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Article *in* American Journal of Psychiatry · July 1986

DOI: 10.1176/ajp.143.6.781 · Source: PubMed

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Increased Libido in Women Receiving Trazodone

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The author presents the cases of three depressed women whose libido increased to above premorbid levels during trazodone treatment. Two patients resisted discontinuing the drug because of this pleasurable side effect.

(Am J Psychiatry 143:781–782, 1986)

Although clinicians have been alerted to the possible association between trazodone and priapism (1, 2), a review of the literature failed to reveal any information about trazodone's effects on female sexual functioning. I have used trazodone to treat major depression and dysthymic disorder in a variety of female patients in the past 3 years. In this report I describe three cases of depressed women who experienced an increase in libido to above premorbid levels with therapeutic doses of trazodone.

CASE REPORTS

Case 1. Ms. A, a 26-year-old graduate student, had a 12-year history of recurrent major depression. She had no history of alcohol or drug abuse. There was no family history of affective disorder. She had never received a medication for her depression, nor had she been psychiatrically hospitalized. She had had only one sexual relationship, which had terminated 2 years before referral. She had not masturbated for over a year, and she had never been orgasmic.

Ms. A was referred for treatment after she failed to complete a series of courses because of her inability to concentrate on her work. At the time of her referral, she had been experiencing anhedonia, hypersomnia, anergy, excessive guilt, and suicidal ideation for 6 months. Her treatment began with a regimen of trazodone in gradually increasing doses up to 150 mg/day. Her symptoms began to remit when she reached 100 mg/day. At 150 mg/day she experienced increased energy, less preoccupation with guilt, and fewer suicidal fantasies. She also reported that her sex drive was greater than it had ever been. She began masturbating daily. Even though she continued to be anorgasmic, she initiated two new sexual relationships.

At the time of this report, Ms. A had been taking trazodone, 150 mg/day, for 3 months. She had no residual symptoms of major depression. She was enjoying the libidinal stimulation she attributed to the trazodone and expressed a concern that eventual discontinuation of the trazodone would inhibit her sexual pleasure.

Case 2. Ms. B, a 44-year-old psychologist with good premorbid functioning, had a 2½-year history of dysthymic disorder that had begun after a mastectomy and relationship loss. She suffered from chronic fatigue, social isolation, and poor self-esteem. Whereas she had previously had positive and satisfying sexual relationships, her sex drive had diminished to the point that she had given up masturbating.

After a year of psychotherapy and no remission of symptoms, Ms. B agreed to a trial of trazodone in gradually increasing doses up to 150 mg/day. The week after she had begun taking 150 mg/day, she reported that she thought trazodone might be an aphrodisiac. Although she was orgasmic, as she had been before the onset of her dysthymic disorder, she began to feel as though she was constantly sexually driven. She began masturbating again, and she also reestablished sexual relationships with three former sexual partners (she had previously been sexually monogamous). Concurrently, her level of energy improved and she regained her self-confidence.

Ms. B's trazodone was tapered off 6 months later. Although she did not experience any recurrent symptoms of depression, she did lament the diminution of her sex drive to its premastectomy levels within 2 weeks after discontinuing the trazodone. She continued to have no depressive symptoms.

Case 3. Ms. C, a 34-year-old business executive, had a 3-year history of dysthymic disorder. She was tearful and self-deprecatory most of the time. She was also socially withdrawn and pessimistic about the future. She did not abuse drugs or alcohol. She had no family history of affective disorder, and she had had no previous psychiatric treatment. She had been neither sexually active nor masturbatory since the termination of a relationship 3 years previously.

When Ms. C showed no improvement after 10 months of psychotherapy, she was begun on a regimen of trazodone in gradually increasing doses. Several weeks after she reached the dose of 150 mg/day, she reported that she had begun to experience an increased sex drive. She had begun masturbating again, and she had also been willing to accept invitations to social activities, which she had previously shunned. She soon became involved in a new relationship. She reported that her sex drive was greater than it had ever been and that she was orgasmic more frequently than ever before.

Ms. C's trazodone was tapered off after 7 months. Although she reported a diminution in her libido within a week after the trazodone was discontinued, she remained professionally active and nondepressed. However, when her rela-

Received July 22, 1985; revised Jan. 6, 1986; accepted Feb. 12, 1986. From the Department of Psychiatry, Harvard Medical School at Beth Israel Hospital. Address reprint requests to Dr. Gartrell, Beth Israel Hospital, 330 Brookline Ave., Boston, MA 02215.

tionship terminated, she began to experience a recurrence of her depressive symptoms. The trazodone was reinitiated, and again Ms. C reported a substantial increase in libido 11 days after she began taking 150 mg/day. Her remaining symptoms of depression remitted over the following month. She had continued to be euthymic while taking trazodone, 150 mg/day, at the time of this report.

DISCUSSION

To my knowledge this is the first published report of increased sexual drive above premorbid levels in women receiving therapeutic doses of trazodone. At the time of this report the manufacturer of trazodone had obtained information about only one case in which a woman described increased libido associated with trazodone. Of the 13 women I have treated with trazodone, six—including the three cited in this report—experienced a substantial increase in libido coinciding with a remission of depressive or dysthymic symptoms, five experienced no therapeutic or libidinal effect, and two experienced a remission of depression without libidinal effects. Although I routinely inquire about changes in sexual functioning with antidepressant treatment, I have never had a patient who was taking an antidepressant other than trazodone acknowledge an increase in libido to above premorbid levels. The fact that 46% of my very small sample of female patients receiving trazodone reported libidinal stimulation suggests that this side effect may occur more frequently than clinical trials have indicated (3–5).

It is important to point out that the increased libido experienced by these patients was described as highly pleasurable. None of the patients had received any information about possible libidinal side effects of trazodone before initiating treatment. In fact, when these patients realized that the increased sex drive might be associated with trazodone, they were reluctant to discontinue the medication.

Trazodone has been shown in animal studies (3) to decrease prolactin levels, to inhibit reuptake of serotonin, to produce β-receptor subsensitivity, and to decrease 5-HT_2 binding. Since our understanding of the neurophysiology of the female sexual response is still very primitive, further studies will be necessary to determine whether any of trazodone's known neurochemical actions are related to the increased libido that some women have reported.

I hope that controlled clinical trials examining sexual functioning in both female and male patients will provide more information about the effects of trazodone on libido. I would also like to encourage my colleagues to inquire about increased libido in patients who are receiving trazodone. We so often experience the problem of patient noncompliance because of adverse antidepressant side effects that we do not anticipate encountering drugs whose side effects are so pleasurable that patients are reluctant to stop taking them.

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