

Practitioner SSRI Prescribing and Counseling Variations Based on Gender

Victoria A. Lamberti PA-C, Savannah J. Potter PA-C, Emily K. Szachnowicz PA-C, Amy Roberts PA-C

BACKGROUND

SSRIs have become the leading treatment for depression and anxiety based on favorable symptom improvement, but they continue to contribute to undesirable adverse reactions that impact patient compliance.^{1,2} There has been conflicting evidence on whether men and women experience similar adverse reactions while on SSRIs, or if the side effect profiles are more heavily influenced by gender.³ Previous studies have demonstrated possible provider bias against gender when prescribing SSRIs for reported symptoms of depression, but never on counseling variations between genders once prescribed this drug class.^{4,5} The purpose of this study was to determine possible differences regarding side effect counseling and outpatient prescribing habits between male and female patients prescribed selective serotonin-reuptake inhibitors (SSRIs) for anxiety, depression, and other indicated disorders.

METHODOLOGY

A quantitative 24-question anonymous survey created via Qualtrics Survey Software through Hofstra University was electronically disseminated via social media to outpatient MDs, DOs, PAs, and NPs practicing in family medicine, internal medicine, behavioral health, and other unspecified fields. Inclusion criteria for this study were that providers are current practicing outpatient MDs, DOs, PAs, or NPs who have prescribed SSRIs within the past five years. Those that did not meet the inclusion criteria were automatically exited from the survey and their responses were not included in analysis. This study was performed throughout November 2020 and received a total of 79 responses, 52 of which were eligible for analysis by meeting all inclusion criteria. All questions were approved by the Institutional Review Board (IRB) and all participants voluntarily signed an informed consent form. All data was analyzed using SPSS 2.0 and Microsoft Excel using descriptive, quantitative statistics. Differences in counseling compared to the gender of patients was found using a two-sample Z-test. Significance was determined by $p < .05$.

RESULTS

Men were significantly more likely to be counseled on sexual dysfunction ($z = 2.105$, $P < .05$). Men were also more likely to be counseled on anorgasmia and decreased libido. Providers perceived that male patients were significantly more likely to discontinue SSRI usage due to decreased libido ($z = 3.69$, $p < .001$) and sexual dysfunction ($z = 4.2067$, $p < .0001$). According to providers, they perceived that female patients were significantly more likely to discontinue SSRI usage because of weight gain ($z = 4.3691$, $p < .0001$). Providers cited that side effect intolerance was the most common reason for discontinuation of SSRIs in both genders. When sexual dysfunction was reported by a patient, practitioners reported they were most likely to change to a different SSRI, regardless of patient gender. However, practitioners were more likely to recommend “watchful waiting” or lifestyle modifications to women rather than men.

Provider Credentials	n(%)
PA	55 (69.62)
NP	12 (15.19)
DO	4 (5.06)
MD	8 (10.13)
Total	79 (100)
Outpatient	n(%)
Yes	61 (78.21)
No	17 (27.79)
Total	78 (100)
Practice Setting	n(%)
Family Medicine	30 (51.72)
Internal Medicine	11 (18.97)
Psychiatry	6 (10.34)
Other	11 (18.97)
Total	58 (100)
Prescribed SSRIs within 5 years	n(%)
Yes	52 (98.11)
No	1 (1.89)
Total	53 (100)

Side Effect	Z score	p value
Decreased Libido	3.6924	0.00022**
Anorgasmia	1.3782	0.16758
Sexual Dysfunction	4.2067	0.00001**
Weight Gain	4.3691	0.00001**
Weight Loss	-0.6737	0.50286
Increased Suicidal Tendency	-0.1772	0.85716
Increased Anxiety	-1.5662	0.11642
GI Upset	-0.9999	0.31732
Insomnia	-1.6776	0.09296

* $p < .05$; ** $p < .001$

CONCLUSION

The results of this study support the hypothesis of existing counseling differences between male and female patients prescribed SSRIs. Lower incidence of female reports of sexual side effects may be related to provider stigma against counseling women on these side effects. Less reporting incidence of weight gain by male patients may be attributed to either lack of patient education, or else existing stigmas regarding male body image and comfortability with weight discussions. Providers recommending “watchful waiting” and lifestyle modifications to women while providing pharmacologic solutions to men raises the question as to why interventions are not implemented at the same level for female and male complaints of similar side effects. A notable limitation within this study is collection of self-reporting data by electronic distribution mainly through targeted social media, which limits participant population and may contribute to response biases. Despite this study’s small sample size of 52 participants, the results are generalizable enough to suggest areas of improvement in the prescribing habits of this drug class, particularly surrounding equal symptom education of females and males to which they are prescribed.

