

## A Prospective Study on Incidence of Sexual Dysfunctions in Patients Newly Prescribed SsrIs

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### ABSTRACT

**Introduction:** Depression is a prevalent mental health disorder, with selective serotonin reuptake inhibitors (SSRIs) being the first line treatment for pharmacological management. Despite their effectiveness, SSRIs are frequently associated with sexual dysfunctions in multiple domains. Such side effects can impact treatment adherence and overall prognosis.

**Objective:** This study investigates the incidence, onset, and types of sexual dysfunction in patients newly prescribed SSRIs for depression.

**Methodology:** This longitudinal, analytical study included 119 drug-naïve patients aged 18–50 years, diagnosed with depression and prescribed SSRI monotherapy. Participants were assessed using the Hamilton Depression Rating Scale (HAM-D) and the Changes in Sexual Functioning Questionnaire (CSFQ-14) at baseline, and at 2, 4, and 12 weeks. Patients with pre-existing sexual dysfunctions or other medical conditions affecting sexual health were excluded. Statistical analysis was performed using SPSS v28.0, with T-tests and chi-square tests employed for comparisons.

**Results and Discussion:** Out of 119 participants, data from 100 patients were analysed due to follow-up losses. Sexual dysfunction was observed in 41% of patients after 12 weeks, affecting all domains but mainly affecting excitement, orgasm, and interest. No statistically significant differences were found in the incidence of dysfunction across gender or socio-demographic variables, although the

highest prevalence was noted in the 25–35 age group. These findings align with global reports on SSRI-associated sexual dysfunction.

**Conclusion:** The study highlights the high incidence rate for onset of sexual dysfunctions and underscores the necessity for clinicians to regularly assess and address potential sexual side effects with patients to enhance treatment adherence.

**KEYWORDS:** Depression, SSRIs, Sexual Dysfunction.

## INTRODUCTION

Depression is amongst the most common mental illnesses seen in primary care settings across India. The lifetime and current depression, the weighted prevalence was 2.68% and 5.25%, respectively in India. (1) A common first-line pharmacotherapy for depression and many other psychiatric disorders is a class of medications called selective serotonin reuptake inhibitors (SSRIs), which act by blocking serotonin reuptake transporter resulting in an increase in serotonin, thus mediating its antidepressant and anxiolytic actions. (2) Frequent initial side effects of SSRIs include diarrhoea and nausea/vomiting, headache, vertigo, hypersomnolence or insomnia, sweating, tremulousness, dry mouth, nervousness, restlessness, weight gain, and sexual dysfunctions among others. The biochemical mechanisms that have been postulated as causes for SSRIs to result in sexual dysfunction include an increase in serotonin, esp. at 5HT<sub>2</sub> and 5HT<sub>3</sub> receptors, a decrease in dopamine, the blockage of cholinergic and alpha-1 adrenergic receptors, the inhibition of nitric oxide synthetase, and an increase in prolactin level (3,4) Sexual dysfunction encompasses a number of different conditions, including pain during sexual activity, inhibited or delayed or absent ejaculation in men, premature ejaculation in men, reduced lubrication in women, difficulty orgasm; and inhibited sexual desire and excitement. (5) About 25% of married males suffer from sexual dysfunctions linked to antidepressants. This lowers their quality of life and may be a factor in poor marital adjustment. (6) According to several studies, when patients were asked directly about their sexual functioning, 34%- 70% reported having a sexual dysfunction while taking SSRIs. (7) This study set out to discover incidence of sexual dysfunctions that occur in patients after the beginning of SSRI monotherapy, the time of onset of the sexual dysfunctions and the type of sexual dysfunction occurring among men and women; so as to address them at the earliest. In order to improve treatment compliance and prognosis, sexual dysfunctions must be addressed as they can impede adherence to treatment and exacerbate depressive symptoms.

Aims and Objectives of the study include:

- To determine the incidence of Sexual Dysfunctions in patients newly started on monotherapy with SSRIs along the standard treatment protocol for depression.
- To compare the occurrence of Sexual Dysfunctions among men and women.
- To compare the different domains of Sexual dysfunctions in men and women, occurring post treatment with monotherapy of SSRIs.

