



Newsletter

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SSRI Induced Sexual Dysfunction

Providers and patients alike often pigeonhole libido and sexual function issues as primarily related to testosterone, and while this important hormone can be a factor, women's sexual function cannot be oversimplified and requires a balance of inhibitory and excitatory factors--- including a balance of hormones **and** neurotransmitters.

Often overlooked, an imbalance in neurotransmitter levels can present with mood concerns such as anxiety, sleep difficulties, pain, addictions and changes in drive including decreased motivation and altered libido. While a disruption in any neurotransmitter level can affect mood, serotonin is typically thought of as the primary neurotransmitter responsible for mood regulation, and as such, is the targeted neurotransmitter for many first-line pharmaceutical options used for mood enhancement. Frequently used to address depression and even menopausal symptoms in women, selective serotonin reuptake inhibitors (SSRI's) carry the common side effect of sexual dysfunction, often resulting in depressed libido and difficulty achieving orgasm. Why?

Adequate amounts of serotonin act as an excitatory neurotransmitter in the initiation of sexual arousal, playing at least two important roles: affecting vascular tone and blood flow as well as uterine contractions and thus affecting orgasm. That being said, the more serotonin, the better, right?! Unfortunately, as with all good things, moderation and balance are key and increased amounts of synaptic serotonin (as seen with SSRI's) may actually elicit an inhibitory effect on sexual function by reducing sensation and inhibiting nitric oxide synthase (essential for vasodilation); this overall increase in stimulation of 5-HT (serotonin) receptors can result in inhibition of orgasm, or secondary anorgasmia. Women suffering from SSRI induced sexual dysfunction are frequently switched to a new antidepressant with the hope that the medication switch alleviates her sexual health concerns and addresses the chief complaint for which the antidepressant therapy was initiated. For many patients, a viable, alternate approach is to develop an individualized plan that addresses the specific neurotransmitter imbalances that they're suffering from. Elevated serotonin is commonly addressed with L- theanine supplementation (100 - 400 mg daily) while supporting depressed levels of serotonin can be done by supplementing tryptophan, increasing consumption of tryptophan rich foods (elk, seaweed, spirulina, soy protein, spinach, egg whites, sesame seeds, halibut, quail) and/or supplementing 5-HTP (at a starting dose of 150 - 300 mg daily). A complimentary consideration is to assess and address your patients' progesterone to estradiol (Pg/E2) ratio, as a balanced Pg/E2 ratio results in an up-regulation of serotonin receptors. While disruptions in serotonin may be impacting the sexual function of your patients, it is not likely that serotonin is the sole culprit, and comprehensive

assessment of neurotransmitters (including dopamine, norepinephrine, epinephrine, GABA and glutamate) and hormone levels (including estradiol, progesterone, testosterone, DHEA and cortisol) is essential in restoring balance and resolving symptoms in these women.

Assessing neurotransmitter imbalance is easy and accurate with Labrix's urinary neurotransmitter testing and can be done alone or in tandem with salivary hormone testing. Targeted nutritional therapy to support endogenous production of neurotransmitters is part of a well-rounded approach to optimal health and a complement to hormone replacement for patients with many tough to treat complaints including sexual dysfunction and low libido. Test now and treat right.

Resources

- Simon JA. Low sexual desire - is it all in her head? Pathophysiology, diagnosis and treatment of hypoactive sexual desire disorder. Postgrad Med. 2010; 112: 128-36.
- Nakajima T, et al. Clinical evaluation of 5-hydroxy-L-tryptophan as an antidepressant drug. Folia Psychiatr Neurol Jpn. 1978; 32: 223-30.
- Poldinger W, et al. A functional-dimensional approach to depression: serotonin deficiency as a target syndrome in a comparison of 5-hydroxytryptophan and fluvoxamine. Psychopathology. 1991; 24: 53-81.
- Self Nutrition Data. Foods highest in tryptophan. Available at: <http://nutritiondata.self.com/foods-000079000000000000000000.html> . Accessibility verified October 31, 2012.

Upcoming events

East Coast Core Training
March 16, 2013
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