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MEDICATION HOW-TO

Sexual Side Effects on an Antidepressant

What can be done, and what the evidence says

For anyone whose antidepressant has changed desire, arousal or orgasm: how to bring it up, the options that have evidence, and what to skip.

Antidepressants, especially **SSRIs** (selective serotonin reuptake inhibitors such as sertraline, escitalopram, fluoxetine and paroxetine) and **SNRIs** (serotonin-norepinephrine reuptake inhibitors such as venlafaxine and duloxetine), often affect sex: less desire, trouble getting aroused, erection problems, less wetness, less genital feeling, or an orgasm that takes much longer or does not come. When asked directly, more than half of people on an SSRI notice some change. It is one of the most common reasons people quietly stop their medicine, which can bring depression or anxiety back. **In most cases something can be done, and your prescriber has heard it all before.**

WHAT USUALLY HELPS, IN ORDER

1. **Say it in plain words.** "Less desire," "cannot finish," "takes much longer," "erections fade." Say when it started, and whether it was there before the medicine.
2. **Check other causes.** Depression itself lowers desire. So can alcohol, some blood pressure and other medicines, stress in the relationship, low testosterone, menopause and diabetes.
3. **Give it a few weeks, if it is new.** It eases on its own for some people, but often it does not. Rarely, problems last after the medicine is stopped; if that happens, tell your prescriber.
4. **Try the simple things.** Ask about a lower dose. Exercise just before sex and planning sex ahead have some evidence and cost nothing. See the tables.
5. **Add something, or plan a break.** A second medicine can be added, or your prescriber may plan a short medication holiday. The table below shows what the evidence says for each.
6. **Switch medicines.** If the rest has not worked, a different antidepressant may suit you better.

MEDICINE OPTIONS AND THE EVIDENCE

OPTION	WHAT THE EVIDENCE SAYS	WORTH KNOWING
Lower the dose	Little trial evidence, but it often helps, and many keep the mood benefit.	Only with your prescriber. Watch for old symptoms coming back.
Add sildenafil (Viagra) or tadalafil (Cialis)	The best evidence for erection problems. One good trial in women found it helped, but the evidence is less certain (off label for women).	Never with nitrate heart medicines such as nitroglycerin, or "poppers." Tell your prescriber about blood pressure or prostate pills.
Add bupropion (Wellbutrin)	Helps some people, with the best evidence in women taking a full dose. Off label.	Jitteriness, headache, trouble sleeping. Not for people who have had seizures, have ever had bulimia or anorexia, or drink heavily.
Add buspirone	Mixed: one study found it helped, most clearly in women; another found it no better than a dummy pill. Off label.	Dizziness, nausea or headache. Not with an MAOI. Rarely, serotonin syndrome (see page 2).
A planned medication holiday	Skipping about two days of doses, as planned with a prescriber, helped in several small studies of sertraline, paroxetine and similar SSRIs. It does not work with fluoxetine.	Can cause withdrawal or bring symptoms back. Never on your own: see the separate Medication Holiday guide.
Switch medicines	Bupropion and mirtazapine (Remeron) cause it least; paroxetine causes it most. If two SSRIs caused it, a third usually will too.	A planned change over days to weeks, with some risk of withdrawal or of losing what worked.

TALKING ABOUT IT

- Say what changed: desire, arousal, erection or wetness, orgasm, or feeling.
- Use the 0 to 10 ratings on page 2 to show how big the change is.
- If it is hard to say face to face, write it down and hand it over.

FOR YOU AND YOUR PARTNER

- Tell your partner it is a side effect, not a sign of how you feel about them.
- Allow more time for touch. A water- or silicone-based lubricant helps with dryness.
- A vibrator can help when orgasm is slow. Sex therapy, alone or together, can help too.

SELF-HELP AND SUPPLEMENTS: WHAT THE EVIDENCE SAYS

OPTION	WHAT THE EVIDENCE SAYS	WORTH KNOWING
Exercise just before sex	In a study of women on antidepressants, about 30 minutes of brisk exercise right before sex improved desire and overall sexual function.	A brisk walk, a jog or a bike ride. Ask first if you have heart or breathing problems.
Planning sex ahead	In the same study, having sex on a regular schedule improved orgasm.	Put it on the calendar, at a time of day when you are least tired.
Saffron	Two small, short studies of people on fluoxetine found it helped erections in men and arousal and wetness in women.	Use a standard supplement, not large amounts of the spice. Avoid it if you are pregnant or take a blood thinner.
Maca root	One small study in women found a modest benefit, mostly after menopause.	Usually well tolerated. Choose a brand with independent testing.
Ginkgo biloba	Two careful studies found it no better than a dummy pill.	It can raise bleeding risk with an SSRI. Not worth trying.

Supplements are not checked by the FDA for purity or strength. Tell your prescriber before you start one.

WHAT NOT TO DO

- **Do not skip doses on your own.** An unplanned break can cause withdrawal (dizziness, irritability, flu-like feelings, electric "zaps") and bring symptoms back. Plan any break with your prescriber.
- **Do not use someone else's sildenafil or tadalafil, or "natural" sex boosters sold online.** The FDA has found hidden prescription drugs in many of those products.

RATE IT: BEFORE, NOW, AND AFTER A CHANGE

	BEFORE THE MEDICINE	NOW	AFTER THE CHANGE (DATE:)
Desire			
Arousal (erection or wetness)			
Reaching orgasm			
Overall satisfaction			

Rate each from 0 (none or very poor) to 10 (your best). "Before" is your best guess.

GET HELP RIGHT AWAY

Call 911 for chest pain during or after sex, fainting, or a seizure, and say if you took sildenafil or tadalafil: some heart medicines must not be given with them.

Go to the ER for an erection that lasts more than 4 hours, or for agitation, heavy sweating, shaking and fever after adding a medicine. **Stop sildenafil or tadalafil and go to the ER** for sudden loss of vision or hearing.

After any change, call your prescriber if depression or anxiety come back. For thoughts of suicide, call or text 988, or call 911 if you are in danger.

MY PLAN

My antidepressant and dose: _____

What changed, and when it started: _____

What we are trying first, and when to check back: _____

My prescriber's phone number: _____

Source. Written in new words for patients from the FDA sildenafil, tadalafil and bupropion labels, a 2013 Cochrane review, a 2025 review of treatments in women, and the trials described in the tables. Bupropion and buspirone for this, and sildenafil or tadalafil for women, are off label.

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