

SexQ Medication

The tool to start the conversation with young people about sexual side effects of psychotropic medication

WHAT

The SexQ Medication is a semi-structured interview designed to start the conversation with youth about the sexual side effects of psychotropic medication. This tool has been created together with experts, young people and practitioners.

WHY

Sexuality is part of the life and development of young people. Sexual side effects caused by psychotropic medication are common, but practitioners rarely discuss them. Young people want these topics to be discussed with them, just as all other side effects of these medications, but are afraid to bring this topic up themselves.

FOR WHOM

For all types of practitioners prescribing these medications, including doctors, psychiatrists and nurse specialists.

BY WHOM

This tool was designed by doctors and psychiatrists working in youth mental healthcare.



How to use the SexQ Medication?

The tool starts with a general section on starting with medication and the regular medication checkups. Followed by a more specific section on the five most commonly prescribed types of psychotropic drugs in the youth population. The tool's purpose is to start the conversation about sexual side effects, it does not represent an entire conversation.

Each medication section contains background information for the consumer and literal sentences formulated by young people.



background information on each medication group



pharmacological information for the practitioner



literal example questions

Where boy/girl is stated, is meant: the at-birth assigned gender, which may differ from one's perceived gender.



Negative sexual experiences

Be mindful of any negative sexual experiences a young person may have had. Be alert to the signals, and ask about them if you have any doubts. (For more information, see the SexQ)



Culture and religion

Immerse yourself in the cultural and/or religious background of the young person. (For more information, see the SexQ)

Tips & Tricks

Be **open-minded**, understanding and non-judgmental. Be aware of your own norms and values.

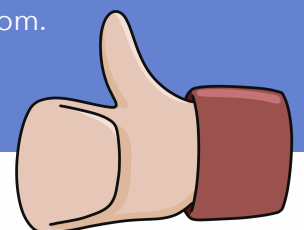
Trust between the young person and the practitioner is important, so it helps when there is a connection between them.

Guarantee **privacy** and security. Discuss these topics **without parents** in the room.

Discuss **confidentiality**, mention you are bound by professional secrecy and discuss what may and may not be reported in the patient's medical file.

Use **inclusive language**. For example, use the word partner instead of boyfriend/girlfriend.

Practice the sentences out loud at forehand. Doing so will make it easier in the consulting room.





Starting the conversation

- 1 Provide information about the subject**
 Also mention that psychological problems themselves can impact one's sexuality (such as depression, anxiety, mania etc.).
- 2 Ask for permission**
 Ask for permission to discuss this topic. Indicate that you will also ask about this at subsequent check-ups, along with other side effects, such as sleep/appetite, etc.
- 3 Side effects**
 Tell that if they experience any side effects, you can make a plan to manage this.

We sometimes see that young people experience sexual side effects when using this medication.

We also know that young people are often hesitant to bring this up on their own or do not recognize it as a side effect, but that they do suffer from it.

For us physicians, this is a topic to discuss, just like other side effects such as sleep/appetite.

I will explain a bit about this if that is okay with you.

I will also ask about it at the check-up appointments.

It is good to know what feelings (sadness/anxiety, etc.) can cause sexual problems. For example, many people who feel sad also do not feel like having sex.

Potential side effects are: (see the explanation for each medication)