## METHODOLOGY

This study is a longitudinal, analytical study, conducted on patients who presented to a tertiary care hospital, and were newly diagnosed with depression (via International Classification of Diseases- 10

diagnostic criteria for research), and were to be started on monotherapy with SSRIs.

It was conducted in individuals between 18yrs-50yrs of age, who were drug naïve. They were treated on an outpatient basis. They were taken up in the study post an informed written consent.

Exclusion criteria undertaken for the study were:

- Patients who were suffering from sexual dysfunctions before starting SSRIs.
- Patients who were diagnosed with psychiatric illness in the past.
- Patients who had a trial of SSRIs or any other psychotropics in the past.
- Patients with medical conditions like hypertension, diabetes mellitus, Parkinson's disease, H/o stroke and any substance use in dependence pattern (alcohol or tobacco or smoking or cannabis) which may have an impact on sexual functioning.

Initial presence of sexual dysfunctions was determined by use of CSFQ. If there was a dysfunction in any domain, the patient was excluded from the study.

Post a detailed history including social demographic details; Depression symptoms and baseline sexual function were assessed using HAM-D (Hamilton Depression rating scale) and CSFQ-14 (changes in sexual functioning questionnaire), both male and female versions, on day 0. They were assessed again at 2 weeks, 4 weeks and 12 weeks, to look for occurrence and onset of sexual dysfunction, if any.

A sample size of 91 was calculated on basis of a study by Abha Thakurdesai et al. (8) with a 95% confidence interval; however, 119 patients were recruited.

Institutional ethics committee approval was obtained prior to the starting study. The CSFQ-14 is a copyrighted scale and was reproduced with permission of Anita H. Clayton.

### **Statistical Analysis**

Data was entered into a Microsoft Excel sheet after being coded. Statistical analysis was carried out using Version 28.0 of SPSS was used for data analysis. Calculations such as Mean, SD, Median, etc., were performed for quantitative data while, frequency, rate, and percentage calculations were done for the qualitative data. T-tests and chi-square tests for quantitative data and qualitative data, respectively, were used to compare variables.

## **RESULTS**

In this research, a total of 119 patients who were interviewed initially, but 19 were lost to follow up and data from 100 patients was studied.

### **Demographic distribution**

Participants aged between 25-35 years constituted the largest group (40%), followed by those aged over 35 years (32%) and those under 25 years (28%) with standard deviation (SD) was 8.14 years, and mean age being 30.9 years.

The study population was almost evenly split between females (53%) and males (47%).

The majority of participants had up to a graduate level of education (33%), with 30% being unemployed. Most participants lived in a joint family structure (64%), and more than half were married (54%) (Table 1)

Table 1: Demographic Details

|                     |                            | N  | %  |
|---------------------|----------------------------|----|----|
| Gender              | Male                       | 53 | 53 |
|                     | Female                     | 47 | 47 |
| Age                 | <25y                       | 28 | 28 |
|                     | 25y-35y                    | 40 | 40 |
|                     | >35y                       | 32 | 32 |
| Education category  | Graduate                   | 33 | 33 |
|                     | Higher secondary education | 12 | 12 |
|                     | Postgraduate               | 17 | 17 |
|                     | Student                    | 17 | 17 |
|                     | upto secondary education   | 21 | 21 |
| Employment category | semi-skilled               | 17 | 17 |
|                     | skilled                    | 32 | 32 |
|                     | student                    | 21 | 21 |
|                     | unemployed                 | 30 | 30 |
| Family structure    | Joint                      | 64 | 64 |
|                     | Nuclear                    | 36 | 36 |
| Marital history     | divorced/widowed           | 9  | 9  |
|                     | Married                    | 54 | 54 |
|                     | Unmarried                  | 37 | 37 |

The mean CSFQ scores decreased over time, indicating a decline in sexual function across various domains from week 0 to week 12. The total score decreased from 56.07 at baseline to 50.77 by week 12. (Table 2)

Incidence of Sexual dysfunctions: Sexual dysfunction was seen in 41% of the participants in any one or more domains on CSFQ-14. (Table 3)

