

# 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.<sup>1,2</sup>

Some people report a complete loss of sexual function. There is no proven cure yet, research is ongoing.<sup>3,4,5</sup>

### Which Medications Can Cause PSSD?

PSSD has been reported after the use of<sup>4</sup>:

- **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)
- **TCA**s (Tricyclic antidepressants) for example imipramine, nortriptyline, amitriptyline, clomipramine.
- **Other antidepressants.** there are reports of mirtazapine being linked to PSSD.

PSSD can occur after only a few doses or after long-term use. It does not depend on the dose.<sup>6</sup>

### Common Symptoms

#### Sexual symptoms<sup>3,6,7</sup>

- 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 stimuli
- Vaginal dryness
- Difficulty reaching orgasm, muted or absent orgasm
- Erectile dysfunction, premature or delayed ejaculation, loss of morning erections

#### Non-Sexual Symptoms<sup>3,4,5</sup>

- Emotional blunting or feeling “numb”
- Reduced ability to feel pleasure, motivation, or reward (anhedonia)
- Cognitive problems (memory issues, brain fog, learning difficulties, lack of mental imagery)
- Sensory problems (changes in skin, vision, taste, and smell)

#### Symptom patterns

Some people notice “windows” (temporary improvement of symptoms) and “crashes” (sudden worsening of symptoms). These changes may follow dose changes or occur without a clear trigger. Others experience stable, ongoing symptoms.



## Who is at Risk?

Anyone who takes an SSRI, SNRI, or certain tricyclic antidepressants can develop PSSD. It may occur regardless of how long the medication is used or the dose taken.<sup>6,8</sup> 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.<sup>9</sup>

## How Common is PSSD?

The exact frequency is unknown. Some studies suggest it is more common than once thought and often underreported.<sup>8</sup> Many people may not connect their symptoms to past antidepressant use, or may feel uncomfortable discussing sexual health concerns. More research is needed, but PSSD should not be dismissed as rare.

## Managing PSSD

There is no established treatment for PSSD at this time, but several strategies may help manage symptoms.<sup>10</sup>

### Healthcare Support.

- Ask for testing to rule out other causes of sexual dysfunction.
- Request referrals to sexual health specialists, neurologists, rheumatologists, urologists, or endocrinologists.
- Bring a symptom log and relevant medical literature to your appointment, as some providers may not be familiar with PSSD.
- Report symptoms to [Health Canada](#)

### Emotional and Social Support.

- Counselling or psychotherapy for coping, grief, and adjustment.
- 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.
- Lifestyle changes. Regular exercise, healthy routines, hobbies, social connection, time in nature, or with animals
- Advocacy. Raising awareness or participating in patient initiatives may help channel frustration into constructive action

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

## What You Can Do

- Report your symptoms to regulatory agencies, such as [Health Canada Adverse Event Reporting](#)
- Contribute your story to awareness efforts (e.g. through [PSSD Canada](#), [PSSD Network](#))
- Support or participate in fundraising for research



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## 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 Neuroimmune Disease Association**

**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.

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