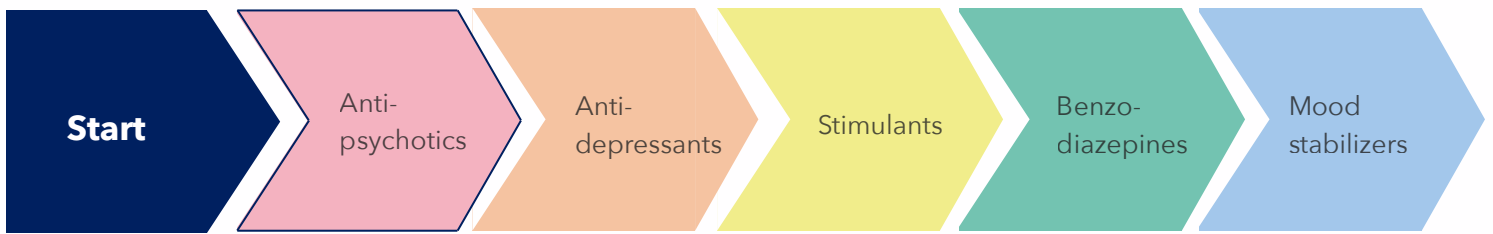
Medication check-up

- 1 Discuss sexual side effects (SSE)**
 Discuss sexual side effects (SSE) during check-ups, just as is done with other side effects.
- 2 Actively ask about side effects**
 Actively ask about side effects. Young people are often hesitant to address this topic. Discuss these topics without parent(s)/caregiver(s) in the room.

I also wanted to ask if you have experienced any sexual changes, because this type of medication has been found to cause them. Are you okay with that?

Did you notice sexual changes or complaints?

Do you have: ... (see the explanation for each medication)



Antipsychotics



Background information

Sexual side effects (SSE) are very common. The most common side effects are: a low sex drive, more difficulty becoming and remaining aroused (e.g. difficulty maintaining an erection) and difficulty reaching an orgasm. Gynecomastia (breast growth in boys) and nipple discharge can occur, in boys and girls*. A rare side effect is priapism, a painful persistent erection of > 4 hours of the penis or the clitoris, which is harmful and requires emergency treatment. Also, psychosis itself can significantly impact sexuality.

Example sentences for girls

Did you notice any sexual changes or complaints?
(open question)

Do you have:

- less or more desire for sex
- difficulty getting aroused
- difficulty staying aroused
- difficulty reaching an orgasm/coming
- nipple discharge
- changes in the size of your breasts
(possibly breast pain or hard breasts)

Example sentences for boys

Did you notice any sexual changes or complaints?
(open question)

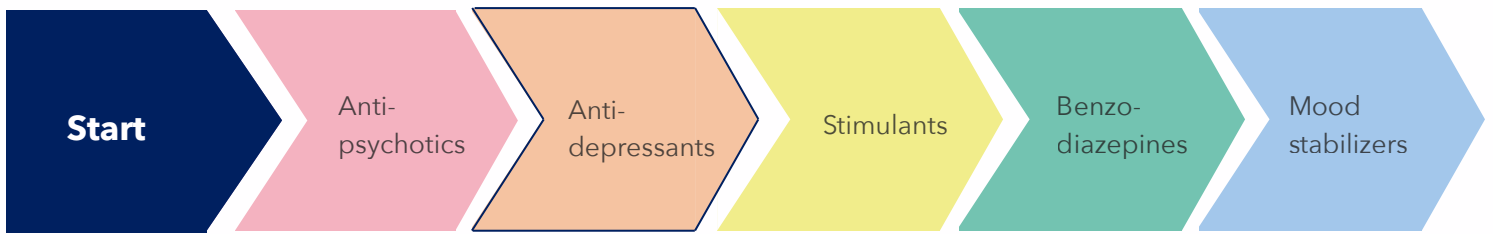
Do you have:

- less or more desire for sex
- difficulty getting an erection
- difficulty maintaining an erection
- difficulty reaching an orgasm/coming
- nipple discharge
- breast growth



Pharmacological

Dopamine (D) stimulates the desire for sex through several processes. Antipsychotics are often D-antagonists and can lower sexual desire. Part of this mechanism is caused by prolactin. Norepinephrine (NE) leads to genital vasoconstriction, inhibiting lubrication (becoming wet) and erections. NE also affects the early stages of ejaculation. So, NE-antagonists can stimulate erections and lubrication, but inhibit ejaculation simultaneously. All antipsychotics can cause SSE, although aripiprazole does so to a lesser extent due to its partial D-agonism. Priapism occurs, but not exclusively, most often when using antipsychotics with a high affinity for the alpha-1-receptor. It is a known but rare side effect of (among other medications) aripiprazole, chlorpromazine, quetiapine, risperidone and ziprasidone.



Antidepressants



Background information

Sexual side effects (SSE) frequently occur when using antidepressants. Moreover, depression itself (sadness, self-image, anhedonia) can have an inhibiting effect on sexual function. The most common side effects are: less desire for sex, difficulty getting and staying aroused (including difficulty maintaining an erection) and difficulty reaching an orgasm.

