
EFFECTIVENESS OF SWITCHING TO AGOMELATINE IN ANTIDEPRESSANT-RELATED SEXUAL DYSFUNCTION

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Introduction: Antidepressants such as SSRI and SNRI are associated to sexual dysfunction (SD). Agomelatine, an antidepressant with a unique and different mechanism of action, didn't produce SD in patients and healthy volunteers (Montejo et al, 2010). Objective: To evaluate the effectiveness of switching to agomelatine in patient's experiencing SD related to previous antidepressant treatment (AD-SD). Methods: Observational prospective study of 2-6 months follow-up. Adult sexually active patients presenting AD-SD and switched to agomelatine monotherapy were included. SD was evaluated with the change at endpoint in the validated and specific questionnaire PR-Sex-DQ-SALSEX (Montejo et al, 2001). Results: 51 patients were included. All of them presented moderate to severe SD at inclusion. Previous AD treatment was an SSRI (63.4%) or SNRI (36.6%). Mean time of follow-up was 10.38 weeks (Sd: 5.20). Mean dose of agomelatine was 28.43 mg/day (Sd: 10.02). Sexual dysfunction (sexual interest, orgasm delay, anorgasmia and arousal problems) improved after switching to agomelatine, as shown by the significant reduction in PR-Sex-DQ-SALSEX score (global and by items) at endpoint ($p < 0.001$, Wilcoxon test). At endpoint 44.9% of the sample had resolved their SD. Moderate-severe SD was present only in 18.4%. 13.9% discontinued agomelatine due to lack of efficacy and 9.7% because tolerability issues, specially associated to discontinuation syndrome. Conclusions: In our sample global and every domain of SD improved significantly after switching to agomelatine, what makes it an apparent successful option to manage Antidepressant-related Sexual Dysfunction. A gradual switching is suggested in order to avoid treatment failure due to discontinuation syndrome.