

New Study Links SSRI Antidepressants to Poor Libido

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STORY AT-A-GLANCE

- › Selective serotonin reuptake inhibitors (SSRIs) are widely prescribed antidepressants that work by increasing serotonin levels in the brain
- › SSRIs are only one class of antidepressants; others include serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs), which act on different brain chemicals and come with their own side effects and risks
- › A 2025 BMC Psychiatry study of 452 adults found sexual dysfunction in 88.7% of women and 84.5% of men taking antidepressants, most of whom were on SSRIs
- › Further investigations report genital numbness, loss of libido, and emotional blunting consistent with post-SSRI sexual dysfunction (PSSD), sometimes lasting years after treatment ends
- › Instead of relying on antidepressants, strategies to help improve mood include eating nutrient-rich foods, getting healthy sunlight, sleeping well, and staying active

Antidepressants are some of the most prescribed medications in the United States. The U.S. Centers for Disease Control and Prevention (CDC) reports that roughly 11%¹ of adults take them, with women being nearly twice as likely as men to use these drugs. Prescriptions have been climbing for years, and during the pandemic, dispensing rates for teens and young adults jumped by about 63.5%,² with the biggest increase among young women.

Most of these prescriptions fall under a class called selective serotonin reuptake inhibitors or SSRIs. But despite being the first choice for treatment, these drugs come with a plethora of side effects. One of the most common yet least talked about effects is sexual dysfunction – and research suggests it can persist long after treatment ends.

The Hidden Connection Between Antidepressants and Sexual Health

In a 2025 study published in BMC Psychiatry, researchers investigated how antidepressants lead to sexual dysfunction, and the factors that increase the risk. Their goal was to understand just how big this issue is, and why it sometimes pushes people to stop their medication.³

- **Study setting and participant criteria** – Participants were selected from the Psychiatry Outpatient Clinic of four hospitals in three major cities in Türkiye (Istanbul, Ankara, and Antalya) between January 2023 and January 2024. Each volunteer had been on antidepressant monotherapy for at least one month.⁴ The participants ranged in age from 18 to 69 (average age 38), and most were married. Nearly half (46%) had depression and 39% had anxiety.⁵
- **How the subjects were assessed** – Researchers surveyed 452 adults using the Psychotropic-Related Sexual Dysfunction Questionnaire (PRSexDQ), which measures changes in sexual desire, arousal, and orgasm.
- **Medications involved in the study** – About 93% of participants were taking SSRIs like sertraline (Zoloft), escitalopram (Lexapro), fluoxetine (Prozac), and paroxetine (Paxil) or serotonin-norepinephrine reuptake inhibitors (SNRIs), like venlafaxine (Effexor) and duloxetine (Cymbalta).⁶ A smaller group used vortioxetine (Trintellix) or bupropion (Wellbutrin), which raise dopamine and norepinephrine, and are known for having fewer sexual side effects.

- **High numbers for both genders** — Based on their findings, sexual dysfunction was reported by 88.7% of women and 84.5% of men. In plain terms, almost nine out of 10 participants had sexual problems while on antidepressants. These issues ranged from mild to severe, meaning some had occasional issues while others experienced major disruptions in sexual function.

These rates are even higher than the 70% to 80% range reported in earlier research. Because most participants were on SSRIs or SNRIs, which strongly affect serotonin, this helps explain why the numbers were so high.⁷

What You Need to Know About SSRIs

For decades, the dominant theory behind antidepressants has been that depression stems from a lack of serotonin.⁸ That idea shaped the rise of SSRIs, which work by increasing serotonin levels in the brain. But research now shows **the opposite may be true**: too much serotonin — not too little — can drive depression and other mood disorders.⁹

- **SSRIs block serotonin reabsorption, leaving more of it active in the brain** — While this was once thought to correct a "deficiency," studies reveal that excess serotonin can disrupt dopamine signaling, which is essential for motivation and pleasure. This imbalance may explain why many patients experience emotional blunting or worsening symptoms over time.
- **Other antidepressants work differently but have similarly damaging effects** — SSRIs aren't the only kind of antidepressants out there; there are several older and more specific-use ones like tricyclic antidepressants (TCAs), which are linked to side effects like dry mouth or heart rhythm issues,¹⁰ and monoamine oxidase inhibitors (MAOIs). MAOIs are rarely used today because they require strict dietary restrictions and can interact dangerously with certain foods and medications.