Table 2: Mean CSFQ Scores Over 12 Weeks

|             |            | Mean  | SD   |
|-------------|------------|-------|------|
| CSFQ Week 0 | Excitement | 12.66 | 0.68 |
|             | Frequency  | 7.66  | 1.06 |
|             | Interest   | 10.69 | 1.30 |

|              |            |       |      |
|--------------|------------|-------|------|
|              | Orgasm     | 12.31 | 1.06 |
|              | Pleasure   | 4.14  | 0.35 |
|              | Total      | 56.07 | 4.85 |
| CSFQ Week 2  | Excitement | 12.55 | 0.74 |
|              | Frequency  | 7.65  | 1.07 |
|              | Interest   | 10.63 | 1.28 |
|              | Orgasm     | 12.27 | 1.07 |
|              | Pleasure   | 4.13  | 0.34 |
|              | Total      | 55.75 | 4.78 |
| CSFQ Week 4  | Excitement | 11.96 | 1.44 |
|              | Frequency  | 7.57  | 1.07 |
|              | Interest   | 10.4  | 1.46 |
|              | Orgasm     | 11.88 | 1.39 |
|              | Pleasure   | 4.09  | 0.38 |
|              | Total      | 53.93 | 6.01 |
| CSFQ Week 12 | Excitement | 10.77 | 2.45 |
|              | Frequency  | 7.3   | 1.19 |
|              | Interest   | 9.92  | 1.58 |
|              | Orgasm     | 10.58 | 2.38 |
|              | Pleasure   | 3.87  | 0.61 |
|              | Total      | 50.77 | 7.71 |

Table 3: Incidence of Sexual Dysfunction Post 12 Weeks on any Domains of CSFQ.

| <b>Incidence of Sexual dysfunction post 12 weeks on one or more domains of CSFQ.</b> | <b>n</b> | <b>%</b> |
|--|----------|----------|
| No   | 59       | 59       |
| Yes  | 41       | 41       |
| Total  | 100      | 100      |

#### Sexual dysfunction among various sociodemographic variables

The incidence of sexual dysfunction varied across age, gender, family structure, marital history, but none of the differences were statistically significant.

Participants under 25 years (34.1%) and those aged 25-35 years (39.0%) reported higher rates compared to those over 35 years (26.8%) ( $p = 0.464$ ).

Sexual dysfunction was similar between males (51.2%) and females (48.8%) ( $p = 0.766$ ).

More participants reported dysfunction in joint families (56.1%) compared to from nuclear families (43.9%) ( $p = 0.170$ ). Married participants constituted the most i.e. 46.3% of those reported dysfunction, while unmarried participants were 43.9% and 9.8% were divorced/widowed. ( $p = 0.429$ ). (Table 4)

Table 4: Sexual Dysfunction among Various Sociodemographic Variables

| Demographic category |                      | Sexual dysfunction |       |     |       | p value |
|----------------------|----------------------|--------------------|-------|-----|-------|---------|
|                      |                      | No                 |       | Yes |       |         |
|                      |                      | N                  | %     | N   | %     |         |
| Age category         | <25 years            | 14                 | 23.7% | 14  | 34.1% | 0.464   |
|                      | 25-35 years          | 24                 | 40.7% | 16  | 39.0% |         |
|                      | >35 years            | 21                 | 35.6% | 11  | 26.8% |         |
| Gender               | Male                 | 32                 | 54.2% | 21  | 51.2% | 0.766   |
|                      | Female               | 27                 | 45.8% | 20  | 48.8% |         |
| Family structure     | Joint                | 41                 | 69.5% | 23  | 56.1% | 0.170   |
|                      | Nuclear              | 18                 | 30.5% | 18  | 43.9% |         |
| Marital history      | divorced/<br>widowed | 5                  | 8.5%  | 4   | 9.8%  | 0.429   |
|                      | Married              | 35                 | 59.3% | 19  | 46.3% |         |
|                      | Unmarried            | 19                 | 32.2% | 18  | 43.9% |         |

CSFQ Score changes over 12 weeks:

By the second week, 9 patients had onset of dysfunction, amongst which excitement was the most affected (55%) followed by orgasm (33.3%) and interest (11.1%) among the patients who developed dysfunction by then.

