Spontaneous Ejaculation Due to Duloxetine: A Case Report
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ABSTRACT

Ejaculation is controlled by both the sympathetic and parasympathetic system and consists of an emission and expulsion phase (1) Ejaculation latency time is regulated by the sympathetic system. Hypothetically, by reducing ejaculatory latency time, spontaneous ejaculation can occur (1).

Extending the duration of ejaculation is well known side effect of antidepressants such as especially SSRIs, SNRIs and NRIs. Adrenergic drugs are sometimes used as treatment for delayed ejaculation (1). It has been rarely reported a spontaneous ejaculation due to use of these drugs. Although most reports of spontaneous ejaculations are related to the use of venlafaxine and reboxetine, in this article we report a case about this side effect of duloxetine.

Keywords: Duloxetine, serotonin and norepinephrine reuptake inhibitors (SNRIs), side effects, spontaneous ejaculation

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INTRODUCTION

Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) and Noradrenergic Reuptake inhibitors can cause delayed ejaculation in men, delayed orgasm or anorgasmia in women and the decreased libido in both men and women. Higgins et al. published an article about the sexual side effects and the incidence rates of them (2). These drugs are commonly used for the treatment of premature ejaculation all over the world. Athanasios et al reported the efficacy of duloxetine treatment in premature ejaculation by comparing 20 patients with premature ejaculation with control group (3). Dapoxetine which effects are similar to duloxetine is also used for the treatment of premature ejaculation. Spontaneous ejaculation due to these drugs has been reported rarely. Although the results of the study are missing, the researcher reported a case with these side effects after increasing the dose of venlafaxine from 225 to 375 mg/day.(4) In the literature, there have been reported two cases of spontaneous ejaculation due to reboxetine (5).

In this article we discuss a case with spontaneous ejaculation due to duloxetine. This side effect diminished after termination of the drug. His treatment was continued with venlafaxine (150 mg/day) and there is no same side effect.

CASE REPORT

A 35-year-old married male patient applied to our outpatient clinic with severe sadness, malaise, abdominal pain and headaches. His complaints started 7 years ago with serious diarrhea, constipation and abdominal pain which increased strongly by the stress. He was diagnosed with ulcerative colitis. After this diagnose, he began to feel seedier and had sleep problems and burning sensation in his head, neck and his lumbar region. Although his ulcerative colitis symptoms were under the control, he was directed to the psychiatry clinic
because of his complaints. He had no previous application to the psychiatry but he told that he sometimes used his mother’s drug (50 mg/day lustral) for a few days when he felt bad. He has no other diagnosis except ulcerative colitis. His mother was diagnosed with anxiety disorder. He quitted smoking in 2003 and he doesn’t use alcohol or any other drugs. In his mental status examination, he was conscious, cooperative and has full orientation, mild depressed and anxious mood, reduced attention and concentration, sleep disturbance and decreased appetite and sexual desire. His functionality decreased but he has no suicidal idea.

He was diagnosed with somatization disorder and cymbalta treatment (30 mg/day) was started. After increasing the dose of cymbalta to 60 mg/day, he told that he benefited from the treatment but he started to suffer from spontaneous ejaculation to which at first he didn’t pay attention. But later, he told that because of this he stayed in a difficult situation. He didn’t want to terminate the drug because of its benefits. Reducing the dose of cymbalta to 30 mg/day was decided. Afterward, his complaint of spontaneous ejaculation was decreased but he started to feel more depressed. For that reason, cymbalta treatment was terminated and venlafaxine treatment was started. After increasing the dose of venlafaxine from 75 to 150 mg/day, his complaints disappeared and he had no longer suffered from spontaneous ejaculation. His treatment continues without any problem for the last 8 months.

**DISCUSSION**

SSRIs, SNRIs and NRIs might cause often delayed ejaculation and rarely spontaneous ejaculation. In the literature, there are case reports about spontaneous ejaculation due to paroxetine and venlafaxine. We report a case about spontaneous ejaculation due to duloxetine. After terminating duloxetine treatment and starting venlafaxine treatment, these side effects disappeared. This is probably dependent on the dose of venlafaxine (150 mg/day).
REFERENCES