Figure 3. Comparison of Provider Counseling of Side Effects Related to SSRIs by Gender

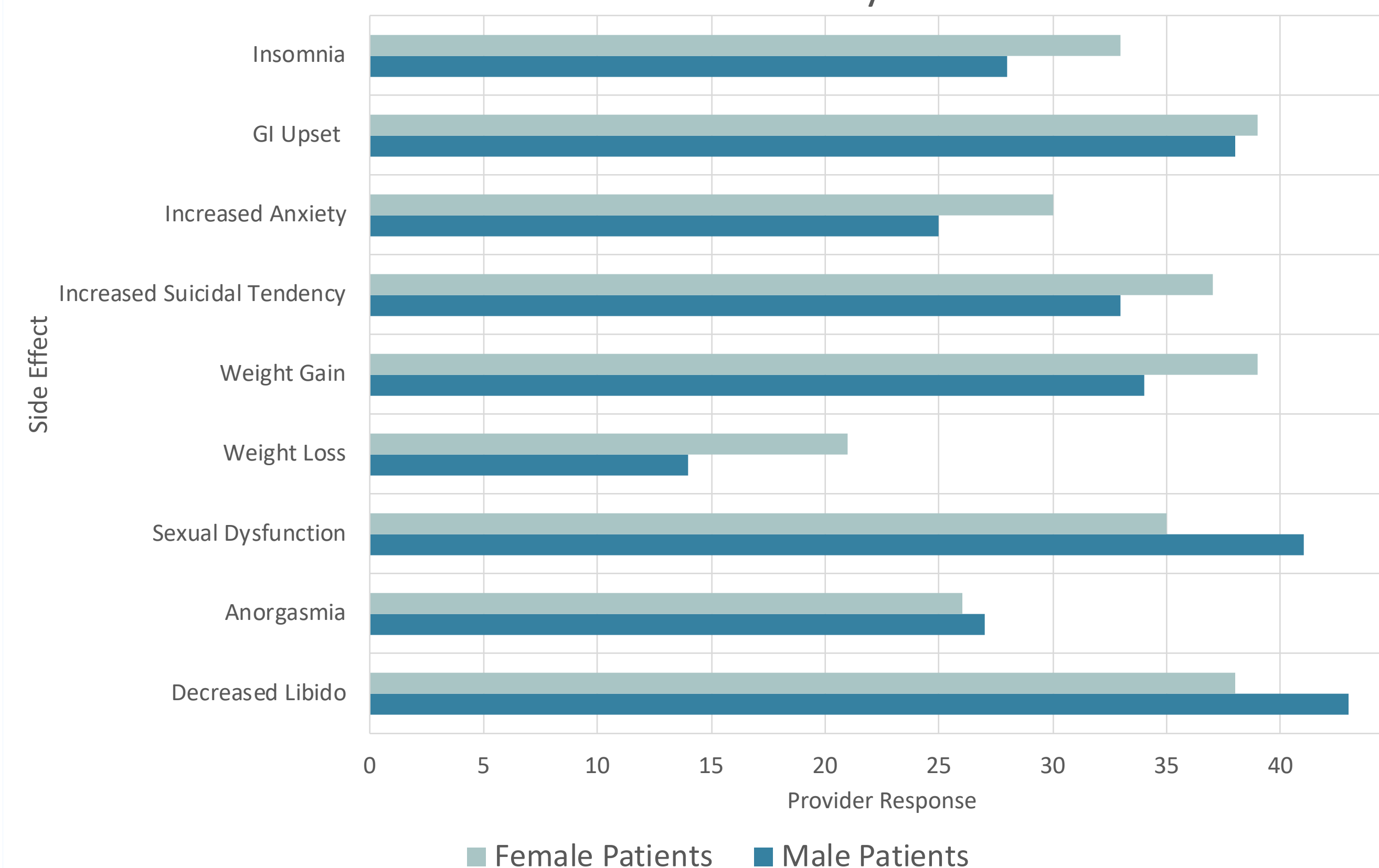


Figure 4. Provider Perceived Reason of Discontinuation of SSRI Based on Side Effect Compared by Gender

