

FIRST PERSON

Antidepressants saved me — but they killed my libido

A generation of young people are taking antidepressants but they come with a hidden side-effect. Isolde Walters, 34, describes how her prescription wrecked her sex life



Isolde Walters, 34. 'It was, quite simply, as if I had nothing between my legs'

ROBERT WILSON FOR THE TIMES MAGAZINE. DRESS, MUSIER AT FENWICK OF BOND STREET

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Every morning, after I brush my teeth, I swallow a little white pill. My 50mg dose of sertraline - or as a friend calls it, “The sexy SSRI that everyone’s taking nowadays” — a selective serotonin reuptake inhibitor, commonly known as an antidepressant. But “sexy” it sadly is not, for Britain’s most prescribed antidepressant comes with one dreaded side-effect: it is known to sound a death knell for your libido.

I should know. I started taking the little white pills last May and I can count on the fingers of both hands the number of times I’ve been truly turned on since then. Thoughts of men, sex or dating rarely cross my mind these days. It is like that whole part of my life — once so important — has been cut clean out with a scalpel.

With one in eight people in the UK taking antidepressants — an all-time high — and women twice as likely to be prescribed the pills as men, many of us are facing an unpalatable choice: good mental health or a love life?

- [I've lost my libido at the age of 28](#)

Although I have always had a tendency towards depression — I saw my first therapist at university — I resisted medication until last spring. But after a brutal episode left me pretty much unable to function, I made an appointment with my GP. I described how I was feeling and he suggested sertraline.

“It has been known to have an effect on sex drive. Would that be an issue for you?” he asked. I hesitated. Dating was important to me. And I was 34 — wasn't this the prime time to find a partner? However, as I was hardly seeing anybody anyway, what with my busy schedule of weeping around the clock, I didn't think I was in a position to turn down anything that might stop the crying fits.

He also warned of a number of unpleasant but temporary side-effects that kick in when you first start taking sertraline. I had headaches. My sleep suffered. But worse than that, I felt like I had been doped, which I suppose I had been.

This numbness was both unsettling and deeply comforting. I didn't cry any more, because there was nothing to cry about. The medication, also prescribed to people with OCD, stopped my overthinking. I no longer lay in bed obsessively thinking about an old flame I had not seen in three years. And the little white pills instantaneously removed any kind of physical urge. It was, quite simply, like I had nothing between my legs. I tried to masturbate, out of curiosity rather than desire, and I couldn't. The whole region was numb.



Britain's most prescribed antidepressant comes with a dreaded side-effect: it sounds a death knell for your libido

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This panicked me. Immediately, against the advice of all my friends who had taken sertraline, I googled “Sertraline effect on sex drive”. I read with growing horror the internet's tales of sexual dysfunction, dissatisfaction and disinterest blamed on antidepressants. One line,

from a news story on a national newspaper website, struck cold fear into my heart: “Kevin had taken Prozac for six months when he was 18; now 38, he hasn’t had an erection since.”

I stopped taking the pills. I informed my doctor that I had carried out my own research on sertraline and from now on would be treating my depression with yoga and meditation. He looked wary.

I slid into yet another sad funk, calling in sick to work, spending days in bed, twisted up in the sheets, obsessively watching episodes of Friends, ignoring the concerned messages and calls from friends and family lighting up my phone. I finally realised the jig was up — even if sertraline did turn me into a numb, sexless zombie, it was probably preferable to the pain I was in. I went back on the pills and the side-effects evaporated.

A few months later my libido limped back into existence. But it was a weak substitute for the real thing. Masturbation was an act of will, rather than something I just found myself doing. It required determination and concentration, and I could not climax. I still had no interest in dating or romance. And at first, it was freeing not to care, to say, “Hey, if it happens, it happens,” with a shrug, and actually mean it. How wonderful to be unbothered by men, messaging, dates, the apps, whether he liked you or not, whether you were putting yourself out there enough. When a girlfriend was in a spiral about a man, I expressed sympathy - and secretly congratulated myself that my life was uncluttered by these complications.

But in time a niggling fear wormed its way into my mind: was I missing out on something important? I started to wonder whether it was normal to be so utterly disinterested in romance. I worried that my future self would regret spending my mid-thirties on medication that made me immune to desire.

- [I’ve lost my libido — do I bother trying to find my sex drive again?](#)

I tried to force myself to go on dating apps but it took all my willpower just to check them. I soon gave up. I don’t think I’ve opened them for even a cursory glance in the past three months. This really is not like me. Before, I had the opposite problem — I checked the apps too much, at least thrice daily and often more, swiping through while I sat at my desk, compulsively opening conversations to check if a prospective beau had replied.

I fell in love with dating when I moved to New York in the autumn of 2018, at the age of 30. I soon discovered just how fun it was to date in the Big Apple, particularly if you had a British accent. I went on at least one date a week, sometimes more. There was the devastatingly attractive actor who still remains the most handsome man I have ever kissed. Or James, who ended our first date by walking me home and saying, with feeling, “Oh Isolde, I feel like I have a thousand more questions to ask you.” I was putty in his hands. On our second date I played with his VR headset (not a euphemism) before he unbuttoned my cream sundress on his living room floor.

I was adventurous. I tried dating girls. I ate ice cream on a bench with a beautiful bartender who had candyfloss-pink hair. I probably would have kissed her if I could have plucked up the courage.

In one of my most viscerally erotic encounters a software engineer called Mark pushed me up against a metal fence on our second date. “I really want you,” he said. We went out for a couple of months.

