Cureus

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Poster

Antipsychotic Treatment for Schizophrenia: Effects on Sexual Function

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Categories: Psychiatry
Keywords:

How to cite this poster
Caro O, Tamayo J M, Dossenbach M (2012) Antipsychotic Treatment for Schizophrenia: Effects on Sexual Function. Cureus 4(11): e522.

Abstract

Background: IC-SOHO (Intercontinental Schizophrenia Outpatients Health Outcomes) is a 3-year global, prospective, observational study examining health outcomes for outpatients with schizophrenia undergoing treatment with antipsychotics. In this presentation, we describe the effect of antipsychotic treatments on sexual functioning of patients with schizophrenia 6 months after enrolment. Objective: To examine the side effects associated with sexual functioning in patients with schizophrenia following 6 months of antipsychotic therapy. Method: Subjects > 18 years of age, undergoing treatment for schizophrenia in an outpatient setting and either changing or initiating antipsychotic treatment, were enrolled at the discretion of their psychiatrist. Two treatment groups were established for post hoc analysis: prolactin-elevating (consisting of typical antipsychotics, risperidone and amisulpride) and non-prolactin-elevating (all atypical antipsychotics except risperidone and amisulpride) antipsychotic treatments. Further analysis comparing sexual dysfunction in patients prescribed olanzapine, risperidone or haloperidol was conducted. Physicians recorded the presence of symptoms associated with sexual dysfunction, namely impotence, gynecomastia, galactorrhea, amenorrhea and loss of libido at baseline, 3- and 6 months after enrolment. Statistical significance for all analyses was determined, a priori, to be $p<0.001$. Results: Problems associated with sexual dysfunction were commonly reported in this study. Fifty-one percent of patients reported sexual dysfunction at baseline (27% some problems, 24% unable to perform sexually) while 42% reported sexual dysfunction after 6 months of treatment (25% some problems, 17% unable to perform). Of the patients prescribed prolactin-elevating antipsychotics, 45% experienced loss of libido, 5% showed signs of gynecomastia, 33% experienced impotence/sexual dysfunction, 4% exhibited symptoms of galactorrhea, while amenorrhea was recorded in 30% of female patients after 6 months of treatment. Patients prescribed prolactin-neutral antipsychotic therapy however, had significantly lower incidence ($p<0.0001$) of loss of libido (29%), gynecomastia (2%), impotence/sexual dysfunction (20%), galactorrhea (1%) and amenorrhea (16% of females) compared with their counterparts on prolactin-elevating antipsychotics. Furthermore, patients prescribed olanzapine had a

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Published 11/03/2012

significantly ($p<0.0001$) lower incidence of impotence/sexual dysfunction, loss of libido, galactorrhea and amenorrhea compared with risperidone or haloperidol-treated patients. There was a significant difference ($p<0.0001$) in the frequency of patient-reported sexual dysfunction compared with psychiatrist-reported adverse events related to sexual function, with the reporting of sexual dysfunction by psychiatrists being lower than the self-reporting of sexual dysfunction by patients. Conclusion: Problems related to sexual functioning are common in patients receiving antipsychotics. However, such sexual dysfunction is more prevalent in patients taking antipsychotics known to elevate serum prolactin levels, than in patients prescribed antipsychotics with a neutral effect on serum prolactin. Patients suffer from sexual dysfunction more frequently than is diagnosed by psychiatrists. Olanzapine is superior to risperidone and haloperidol in terms of sexual function side effects and may offer an alternative therapy for patients receiving antipsychotic treatment who present with these symptoms.

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