Drug-Induced Sexual Dysfunction

Duane E. McWaine and Warren R. Procci
Department of Psychiatry, Harbor-UCLA Medical Center, Torrance, California, USA

Summary

A large body of data, as well as clinical experience, link prescribed medications and substances of abuse with sexual dysfunction. This review surveys the relevant literature and summarises key points relating various classes of medications and their possible sexual side effects.

Surprisingly, there were very few carefully designed, well organised, systematic studies of the effects of medication upon sexual performance. The preponderance of data is in the form of either case studies or collections of patient reports of side effects. As a result, there are great variations in the reported rates of sexual disturbances associated with the administration of a given medication. A further difficulty is the lack of precision in the use of terms which describe the various sexual disorders. A final problem is the almost total lack of data concerning both disordered and normal sexual functioning in females.

Good sexual performance is taken for granted. For most of us, poor sexual performance is a matter of enormous importance, and the cause of a great deal of worry and concern. If a decrease in sexual performance occurs, most people will look for a cause. If one is taking a prescribed medicine, the drug may well be viewed as the offending agent, and lack of compliance with the drug regimen is a probable result. Since much is written about drugs and sexuality in both the popular press and the
Drug-induced sexual dysfunction can be better understood if we now proceed to a brief overview of certain key points concerning normal sexual functioning. As suggested above, most of what is known in this area comes from studies in men.

1. Sexual Physiology
1.1 Central Mechanisms Affecting Sexual Performance

Central neurotransmitter systems most likely play an important regulatory function in normal sexual activity. The limbic system is the brain area most closely associated with sexual functioning, with the hypothalamus playing a key role. In general, dopamine is considered a neurohormone with a stimulatory effect on sexual behaviour, while serotonin (5-hydroxytryptamine) is considered a neurohormone with an inhibitory effect (Hyyppä et al. 1975). This is obviously important in understanding drug side effects. Medications which enhance dopamine or diminish serotonin are expected to stimulate sexual performance, while drugs...