Among 28 patients affected in 4<sup>th</sup> week, all i.e. 100% of them were affected in excitement, followed by 60.7% who had trouble in orgasm. While interest and total score were affected in 28.5% of the total affected. Pleasure and frequency were least affected at 10.7 and 3.5 respectively.

Among 41 patients affected by the end of 12 weeks, all i.e. 100% of the had deficits in excitement, orgasm and total scores. This was followed by interest, pleasure and frequency at 65.8%, 43.9% and 31.7% respectively. (Table 5)

Table 5: CSFQ Score Changes Over 12 Weeks

| CSFQ score | 2 weeks  |                  | 4 weeks  |                  | 12 weeks   |                  |
|------------|--|------------------|--|------------------|--|------------------|
|            | No. of patients with onset of sexual dysfunction | % among affected | No. of patients with onset of sexual dysfunction | % among affected | No. of patients with onset of sexual dysfunction | % among affected |
| Frequency  | 0  | 0                | 1  | 3.5              | 13   | 31.7             |
| Interest   | 1  | 11.1             | 8  | 28.5             | 27   | 65.8             |

|                |   |      |    |      |    |      |
|----------------|---|------|----|------|----|------|
| Excitement     | 5 | 55.5 | 28 | 100  | 41 | 100  |
| Orgasm         | 3 | 33.3 | 17 | 60.7 | 41 | 100  |
| Pleasure       | 0 | 0    | 3  | 10.7 | 18 | 43.9 |
| Total          | 0 | 0    | 8  | 28.5 | 41 | 100  |
| Total affected | 9 | 100  | 28 | 100  | 41 | 100  |

CSFQ scores over 12 weeks with gender comparison:

At week 2, CSFQ score did not show any significant changes between genders, however it does show a slightly higher percentage on male having changes in interest, excitement and orgasm. Frequency, pleasure and total scores remain unchanged for both males and females, while 2.1% all males developed a dysfunction in interest. Excitement was affected in 6.4% of all males and 3.8% of females, while orgasm was affected in 4.3% of males and 1.9% of all females.

At week 4, CSFQ scores indicated that males had a higher percentage of changes in excitement, frequency, orgasm, pleasure as well as total scores while, females had a higher percentage of reduction in interest, however, this was not statistically significant. About 2.1% of all males had impairment in frequency compared to no females. Interest was impaired in 8% of all males and 9.4% of all females and Excitement was affected in 34% of all males and 22.6% of all females. Orgasm was affected in 23.4% of all males and 11.3% of all females. Pleasure was affected in 4.3% of all males and 1.9% of all females while Total scores were affected in 10.6% of all males and 9.4% of all females.

At week 12 CSFQ scores indicated that higher percentage of men had a higher percentage for reduction frequency, interest, excitement, orgasm and total score while, women developed difficulties in pleasure, however, these are no statistically significant. Excitement, orgasm and total score were affected in all affected participants. Impairment in frequency 14.9% in all males compared to 11.3% of all females. Interest was impaired in 27.7% of all males and 26.4% of all females, and Excitement was affected in 42.6% of all males and 39.6% of all females. Orgasm was affected in 42.6% of males and 39.6% of all females. Pleasure was affected in 17% of males and 18.9% of all females, while Total scores were affected in 42.6% males and 39.6% of all females. (Table 6)

Table 6: CSFQ Scores Over 12 Weeks with Gender Comparison

| CSFQ scores at week 2 | Female |   | Male |     | p value |
|-----------------------|--------|---|------|-----|---------|
|                       | n      | Y | n    | y   |         |
| Frequency             | 53     | 0 | 47   | 0   | -       |
| (percentage)          | 100    | - | 100  | -   |         |
| Interest              | 53     | 0 | 46   | 1   | 0.470   |
| (percentage)          | 100    | - | 97.9 | 2.1 |         |
| Excitement            | 51     | 2 | 44   | 3   | 0.664   |

