests or referrals to rule out other causes. Possible referrals include sexual medicine, pelvic health physiotherapy, urology, gynecology, endocrinology, neurology, or rheumatology.
- Bring your symptom log and relevant medical literature to your appointment, as some providers may not be familiar with PSSD.
- Report your symptoms to **Health Canada**

Ways to improve sexual function

Low risk options many people find helpful[10]:

- Mindfulness and cognitive-behavioural therapy. CBT can't cure PSSD but may reduce negative feelings, improve self-esteem and challenge maladaptive beliefs around sex. Mindfulness training and sex therapy with sensate focus can help partners re-establish intimacyVibrators and vacuum devices to increase sensation or blood flow
- Pelvic floor physiotherapy to strengthen pelvic floor muscles
- Communicate openly with your partner. Couples who set aside time for sex and talk about their desires and dislikes often maintain a stronger emotional connection. Writing down fantasies or underlining helpful passages in self-help materials can help partners share turn-ons when direct conversation is difficult
- Regular exercise like aerobic and strength training boost cardiovascular health and testosterone, improve self-image and mood, and can increase genital arousal.
- Support groups or online communities for validation and shared experiences.

  Be cautious: Some forums contain misinformation, unsafe "treatments," or harmful content, including suicide encouragement. Critically assess what you read online.
- Manage stress and get enough sleep.
- Chronic stress constricts blood vessels and reduces libido; relaxation techniques such as mindfulness, meditation or journaling, along with 7–9 hours of sleep, support hormonal balance and sexual interest.
- Avoid unproven remedies you see online.

What to do next?

1. **Book a visit with your healthcare provider.**
2. **Ask your provider to rule out other causes.** For example, hormones, nerves, pelvic floor, other medicines, health conditions.
3. **As your provider questions such as:**

   "Could any other condition explain my symptoms?"

   "Which tests or referrals do I need?"

   "What are the options for medicine changes, and what are the trade-offs?"

   "What can I try now to help sensation, arousal, or orgasm difficulties?"

   "How will we follow up and track change?"
4. **Do not change or stop any medicine on your own.** Sudden changes can cause withdrawal or a return of mood symptoms. Talk with your prescriber about any change.
5. **Bring notes on your symptoms to the appointment:** You can use the template below to document your symptoms and bring it to your visit. Write your top three concerns. What matters most to you right now.

Symptom Tracking Worksheet

Date	**Main Symptom(s) Today**	**Severity** *(0–10)*	**Impact on Daily Life** *(low/medium/high)*	**Notes** *(mood, stress, medication changes)*

Top 3 concerns to discuss with my provider

1.	
2.	
3.	

How to report a side effect in Canada

- Report your symptoms to regulatory agencies, such as **Health Canada Adverse Event Reporting**. For product select “Drugs”, then select “Consumer”, followed by “Report a side effect” and complete the form.
- Ask your clinician to submit a report too if possible.

Resources

- **PSSD Canada:** patient-run support and awareness organization
- The **PSSD Network** is a patient-run global advocacy and support organization dedicated to raising awareness, advancing research, and providing resources for people affected by PSSD.
- BC Centre for Disease Control: **PSSD Information Sheet**
- **INIDA: Iatrogenic Neuroimune Disease Association**

Crisis support

If you have thoughts of self-harm or feel unsafe, call local emergency services or a crisis line immediately.

You are not alone. Many people with PSSD report feeling unseen at first, then find validation and better support over time. Awareness and research are growing.

This handout will be updated as new evidence emerges.

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