

Erectile Dysfunction and Depressive Symptoms

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Seidman SN, Roose SP, Menza MA, et al. Treatment of erectile dysfunction in men with depressive symptoms: results of a placebo-controlled trial with sildenafil citrate. *Am J Psychiatry*. 2001; 158:1623-30.

BACKGROUND:

Depression and erectile dysfunction occur often together in men, but the causal relationship is unclear.

AIM:

To evaluate the effects of sildenafil in men with erectile dysfunction and mild-to-moderate depressive symptoms.

METHODS:

Randomized, double-blind, placebo-controlled, flexible-dose (25-100 mg) trial over 12 weeks. Subjects had mild depression; those meeting criteria for major depression were excluded.

MAIN FINDINGS:

Erectile dysfunction, orgasmic function, sexual desire, and overall intercourse satisfaction all improved significantly more in the sildenafil group ($p < .001$ for all). Treatment-responders (48/66 given sildenafil, 10/70 given placebo) had significant improvements in depression symptoms and quality of life compared to nonresponders.

CONCLUSIONS:

Sildenafil is effective for erectile dysfunction in men with mild-to-moderate depressive symptoms. When erectile function improved, so did mood.

LIMITATIONS:

The results may not be generalizable to patients with major depression or taking psychotropic medications, who were excluded. How long any of the benefits persist is also not answerable by this 12 week trial.

RELATED REFERENCES:

Nurnberg HG (In Press)

This recent multi-center, six week, randomized placebo-controlled double-blind trial showed sildenafil is effective for treatment of erectile dysfunction in men taking SSRIs.

Masand PS, Ashton AK, Gupta S, Frank B. Sustained-release bupropion for selective serotonin reuptake inhibitor-induced sexual dysfunction: a randomized, double-blind, placebo-controlled, parallel-group study. *Am J Psychiatry* 2001; 158:805-7.

This 3 week placebo-controlled, randomized trial assessed low-dose sustained release bupropion (150 mg/day) for treatment of SSRI-induced sexual dysfunction. No differences from placebo were found.

Michelson D, Bancroft J, Targum S, Kim Y, Tepner R. Female sexual dysfunction associated with antidepressant administration: a randomized, placebo-controlled study of pharmacologic intervention. *Am J Psychiatry* 2000; 157:239-43.

This 8 week multi-center randomized double-blind trial assessed the efficacy of buspirone, amantadine, or placebo in women experiencing sexual dysfunction from fluoxetine. Neither drug was more effective than placebo, but all groups

(including placebo) experienced marked nonspecific improvement, an illustration of the high placebo response rate in sexual dysfunction attributed to antidepressants.