IN-DEPTH: Victims Who Became 'Asexual' After Anti-Depressants Claim UK Authorities Are Ignoring Them

UK

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A bottle of Effexor antidepressant pills in Miami, Fla., on March 23, 2004. (Joe Raedle/Getty Images)

Thousands of people in the UK could have been made "functionally asexual" by antidepressant medication with symptoms that last far beyond treatment, but campaigners claim their experiences are being ignored by authorities.

Thousands of people around the world and the UK could be suffering from what is called post-SSRI sexual dysfunction (PSSD), a condition that is brought on by taking antidepressants known as selective serotonin reuptake inhibitors (SSRIs).

PSSD manifests itself after taking the drug and lasts in some cases for decades with no cure for the condition. A sure sign of PSSD, which campaigners say gets mistakenly diagnosed for low libido, is genital numbing. Some say they feel their "soul has left their bodies" with a complete removal of any arousal response in the body.

Campaigners say that the condition is being ignored by medical professionals, who blame "depression" or mental illness in general instead of the SSRIs. The term PSSD is not recognised by the regulators, nor does it appear on product information, with many only finding out about the condition after researching it themselves online after they have developed it.

SSRIs made me ASEXUAL
#PSSD
Antidepressants have left me mentally and physically broken!
#antidepressants #pssd
NO MORE LOVE NO MORE SEX NO MORE FEELINGS
15 years ago I was chemically castrated. No one cares!

An undated campaign photo from the non-profit charity PSSD Network. The photo shows PSSD sufferers displaying their personal experiences on cards in an attempt to raise awareness of the condition. (PSSD Network)

A Prisoner Inside My Own Body

Simon Wright, 33, told The Epoch Times that in 2012 after he graduated from university, he had a period of low mood and anxiety, he was prescribed the antidepressant citalopram by his GP after a five-minute consultation. That medication made his genitals numb.

After having dark thoughts, he was told he needed more time to "settle in" and had the dose upped. He was then given Zoloft, which made his genitals more numb and he was unable to orgasm.

He was also told repeatedly it wasn't the medication and psychiatrists dismissed the idea that it could be anything to do with SSRIs. In 2015, after feeling low on Zoloft, he was given the serotonin and noradrenaline reuptake inhibitor (SNRI) venlafaxine but was not asked how his diet, his exercise, and lifestyle were.

He was on it for two weeks until he stopped, he said, then he was put on a low dose of

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truthgroupie | *22 minutes ago*

Ahhh, that explains a lot about the current sexual environment and lack of "normal" sexual attraction. How many children have been placed on antidepressants in the past couple of decades??

REPLY SHARE

me also | *48 minutes ago*

Once again big pharma pushing destructive drugs on people for profit.

REPLY SHARE 1

Jeff Borgardt | *3 hours ago*

Well, this could explain a lot!
Sad that the medical profession is so callus

citalopram, which he remained on until June 2022. It was then he stopped completely, but his numbing condition worsened after.

“I feel like a prisoner inside my own body, and nobody is able or willing to help. Chemical castration is a form of torture and is banned in most countries. I feel like I’m being punished for trusting the medical profession,” he said.

Simon Wright in an undated file photo. (Courtesy of Simon Wright)

He said that he only became aware of the condition in December 2022 after doing his own research and becoming aware that many were affected as part of the PSSD Network.

Wright said that it’s not only sexual function, it’s that most positive emotions have been stripped from him, affecting his relationships. He said that even drinking alcohol and coffee has no effect on him.

Sarah, who did not want to give her real name, told The Epoch Times that she was given SSRIs for premenstrual syndrome (PMS).

She said that she had depression 20 years ago, so was put on antidepressants but only took one tablet which caused a “horrendous” response.

But a decade later she had PMS, and her GP suggested taking SSRIs, but owing to her experience before she was hesitant, but was eventually persuaded.

“I started taking one-sixth of a tablet and it hit me,” she said. She started to sleep for 16 hours a day, and it was then she got the numbness that was associated with PSSD. She was then on SSRIs for 18 months.

“So when we talked about informed consent, whether something’s on the leaflet or not, it can be on the leaflet, but your GP can deny it. They can still say ‘oh no, it’s not that,’” she said. She added that her symptoms have often been dismissed and even laughed at.

Regulators

Both Wright and Sarah claim that authorities such as the UK regulator the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Royal College of Psychiatrists are hesitant to listen.

In 2019, the European Medicines Agency (EMA) concluded a review into sexual dysfunction after the discontinuation of SSRIs and SNRIs.

This was after a petition from the drug safety website RxISK.

“Patients have been reporting these problems since 1987 to the regulators,” said Wright.

“The only regulator to take any action is the EMA and even what they did was the bare minimum to update their labelling to say that enduring sexual disruption may persist after discontinuation,” he said.

“But that doesn’t tell people you might get permanently numb genitals, that you become basically asexual,” he said.

Sarah added that after the EMA review, SSRI leaflets in the UK now carry the warning, “Symptoms of sexual dysfunction may persist after treatment has stopped.”

“This is inadequate,” she said.

“There is no mention that it may persist indefinitely. Furthermore, there is no mention of genital numbness, the key symptom of PSSD,” she added.

PSSD Is Not Recognised

It is not known exactly how many people have PSSD. In the UK there are 8.3 million people who are currently prescribed SSRIs.