- **Stopping suddenly can trigger withdrawal symptoms** – Abruptly quitting SSRIs can lead to uncomfortable withdrawal effects such as dizziness, "brain zaps," sleep disturbances, and mood swings.¹¹

SSRIs remain widely prescribed, but they don't fix the root cause – and can instead create new problems. Persistent sexual side effects, emotional numbness, and even increased risk of **chronic fatigue syndrome** raise serious questions about their long-term safety.

Patient Case Studies Raise Concerns About Lasting SSRI Side Effects

According to an article in The New York Times, there are now more than 500 published case reports describing post-SSRI sexual dysfunction (PSSD) in the medical literature.¹²

While large studies show how common sexual side effects can be, individual patient experiences tell a more sobering story. Across different ages, diagnoses, and medications, patients describe eerily similar symptoms of sexual dysfunction.¹³

- **Lost libido** – At 15, Marie began fluoxetine, the generic form of Prozac, for an eating disorder. Before treatment, she felt crushes and desire; soon after starting the SSRI, those feelings vanished. "I realized, Oh, I'm not developing new crushes," she said. No one warned her SSRIs could affect sexuality.

After years on multiple medications, including Wellbutrin, her libido remained low. Now in her late 30s and off medication for six years, Ruth says, "It's just an empty dark space." Her story, featured in a New York Times investigation, reflects growing concern over lasting sexual side effects.¹⁴

- **Erectile dysfunction** – Cael began taking antidepressants at 19, after moving out of his family home and starting college. He was prescribed a series of SSRIs and SNRIs. With each, he noticed changes to his sexual functioning: weak or absent erections, and orgasms that felt distant and hollow.¹⁵

Cael is now 23 years old and had stopped taking the meds for a year; even so, he says nothing has returned to normal. "What if I have this for the rest of my life?" he asks.

- **Lack of sensation** – Ruth's daughter was just 11 years old when she was prescribed Zoloft following a traumatic incident at school. Her doctors said it would help her feel better. Ruth, like many parents, trusted the advice and consented. Her daughter stayed on the drug for a decade. It wasn't until years later that Ruth learned about the persistent sexual side effects her daughter was still living with.

"Her erogenous zones don't work," Ruth said. "It makes me deeply sad ... it helps us to feel not alone." Now as an adult, her daughter still experiences a complete absence of sexual sensation – and Ruth lives with overwhelming regret. "I can't believe I so easily said yes."

- **Loss of physiological responses** – In Melbourne, during the 2020 COVID lockdown, 20-year-old nurse Rosie Tilli was prescribed escitalopram to help with mounting anxiety and depression. But instead of relief, she quickly noticed a total loss of sexual sensation.

Hoping the problem would resolve, she tapered off the drug after four months. It didn't. "Now nearly four years on, I can't experience any physiological sexual response. My clitoris feels like my elbow now," she told The Guardian in a 2024 interview. "It's as if the entire electrical hardwiring of the sexual system has been short-circuited."¹⁶

Rosie described herself as "completely broken" and said the condition had made intimacy impossible. "I've learned to put on a sunny disposition, but internally I am riddled with psychological grief and anguish."¹⁷

In addition to what these individuals shared, other sexual side effects linked to SSRIs include painful intercourse (dyspareunia) and prolonged erections (priapism). These symptoms can last anywhere from weeks to years.¹⁸

GABA – The Better Alternative to SSRIs

When stress or low mood strikes, most people think they need to "boost their serotonin." But here's what often gets overlooked – Your brain's calming system runs on gamma-aminobutyric acid (GABA), not serotonin. GABA is the brain's main inhibitory neurotransmitter – the chemical messenger that slows overactive signals and acts like a brake pedal,¹⁹ helping you feel centered, calm, and clear.

- **GABA works differently than SSRIs** – Instead of flooding your brain with serotonin, GABA restores balance naturally. It promotes serotonin breakdown and supports dopamine, the neurotransmitter that drives motivation and joy without creating chemical chaos.
- **Signs you're low on GABA** – According to a meta-analysis published in Human Brain Mapping, low GABA levels are linked to impaired focus, memory problems, and sensory or emotional overload. Disorders associated with low GABA – including schizophrenia, autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), panic disorder, post-traumatic stress disorder (PTSD), and major depressive disorder – may show similar symptoms.²⁰
- **Take it responsibly** – Clinical studies show that 500 to 2,000 mg of GABA daily can ease anxiety and improve sleep even for those already on SSRIs. Lower doses (around 100 mg) have improved depression scores. Pairing GABA with L-theanine, a natural GABA booster, can make these effects even stronger.
- **GABA's safety profile is excellent** – Even in high doses, excess GABA converts into succinic acid, which fuels mitochondrial energy production. Hence, supplementing with GABA is both safe and metabolically useful.

