

P01-111

TREATMENT EMERGENT SEXUAL DYSFUNCTION RELATED TO ANTIDEPRESSANTS: A META-ANALYSIS

A. Chiesa¹, A. Serretti², R. Calati³, D. De Ronchi⁴

¹*Institute of Psychiatry, University of Bologna*, ²*University of Bologna*, ³*University of Applied Sciences Psychiatry*, ⁴*University of Bologna, Bologna, Italy*

Objective: Sexual dysfunction is an important under-estimated side effect of antidepressant drugs. Patients, in fact, if not directly questioned, tend to scarcely report them. Thus, the aim of the present meta-analysis is to quantify sexual dysfunction caused by antidepressants on the basis of studies where sexual functioning was purposely investigated through direct inquiry and specific questionnaires.

Methods: A literature search was conducted using Medline, Isi web of Knowledge and references of selected articles. Selected studies performed on patients without previous sexual dysfunction were entered in the Cochrane Collaboration Review Manager Software (RevMan version 4.2). Our primary outcome measure was the rate of total treatment emergent sexual dysfunction. Our secondary outcome measures were the rates of treatment emergent desire, arousal and orgasm dysfunction.

Results: Our analyses indicated significantly higher rates of treatment emergent sexual dysfunction as well as specific phases dysfunction compared to placebo for the following drugs: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, clomipramine, imipramine and phenelzine, whereas no significant difference with placebo was found for the following antidepressants: amineptine, bupropion, moclobemide, mirtazapine and nefazodone. Nonetheless sufficient evidences (>100 subjects) are available only for bupropion, citalopram, fluoxetine, paroxetine, sertraline and venlafaxine.

Discussion: Present evidence on treatment emergent sexual dysfunction caused by antidepressant is sufficiently studied only for few drugs. Furthermore some statistical limiting assumptions, as the inclusion of open label or small studies and the presence of an evident publication bias, could reduce the significativity of our findings. Thus, treatment emergent sexual dysfunction should be more deeply investigated.