|                               |               |          |             |          |                |
|-------------------------------|---------------|----------|-------------|----------|----------------|
| (percentage)                  | 96.2          | 3.8      | 93.6        | 6.4      |                |
| Orgasm                        | 52            | 1        | 45          | 2        | 0.599          |
| (percentage)                  | 98.1          | 1.9      | 95.7        | 4.3      |                |
| Pleasure                      | 53            | 0        | 47          | 0        | -              |
| (percentage)                  | 100           | -        | 100         | -        |                |
| Total                         | 53            | 0        | 47          | 0        | -              |
| (percentage)                  | 100           | -        | 100         | -        |                |
| <b>CSFQ scores at week 4</b>  | <b>Female</b> |          | <b>Male</b> |          | <b>p value</b> |
|                               | <b>n</b>      | <b>Y</b> | <b>n</b>    | <b>y</b> |                |
| Frequency                     | 53            | 0        | 46          | 1        | 0.470          |
| (percentage)                  | 100           | -        | 97.9        | 2.1      |                |
| Interest                      | 48            | 5        | 44          | 3        | 0.719          |
| (percentage)                  | 90.6          | 9.4      | 92          | 8        |                |
| Excitement                    | 41            | 12       | 31          | 16       | 0.266          |
| (percentage)                  | 77.4          | 22.6     | 66.0        | 34.0     |                |
| Orgasm                        | 47            | 6        | 36          | 11       | 0.120          |
| (percentage)                  | 88.7          | 11.3     | 76.6        | 23.4     |                |
| Pleasure                      | 52            | 1        | 45          | 2        | 0.599          |
| (percentage)                  | 98.1          | 1.9      | 95.7        | 4.3      |                |
| Total                         | 48            | 5        | 42          | 5        | 1.000          |
| (percentage)                  | 90.6          | 9.4      | 89.4        | 10.6     |                |
| <b>CSFQ scores at week 12</b> | <b>Female</b> |          | <b>Male</b> |          | <b>p value</b> |
|                               | <b>n</b>      | <b>Y</b> | <b>n</b>    | <b>y</b> |                |
| Frequency                     | 47            | 6        | 40          | 7        | 0.767          |
| (percentage)                  | 88.7          | 11.3     | 85.1        | 14.9     |                |
| Interest                      | 39            | 14       | 35          | 13       | 1.00           |
| (percentage)                  | 73.6          | 26.4     | 72.3        | 27.7     |                |
| Excitement                    | 32            | 21       | 27          | 20       | 0.840          |
| (percentage)                  | 60.4          | 39.6     | 57.4        | 42.6     |                |

|              |      |      |      |      |       |
|--------------|------|------|------|------|-------|
| Orgasm       | 32   | 21   | 27   | 20   | 0.840 |
| (percentage) | 60.4 | 39.6 | 57.4 | 42.6 |       |
| Pleasure     | 43   | 10   | 39   | 8    | 1.00  |
| (percentage) | 81.1 | 18.9 | 83   | 17   |       |
| Total        | 32   | 21   | 27   | 20   | 0.840 |
| (percentage) | 60.4 | 39.6 | 57.4 | 42.6 |       |

## DISCUSSION

One well-known adverse effect of people taking selective serotonin reuptake inhibitors (SSRIs) is sexual dysfunctions. However, due to their effectiveness and comparatively less severe side effect profile they are still widely used. (9) According to various studies, there is a high incidence (up to 70%), of antidepressant users experiencing some form of sexual dysfunctions. Decreased libido, delayed orgasm, erectile dysfunction, and other associated problems are some examples of these side effects. Given their high frequency, healthcare providers must take proactive measures to address these issues for holistic patient care. (10)

In this study, of all the participants, 41% reported having sexual dysfunction. The incidence of sexual dysfunction was not significantly different between genders, or other demographic factors like age, marital status, or family structure. However most frequently dysfunctions were seen in the age category of 25y-35y (39%); with males and female had near equal occurrence at 51.2% and 48.8% respectively. Of those affected, 56.1% lived in joint families and 46.3% were married.

The incidence is higher than that reported by Krishna K et al. (23%), (11) but lower than the rates reported by Penubarthi S et al. (12), Grover S et al.(13), Montejo AL et al(14)., and Chandel S et al.(15) In their patient group, Penubarthi S. (12) et al. reported an incidence of 56.89%, which did not differ significantly from 39.65% in their comparison group.