According to a 2023 study by the Annals of General Psychiatry, 1 in 216 people who have taken SSRI/SNRI medication experience sexual dysfunction long after discontinuation. A conservative estimate would mean that around 40,000 UK citizens could be living with permanent PSSD.

Data released in 2021 under a Freedom of Information request showed that in a total of 1,654 cases of adverse effects from SSRIs, in 64 percent of cases of sexual dysfunction associated with SSRI use, it is not known whether it persisted after withdrawal.

According to another FOI seen by The Epoch Times, the MHRA said that a robust study “would be needed in order to establish the prevalence of PSSD, this would require PSSD to be clearly defined and recognised as a specific medical condition.”

Professor of Critical and Social Psychiatry Joanna Moncrieff told The Epoch Times that she thinks there’s a “huge reluctance in the professional community to acknowledge this.”

“The main academic psychiatric community is basically, I would say, trying to ignore this, so just not taking any notice of it,” she added.

“When people go and see a doctor with an emotional problem, doctors don’t know what to do,” she added.

“In my view, doctors are not the right people to be seeing people with emotional problems. They don’t know what to do. So they prescribe a drug. That’s what they’re trained to do. I think that’s why we end up with very high levels of prescribing,” Moncrieff said.

Risk Mitigation

Dr. Josef Witt-Doerring, a former U.S. Food and Drug Administration medical officer and pharmaceutical physician who treats patients with debilitating side effects from psychiatric medications told The Epoch Times that SSRIs and SNRIs are “essentially 90 percent of the antidepressant market.”

With such medication, the emotional sensory pleasure that someone normally feels is not there as the system has been “cranked way down.”

Witt-Doerring said that some of the unusual things that have happened to people who have PSSD are “they don’t feel any euphoria when they drink.”

“It’s like they’ve been blunted in a way, a global blunting of sensory stimulation, and it makes people feel incredibly disconnected and almost like they’re not really in the real world anymore, because they’re not sensing those feelings. It’s a very hard thing to describe,” he said.

In terms of further risk mitigation of SSRIs, he suggested different levels.

He said that the lowest level is to update the label. But following that, authorities would need to proactively find out who are the most likely groups of doctors prescribing these medications, as well as their membership organisations. They would also need to get their emails and home addresses to tell all of them that the EMA has updated the labelling on the medications to include consistent sexual dysfunction after SSRIs

“And so that’s what I think is the appropriate level of risk mitigation for something so serious, because could you imagine if you’re 16 or something like that, and you’re having anxiety?”

“Even if it’s a rare risk, someone was saying you might have permanent sexual dysfunction, they might say: ‘You know what, I’m going to wait a little bit longer. I’m going to work with the therapist a little bit more,’” said Witt-Doerring.

“The risk is really so scary, that it would weigh on the decision of many people to start this drug,” he said.

“And this problem really could be as common as like one and 200 or something like that. We don’t know, but it’s important enough that it needs to be included in the decision to start the drug,” he added.

MHRA

The MHRA disputed claims that it did not warn patients.

“It is not correct to say we have not warned patients and doctors about this risk,” an MHRA spokeswoman told The Epoch Times by email.

It said that the patient information leaflet was updated in 2019 following the EMA review, which the “MHRA contributed to as an active member state.”

“This was done as soon as there was sufficient evidence to support such an effect,” she said.

The spokeswoman added that it “always strongly encourages patients to read the leaflets that come with the medicine for detailed information about the benefits and risks of medicines they are taking.”

She said that given the update to “product information in 2019 was to add to the existing warnings about sexual dysfunction, a Drug Safety Update was not required at that time.”

The MHRA said that a new expert group will be asked to advise on the need for communications to healthcare professionals throughout “their review into the risk minimisation materials for SSRIs.”

When pressed about the claims that there are no specific MHRA warnings that genital numbness can persist indefinitely, the spokeswoman forwarded the product information warning which says, “SSRIs prescribed in the UK contain warnings that SSRIs may cause symptoms of sexual dysfunction and that there have been reports of long-lasting sexual dysfunction where the symptoms have continued despite discontinuation of SSRIs.”

The Epoch Times asked the Royal College of Psychiatrists if there was a reluctance to address this subject and if it is choosing to keep quiet about SSRIs causing permanent sexual dysfunction as some claim. Campaigners on Twitter say that questions about PSSD are often ignored or result in a block from high-ranking members of the organisation.

It did not respond to The Epoch Times’ specific questions.

In an email, Dr. Adrian James, president of the Royal College of Psychiatrists, said that “antidepressants are effective at reducing the symptoms of moderate to severe depression, particularly when used in combination with talking therapies.”

“Patients should discuss treatment options with a qualified practitioner, including the benefits, risks, and side effects, to ensure there is informed consent. Antidepressants can also be beneficial to people experiencing anxiety disorders, obsessive-compulsive disorder, eating disorders, and post-traumatic stress disorder.

“As with many other medications, people who take antidepressants may experience side effects. Changes in libido or sexual function are a common side effect of antidepressants and practitioners should always discuss the potential risks and benefits of taking antidepressants with their patients in advance. Clinicians should also regularly review their use to ensure they are still needed.

“Anyone who wishes to stop taking antidepressants should discuss their options with their GP in the first instance. As with all medications, we need to balance the potential benefits and risks of harm from starting, continuing and stopping their use.”

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