Example sentences for girls

Did you notice any sexual changes or complaints? (open question)

Do you have:

- less desire for sex
- difficulty getting aroused
- difficulty staying aroused
- difficulty reaching an orgasm/coming

Example sentences boys

Did you notice any sexual changes or complaints? (open question)

Do you have:

- less desire for sex
- difficulty getting an erection
- difficulty maintaining an erection
- difficulty reaching an orgasm/coming

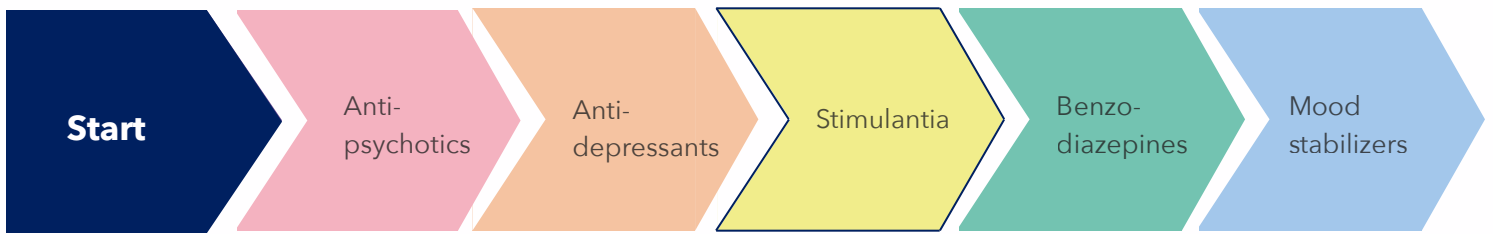


Pharmacological

Serotonin can, among other impacts, have a central and peripheral inhibitory effect on sexual desire, the speed and degree of arousal and the reaching of an orgasm. Noradrenaline, dopamine and acetylcholine also play a role in this.

The post-SSRI syndrome refers to sexual complaints that occur or persist after discontinuation of SSRI's. Much has been written about it on the internet by those affected. Whether it is a sexual variant of the well-known SSRI withdrawal symptoms, or, for example, a secondary psychological effect, remains unclear because one often pays extra close attention to possible sexual complaints after discontinuation.





Stimulants



Background information

Sexual side effects (SSE) are less known, but can occur. There have been several case reports of frequent, 'spontaneously' occurring, persistent erections in children and adolescents. Hypermasturbation and priapism can also occur. This applies to the short and long-acting agents. With the long-acting drugs, spontaneous erections occur more often when drugs are at trough level or after discontinuation.

Example sentences for girls

Did you notice any sexual changes or complaints?
(open question)

Do you have:

- less or more desire for sex

Example sentences for boys

Did you notice any sexual changes or complaints?
(open question)

Do you have:

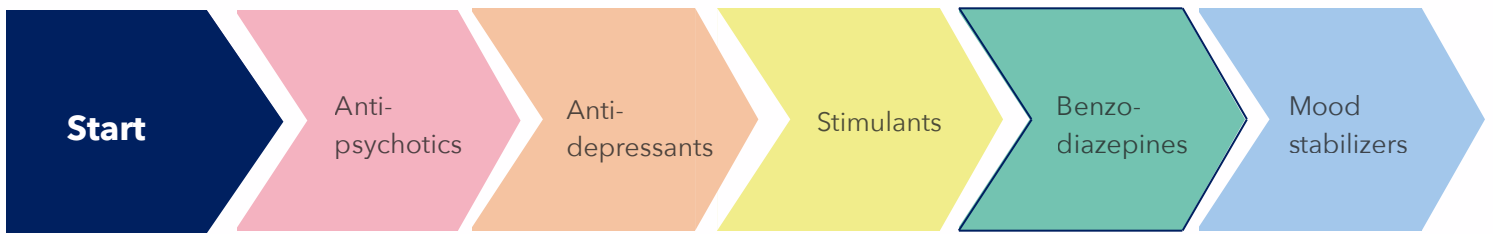
- less desire for sex
- difficulty getting an erection
- difficulty maintaining an erection/hard-on
- all of a sudden more erections that you did not necessarily want or expect
- painful or long-lasting erections



Pharmacological

'Spontaneous' erections, a shorter time to ejaculation and hypermasturbation can occur when the α_2 -receptor is slightly blocked. These SSE are likeliest to occur with long-acting stimulants, just before taking the next dose (at trough level) or shortly after discontinuation.

