



## CASE REPORT

# Spontaneous Erection and Ejaculation Caused by Escitalopram

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### ABSTRACT

Sexual dysfunction (SD) caused by antidepressants is a common problem encountered in psychiatry outpatient clinics. Documented frequency of this side effect varies in accordance with physician's inquiry. While questioning about sexual side effects, physicians mostly consider the loss of sexual desire and delay in erection and ejaculation. However, the fact that some selective serotonin reuptake inhibitors (SSRIs) can cause spontaneous erection or spontaneous ejaculation without erection, should not be neglected. This study presents a case of 40-year-old male patient with spontaneous erection and spontaneous ejaculation after escitalopram therapy. It was observed that when treatment with escitalopram was discontinued and citalopram was initiated, these current sexual side effects have changed and loss of sexual desire and delay in ejaculation has begun. The present case is regarding the different sexual side effects caused by similar drugs in the same patient.

**Keywords:** Adverse effects, citalopram, escitalopram, ejaculation, penile erection

## INTRODUCTION

Sexual dysfunction (SD) is a common problem in general population and SD is also a potential adverse effect of antidepressant drugs especially selective serotonin reuptake inhibitors (SSRI). Clinical approach carries weight in determining the frequency of SD caused by antidepressants. In patients treated with antidepressants, the prevalence of SD was found 14% when measured through self-report, whereas it was found 58% when patients were subjected to certain questions (1).

Stahl, classified sexual response into three simple stages in terms of psychopharmacological aspect: desire, arousal, and orgasm (2). One or more three phases of sexual response can be adversely affected by antidepressants. Antidepressants with potent serotonergic characteristics have the highest rate of sexual

side effects (3). The incidence of SD was reported as 37% for escitalopram and 79% for citalopram by a recent meta-analysis (4).

Delayed orgasm/ejaculation is seen most among the SDs associated with antidepressant use (5). Altered libido, erectile dysfunction, vaginal dryness, priapism and genital anesthesia are other reported SDs (6,7). A case report referring to spontaneous erection and spontaneous ejaculation which occurred after escitalopram treatment is presented here. This case report was aimed to emphasize the unusual SDs caused by SSRIs.

## CASE PRESENTATION

A 40-year-old male patient admitted to our outpatient clinic in April 2017 with complaints of feeling sad, unwilling to communicate with others, loss of interest in daily life and sleep disturbance for 1 month that started after loss of money in trade. He had no previous psychiatric background as well as medical comorbidity. The patient also denied any illicit substance or alcohol use. He was prescribed escitalopram 10 mg/day with

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diagnosis of major depressive disorder according to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) criteria. The patient who had no sexual complaints in the initial examination, re-presented to our outpatient clinic two weeks later with complaints of spontaneous erection (once/twice a day without any reason) and intermittently spontaneous ejaculation (without any stimulation or erection). He reported that he often suffers from these side effects, feels uncomfortable and started to wear a long coat to hide erection in public. Beside ongoing depressive reactions and sexual side effects, there were no additional symptoms that would suggest manic shift in this patient. Following urology consultation, total urine examination was performed, yet no urological condition was revealed. The patient had not been taking any other medications that might cause sexual stimulation. It is noted that, the Arizona Sexual Experience Scale (ASEX) score of the patient decreased from 14 to 10, due to spontaneous erection and ejaculation after onset of escitalopram treatment. Hereby, the treatment was then changed to citalopram 20 mg/day. After three weeks, depressive complaints of the patient regressed and spontaneous erection and ejaculation ceased; however, the patient described loss of interest in sex and delayed ejaculation. In addition, the patient refused to use another prescribed medication, stating his complaints diminished remarkably. The Beck Depression Inventory (BDI) score of the patient in the initial examination compared to three weeks after citalopram therapy, decreased from 35 to 27, respectively. Therefore, citalopram therapy was carried on. The patient was regularly followed up and he underwent remission. At last, medical treatment was terminated by gradually decreasing dose in September 2017. Two weeks after discontinuation of drug, SD disappeared and the patient resumed having normal sexual functions.

## DISCUSSION

The Naranjo Adverse Drug Reaction Probability Scale (NADRPS) is a simple questionnaire including parameters for determining the likelihood of whether an adverse

drug reaction is actually due to the drug rather than the result of other factors. In this case using the NADRPS, a “probable” reaction (Score: 6) was attributed to escitalopram (8). This case draws attention to rarely seen sexual side effects of SSRIs. A comprehensive literature search was conducted; similar side effects with fluoxetine (9-11), paroxetine (12) and citalopram (13,14) were previously reported. In addition, a case report which identifies spontaneous ejaculation during micturition following escitalopram (15), was found. Regarding these cases mentioned above, it can be suggested that beside their well-known side effects, SSRIs can also cause spontaneous erection or ejaculation which cannot be explained by manic switch.

The noteworthy aspect of the present case is that, although escitalopram and citalopram are molecularly similar drugs and despite almost equivalent doses given, they had two distinct side effects in the same patient. As it is known, escitalopram is the pure active S enantiomer form of citalopram, of which unwanted R enantiomer is discarded. Thus, antihistaminic side effects are reduced and the drug becomes efficient at low doses. It seems hard to explain why these two molecules have such opposite side effects. In a study by Ashton et al. in 2005, it was emphasized that, SD was regressed in patients who treated with SSRIs (including citalopram) or serotonin and norepinephrine reuptake inhibitors (SNRIs) when switched to escitalopram (16). Although escitalopram is expected to cause more dysfunction/ delay in erection and ejaculation because of its higher serotonin reuptake potency (at some point it is frequently prescribed in non-indication phenomena i.e., premature ejaculation), this study and as well as the study mentioned above show that it is not always the case.

In SD caused by antidepressants, there are three approaches for clinicians: optimizing the antidepressant dose, temporarily stopping medication (e.g., drug holiday, two-days drug rest in a week), or waiting. If SD occurs at the beginning of treatment, it is recommended to switch drugs or add medication to the treatment (17). In a previous study, suspension of antidepressant medication had been an approach to SSRI induced SD, but depressive symptoms

became relatively worse (18). In this case, because the sexual side effects of escitalopram treatment reduced the patient's quality of life in the first two weeks and the patient did not show any change in depressive symptoms the treatment was switched to citalopram. However, because the patient reported that he could tolerate the sexual side effects of citalopram that developed in the third week of treatment and because the depression complaints were reduced, the treatment was continued.

In conclusion, routine questions about SD at enrollment and follow-up are necessary for drug optimization, patient compliance and prognosis, owing to the fact that these side effects have a great impact on the life quality, self-esteem and recovery of the patients and increase the risk of non-compliance to treatment.

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