

FEMALE SEXUAL DYSFUNCTION IN ANXIETY PATIENT

Female anxiety patient can have different sexual dysfunctions. There is bilateral relationship between anxiety and female sexual dysfunction. All four phases of sexual responses get effected by anxiety. It has impact on autonomic nervous system involved in sexual response .Women with anxiety has arousal or orgasmic dysfunction. SSRIs are used extensively for anxiety disorder can cause serious sexual dysfunction. Pharmacotherapy of anxiety without SD is challenging task.

METHOD:

Pub med reasech was made using key words female sexual dysfunction, SSRI,s anxiety .

RESULTS

Anxiety disorders are twice as high in female population .Female with anxiety can have 3.5 time more orgasmic or arousal disorder than non anxious patients. In patients taking SSRI,s all phase of sexual responses but in particular arousal in female.

DISCUSSION:

Sexual dysfunction in female on antidepressant are troublesome which might become cause for non adherence. There are many strategies to combat this problem. Add on medication to counter these side effects. These include buspiron, and bupropion. There are medicine that are effective on anxiety but have minimum side effects .These medicines include vilazodone, vortioxetine, mirtazepine, agomelatine, thianepine, buspiron. 5HT_{1a} as a receptor as oppose to 5HT_{2a} and 5HT_{2c} does not cause sexual Vilazodone, vortioxetine and buspiron act on it. Mirtazepine an agomelatine are antagonist at 5HT₂ and have anti anxiety effect with less SD. Thianepine act via dopamine ,is devoid of SD. Bupropion act on dopamine and nor adrenaline so can undo SSRI induced SD. Non pharmacological modality include CBT, relaxation exercises, water therapy can be used .