Priapism: α_1 -receptor blockade causes erections and inhibits the (quick) drainage of blood, as a result of which those erections can be long-lasting.



Benzodiazepines



Background information

Benzodiazepine-agonists are variably associated with sexual side effects (SSE). This is related to 'as needed' or continuous use. When used 'as needed', they can improve sexual function by decreasing anxiety symptoms. When used continuously, dose-dependent inhibition seems to occur, which also depends on the time of ingestion. Described SSE when using these medicaments include (among other) difficulty with arousal, difficulty reaching an orgasm and anorgasmia.



Pharmacological

Benzodiazepine-agonists increase GABA, which affects the erectile tissue in both men and women. Their influence on the sexual functions can therefore be expected. Since GABA and its related dopamine-inhibition has a circadian rhythm, it may be helpful to dose in the morning and to maybe advise taking 'drug holidays' when the SSE become too burdensome. Then, by evening, the chances of experiencing SSE or their intensity will be lower, according to some available evidence.

Example sentences for girls

Did you notice any sexual changes or complaints?
(open question)

Do you have:

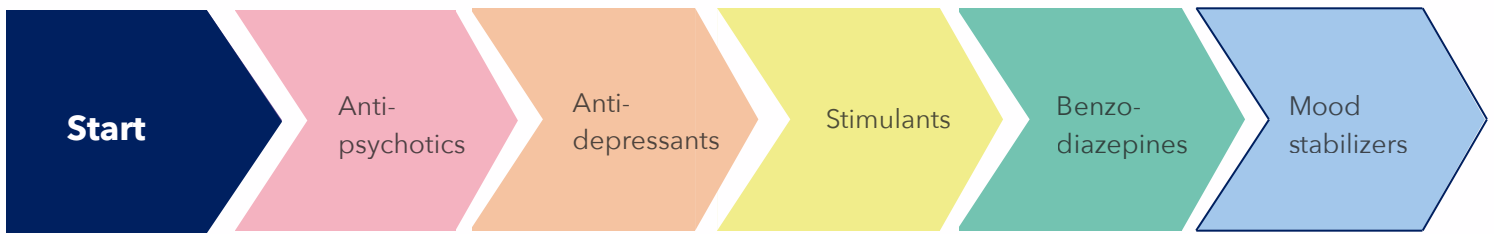
- less desire for sex
- difficulty getting aroused
- difficulty staying aroused
- difficulty reaching an orgasm/coming

Example sentences for boys

Did you notice any sexual changes or complaints?
(open question)

Do you have:

- less desire for sex
- difficulty getting an erection
- difficulty maintaining an erection
- difficulty reaching an orgasm/coming



Mood stabilizers



Background information

Bipolar disorder can cause changes in sexual functioning, ranging from hypersexuality and disinhibition in (hypo)mania, to reduced desire and difficulty with orgasms in depression. The sexual side effects (SSE) of mood stabilizers, such as lithium and anti-epileptics (valproate, lamotrigine), are frequently reported during treatment.

Example sentences for girls

Did you notice any sexual changes or complaints?
(open question)

Do you have:

- less or more desire for sex
- difficulty getting aroused
- difficulty reaching an orgasm/coming

Example sentences for boys

Did you notice any sexual changes or complaints?
(open question)

Do you have:

- less or more desire for sex
- difficulty getting an erection
- difficulty maintaining an erection/hard-on



Pharmacological

Lithium can lower testosterone levels (in all genders), which is associated with less sexual desire. Nitric oxide (NO), which causes the relaxation of the erectile tissue in the penis and the clitoris, can decrease, contributing to difficulties with arousal and orgasms. Combined treatment with benzodiazepine-agonists further increases the risk of SSE.