If you want to know more about how GABA can ease depression, manage your stress, and help you sleep better, read "[How to Improve Sleep and Reduce Stress with GABA](#)."

More Ways to Lift Your Mood Without SSRIs

Antidepressants often conceal symptoms rather than addressing the underlying cause of low mood. Instead of relying on pills, here are practical steps to help you feel better naturally.

1. Make healthy dietary swaps — Your brain runs on energy, and when your cells don't make enough, depression, anxiety, and low mood creep in. Start by giving your body easy-to-use carbohydrates like fresh fruit and white rice.

Most people thrive on about 250 grams per day, and if you're active or athletic, you'll likely need more. Just as important is to ditch seed oils and processed foods high in **linoleic acid (LA)**. These oils damage your mitochondria. Instead, cook with stable saturated fats such as grass fed butter, ghee, or beef tallow.

2. Nurture yourself with nutrients — Low levels of certain vitamins and minerals can quietly worsen depression; magnesium helps your nervous system relax, while shortages of **niacin (B3) and thiamine (B1)** may trigger paranoia, irritability, and poor sleep.

3. Make movement a daily habit — Being **physically active** is one of the most reliable mood boosters you can incorporate into your life. Even gentle activities like walking, stretching, or cycling at an easy pace improve circulation, balance hormones, and release feel-good brain chemicals. You don't need marathon gym sessions; short, enjoyable bursts of movement done consistently can transform your energy and outlook.

4. Let the sun reset your mind and body — Natural **sunlight** does more than make vitamin D — it also boosts endorphins and recharges your cellular energy. Aim for daily outdoor time, especially in the morning to set your internal clock.

5. Restore balance through sleep and relaxation — Sleep is your body's repair window. Without it, emotional health unravels. Start your day by stepping outside shortly after waking to anchor your **circadian rhythm**. At night, create a calming ritual: dim lights, avoid screens, and make your bedroom completely dark.

If you're feeling desperate or have any thoughts of suicide and reside in the U.S., please call the National Suicide Prevention Lifeline by dialing 988, call 911, or go to your nearest hospital emergency department.

U.K. and Irish helpline numbers can be found on [TherapyRoute.com](https://www.therapyroute.com). For other countries, do an online search for "suicide hotline" and the name of your country. You cannot make long-term plans for lifestyle changes when you're in the middle of a crisis.

Frequently Asked Questions (FAQs) About SSRIs and Sexual Dysfunction

Q: What are SSRIs, and how do they work?

A: Selective serotonin reuptake inhibitors (SSRIs) are a common class of antidepressants. They work by increasing serotonin levels in the brain, which can improve mood and ease anxiety, but may also affect sleep, appetite, and sexual function.

Q: Are SSRIs the only type of antidepressant?

A: No. Other antidepressants include SNRIs (serotonin-norepinephrine reuptake inhibitors), tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs). They act on different brain chemicals, and have their own side effects and risks.

Q: What did the recent study in BMC Psychiatry reveal about sexual side effects?

A: The 2025 BMC Psychiatry study surveyed 452 adults on antidepressants and found sexual dysfunction in 88.7% of women and 84.5% of men. Most participants were taking SSRIs or SNRIs, showing that treatment-related sexual problems are

widespread.

Q: What is Post-SSRI Sexual Dysfunction (PSSD)?

A: Post-SSRI Sexual Dysfunction (PSSD) refers to sexual issues like genital numbness, reduced libido, weak or absent orgasms, and emotional blunting after stopping SSRIs. They can last for months or even years.

Q: Are there better drug-free methods to improve your mood?

A: Yes. Start by choosing a bioenergetic diet rich in healthy carbohydrates, properly cooked vegetables, and traditional fats like ghee and beef tallow. Pair this with an active lifestyle, consistent quality sleep, and responsible supplementation to support neurotransmitter balance. These steps help stabilize energy, reduce stress, and promote emotional resilience without relying on prescription drugs.

Sources and References

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