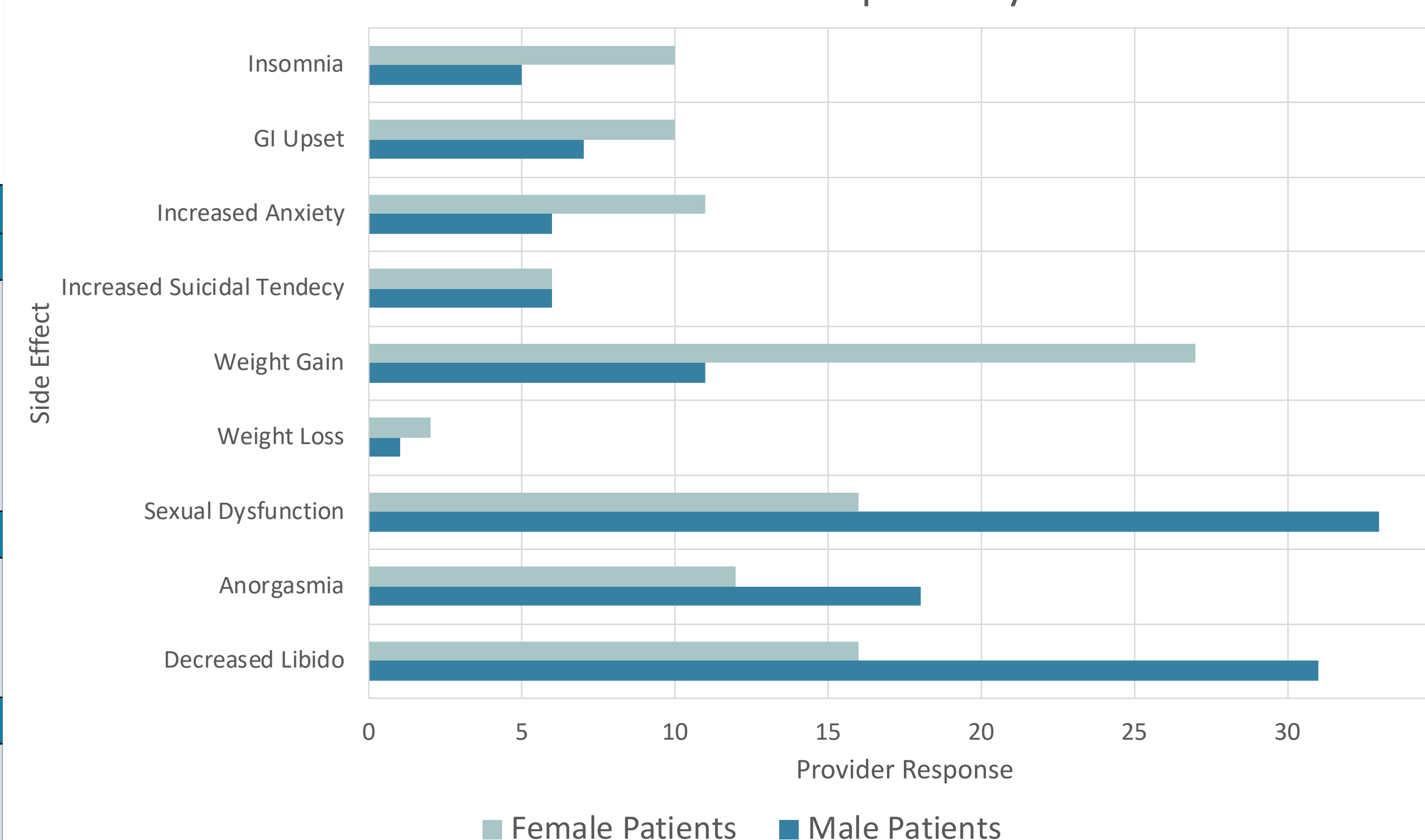
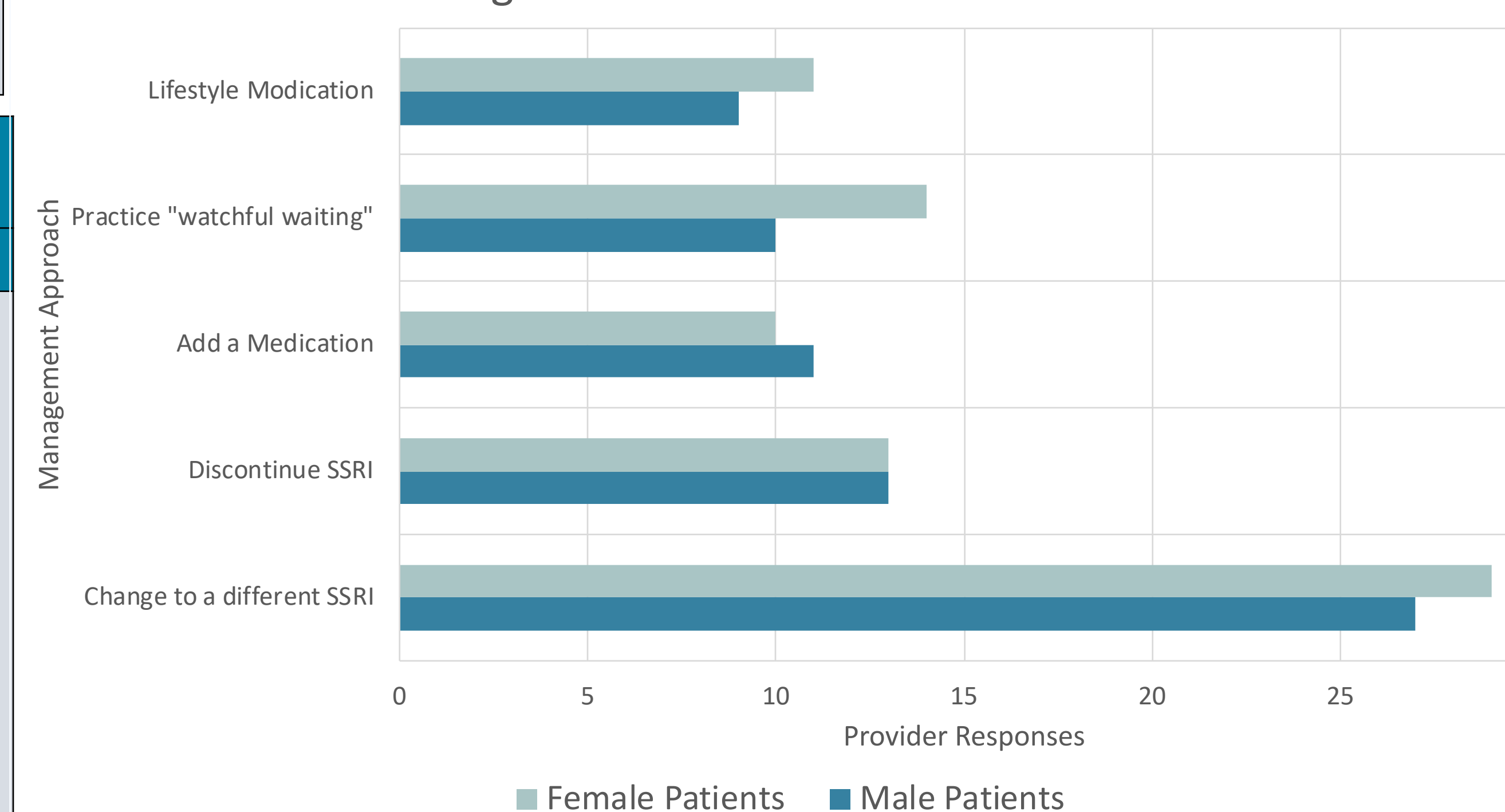


Figure 5. Provider Approach to Sexual Side Effect Management in Male vs. Female Patients



REFERENCES

1. Ferguson JM. SSRI antidepressant medications: adverse effects and tolerability. *J Clin Psych*. 2001 Feb; 3(1): 22-27.
2. Kostev K, Rex J, Eith T, Heilmaier, C. Which adverse effects influence the dropout rate in selective serotonin reuptake inhibitor (SSRI) treatment? Results for 20,824 patients. *GMS*. 2014; 12: 1-8.
3. Sramek JJ, Murphy MF, Cutler NR. Sex differences in the psychopharmacological treatment of depression. *Dialogues in Clin Neuro*. 2016 Nov 4; 18(4): 447-457.
4. Reisman, Y. Are There Any Sex/Gender Differences in Post-Selective Serotonin Reuptake Inhibitors (SSRI) Sexual Dysfunction (PSDD)? *Curr Sex Health Rep* 11, 237–242 (2019). <https://doi.org/10.1007/s11930-019-00222-x>
5. Frackiewicz EJ, Sramek JJ, Cutler NR. Gender differences in depression and antidepressant pharmacokinetics and adverse events. *Ann Pharmacother*. 2000;34(1):80-88. doi:10.1345/aph.18465