

Drug Information Office / Jordan University of Science and Technology

New Study Finds That SSRI May Negatively Affect Male Fertility In Patients With Premature Ejaculation

Premature ejaculation (PE) is a common sexual complaint. Both psychological and biological factors can play a role in its etiology, various methods are used to treat it, including SSRIs and nonmedical treatment, such as behavioral therapy (BT).¹

Selective serotonin reuptake inhibitors (SSRIs) such as clomipramine, paroxetine, fluoxetine, sertraline, and citalopram have been shown to be effective in treating PE, but they are associated with side effects, including yawning, mild nausea, severe sweating, extreme fatigue, change in bowel function, and reduced bone mineral density.²

These drugs can also lower libido and erectile rigidity, but in some patients, the side effects gradually disappear after a month of continuous use.²

This study finds that sertraline (*Zoloft*[®]) may have a negative impact on some semen parameters, a finding that may have implications for male fertility.²

In this single-blinded clinical trial, a total of 60 married men with primary premature ejaculation were randomly divided into 2 groups: the sertraline group (n = 30, sertraline 25 mg/day for 1 week followed by 50 mg/day for 3 months) and the BT group (n = 30, using BT technique for 3 months).³

This study showed that the drug significantly reduced sperm concentration and percentage of normal morphology and significantly increased percentage of sperm deoxyribonucleic acid (DNA) fragmentation compared with behavioral therapy (BT) but there was no significant difference in semen volume or percentage of sperm motility, either before or after sertraline therapy. BT had no effect on any semen parameters.²

They conclude that further studies into the impact of SSRIs are needed in larger populations.

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