According to Chandel Set al.'s(15) extraordinarily high prevalence of 95.7%.

Wide variations in prevalence were found in the study ranging from 19.9% to 67.7% depending on the definitions and countries used; (53.4% in Netherlands, 61.5% in Spain, and 37.1% in Germany), as per Williams VS et al.(16)

According to Krishna K et al. (11) there is no significant difference in most sociodemographic correlation with sexual dysfunction associated with antidepressant use (except education); Reporting that years of education played a role in occurrence of sexual dysfunction associated with antidepressant use, where less educated had a higher occurrence of sexual dysfunction. They also reported that approximately one fourth of married males experienced sexual dysfunction associated with antidepressant use.

Burhan HS et al. found no statistically significant variation in psychotropic use related sexual dysfunction in relation to age, marital status, or gender. (17)

In our study, 41 patients affected by the end of 12 weeks, all the had deficits in excitement, orgasm and total scores; followed by interest, pleasure and frequency

In our study, at 2 weeks, a slightly higher percentage in male had changes in interest, excitement and

orgasm. At week 4, females had a higher percentage of reduction in interest while males had a higher percentage of changes in excitement, frequency, orgasm, pleasure as well as total scores. At week 12 CSFQ scores indicated that higher percentage of females developed reduced pleasure where as men had a higher percentage for reduction frequency, interest, excitement, orgasm and total score. This result is consistent with other studies which compare gender.

Arousal, lubrication, orgasm, and pain disturbances were reported by 100% of participants according to Chandel S et al.(15) According to Grover S (13) et al. in females taking antidepressants, the incidence was an exceptionally high at 80.3%. According to research by Williams VS et al. (16), antidepressant-associated sexual dysfunction (AASD) affects 46.4% of men and 52.1% of women and has a major detrimental influence on an individual's quality of life. Montejo AL et al.(18) found that the overall incidence of sexual dysfunction was 59.1%; although women reported higher levels of severity, men are more likely to experience sexual dysfunction (62.4%) as compared to women (56.9%) Penubarthi S et al.(12) reported lower FSFI scores in patients compared to controls, particularly in the domains of arousal and lubrication. However, they did not specifically track CSFQ scores over time. In a study by Abha Thakurdesai et. al., which assessed the sexual functioning in depressed males after starting treatment, though there was a greater satisfaction associated with intercourse and the overall sexual functioning, but a significant deterioration in orgasm domain after treatment.(8)

Most respondents to Williams VS et al.'s(16) detailed analysis of changes in sexual functioning across five dimensions (drive, arousal, erection/lubrication, orgasm, satisfaction) reported deterioration since beginning antidepressant medication. These variations are frequently emphasized by CSFQ scores, which gauge characteristics like desire, arousal, orgasm, and satisfaction. Research by Clyaton A. et al. has demonstrated that although both sexes report significant adverse effects related to sexual activity; men were significantly more likely than women to experience problems in desire phase and the orgasmic phase but were significantly less likely than women to experience dysfunction in the arousal phase.(19) This study's findings corroborate with other studies, in that they show a comparable rate of occurrence of sexual dysfunction in both genders.

## CONCLUSION

This study investigated the incidence of sexual dysfunction in patients newly started on SSRIs for depression. The results showed a 41% incidence of sexual dysfunction, with no significant between males and females and other socio-demographic variables. At 12 weeks, higher percentage of females had problems with pleasure where as men had a higher percentage for reduction frequency, interest, excitement, orgasm and total score. Consistent with other research, this study confirms that sexual dysfunction is a typical and commonly occurring adverse effect of selective serotonin reuptake inhibitors.

It emphasizes the need for clinicians to discuss potential sexual side effects with patients when prescribing SSRIs, and the importance of monitoring and assessing sexual function in patients on SSRIs. It opens doors for further research to develop strategies to mitigate these side effects, enhancing treatment adherence and patient quality of life.

### Limitations of the Study

The sample size is small; a large group population study can be useful for more accurate data. There was no comparison among antidepressants to compare risk on sexual dysfunction. It could be conducted as a randomized trial, to evaluate and compare efficacy between various drugs, gender and onset of sexual dysfunction.

### Conflict of Interest- nil

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