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MANAGING STRATEGIES FOR ANTIDEPRESSANT-RELATED SEXUAL DYSFUNCTION. RESULTS FROM A MULTICENTRIC, PRAGMATIC STUDY WITH 2000 PATIENTS IN SPAIN: THE SALSEX-I STUDY

A.L. Montejo¹, S. Majadas², J. Calama³, A.I. Hernandez³, SALSEX-I Project Working Group

¹Psychiatry, University Hospital of Salamanca, University of Salamanca, ²Spanish Association of Sexuality and Mental Health (AESexSAME), Dpto. Psiquiatría y Psicología Médica, Facultad de Medicina, Universidad de Salamanca, ³Service of Psychiatry, University Hospital of Salamanca, Salamanca, Spain

Introduction: Antidepressant-related sexual dysfunction (ADr-SD) is the most frequent and long-lasting adverse event, often underestimated and rarely spontaneously communicated. Strategies to manage it haven't been explored to date.

Study aim: To explore ADr-SD clinical management in regular practice.

Objectives:

1. To establish the prevalence of SD in patients following antidepressant treatment.
2. To describe the therapeutic interventions used when SD is detected.

Methods: Cross-sectional, multicentric and naturalistic study. Patients taking antidepressant for at least two months without previous SD were included. SD was evaluated with the specific questionnaire PR-Sex-DQ (SALSEX, Montejo et al 2001).

Results: 1988 out of 2000 patients recruited resulted eligible for the analysis. According to PRSexDQ scores SD was present in 87.5% of the sample. Only 44.2% communicated it spontaneously. 66.2% reported regular to poor tolerance of SD and 19.6% had thought about discontinuing treatment due to it. Regarding the therapeutic interventions used for managing ADr-SD, waiting for its spontaneous remission was the most frequent strategy reported (36.8%), followed by changing the antidepressant (32.5%) and reducing the dosage (18.5%); 5% chose "weekend holidays", 4% discontinued the antidepressant, 2.5% associated another antidepressant and 1.3% added a 5-phosphodiesterase inhibitor. Bupropion and mirtazapine were the antidepressants most frequently selected for the switching and association strategies.

Conclusions: These results study highlight the high rates of SD related to antidepressants and its potential association with non-adherence to treatment. Despite this unfortunately clinicians do prefer to wait rather than performing any active strategy to manage this adverse event.