Then last November, two years after we had ended things and I was living in London again, Mark slid into my Instagram inbox. I seized on his message, grabbing hold of someone who knew me before depression knocked me off course, someone I associated with sex and freedom. We began sexting furiously. It was erotic. It was the most fun I’d had sexually since I started taking the pills.

Mark asked me if I was going to visit New York. I had already been planning a trip, but the prospect of rolling around a bed with him was the motivation I needed to book my plane ticket. It was a strange meeting. I had burnished Mark in my mind for the two years since we had gone out. I had turned him into a movie star, and sitting opposite him in a sushi restaurant in Brooklyn, I was stunned to realise he was actually just a guy. We went back to his place. I can sadly attest, sex on sertraline isn’t a patch on sex without. By the next morning I felt foolish. I had flown 3,000 miles to sleep with an old flame — the first time I’d had sex in more than a year — and I had felt, well, not nothing exactly, but definitely not the sensations I had been hoping for.

I have been on sertraline for a year and I still take it. I rarely feel the stir of attraction. In fact, I forget about that whole side of life most of the time. Every now and again I am reminded of it when I see a couple in a movie or on the street. Then I think, “Oh yes! People do that. They fancy each other, take off their clothes, have sex, say, ‘I love you,’ build a partnership. That is a thing that happens.”

I feel like something is missing, like I am not able to access an integral part of the human experience. I do want to date, make out, hold somebody’s hand, feel the prickle of fancying them, overanalyse a text message, feel it all. And yet, in some ways, life without dating and the myriad ways it can weigh on your mind is not without its charms — in a strange way, I will be sad to say goodbye to it.

I hope to come off the pills, with the help of a doctor, in the next few months. But if I have to I’ll pick stability over sex. Hopefully it won’t come to that. I tell myself that my libido will be back in time and what a glorious season of sexy renaissance that will be.

‘I’ve come off the pills but my sex drive isn’t back’

Alison, 27, is a financial analyst who lives in London. She has been single since 2020

I was diagnosed with depression and prescribed drugs when I was 13, but my mum warned me how addictive they could be at such a young age. So I listened to her advice and didn’t take them. When I was depressed, I wanted to stay in my room a lot of the time and had very, very low moods. By the time I got to 25 it became unbearable. I was

doing therapy at the time, but that wasn't properly helping. So I thought, "Yeah, it's definitely time to go on antidepressants now."

I started off taking sertraline two years ago, then changed to venlafaxine after a few months. When you first start taking the pills you get a very floaty feeling — kind of like you're in space. You also get very lethargic and slow. I had a funny feeling in my stomach for a long time, as if I was going to be sick.

SSRIs and SNRIs (serotonin-norepinephrine reuptake inhibitors) like venlafaxine basically kill feelings and dampen all emotions. I didn't feel happy or sad — I just felt I was on a sort of constant. I felt more mental on them, because I didn't have normal reactions to things.

I had a normal sex drive when I was younger, but going on the pills definitely affected it. I didn't have sex at all for three months while I was on sertraline. I just didn't want to. Then when I did, it was not very enjoyable. I didn't reach climax at all; it was hard to get there. My male friend and my sister were both on sertraline too, and they confirmed it affected their sex drives. My sister said the same thing about climaxing.

Low sex drive was part of the reason I came off the pills a year ago. I'm not on them any more; I see a therapist instead. I wasn't on them for that long — about six months altogether — but I feel like they have had a long-lasting effect on my libido. I still don't have it back. I'm single, and I would rather avoid sex if I can.

'I felt like the antidepressant turned me into a vegetable'

Roy, 27, works in recruitment in London. He is single

My sex drive has never been regular. I started taking antidepressants quite young, so maybe that messed it up. But I've got chronic OCD, and any mental disorder does affect your libido, so you can't really pin it just on antidepressants.

Every person you meet on Hinge puts "sertraline" in their bio. It's seen as trendy and cool. It's amazing there's awareness of mental health now, but it has become like a trend people catch on to.

I started taking an antidepressant called escitalopram when I was 20. It turned me into a vegetable. I felt comatose a lot of the time. Also it was making me get drunk way too quickly — I'd go to the pub and literally get drunk off a pint. So I stopped taking it after six months.

When I was 25 I started taking sertraline instead. I was on 50mg, then I went up to 100mg six months ago. When I was on that higher dose for three months, my sex drive was lower, 100 per cent. I never had problems with performance — it was more that I was not really wanting to have sex. My girlfriend at the time noticed it more than me. Then I started becoming way more conscious of it.

Antidepressants definitely do affect sex drive. But then again, in any relationship, at the beginning you have sex literally every single time you see each other. Then when a relationship lasts longer than two

years you're just like, "Ah, should we do it this week or should we wait till next week?" When I increased the sertraline dose, it was towards the end of my relationship with my ex. Maybe I just didn't want to have sex with her any more because we had grown apart.

The antidepressants didn't mess up my sex drive to the point that I was alarmed enough to want to stop taking them. Since I've been single I have had a higher sex drive. I feel like I have that single energy. Because my mindset is that I'm single, it definitely makes it higher. The worst thing about the higher dose was that I just couldn't hack alcohol.

Sex and depression: what the psychologist says

Dr Julie Hannan is a chartered psychologist. She is the author of The Midlife Crisis Handbook

Sex can be the last thing on the agenda when you're depressed. Cortisol and serotonin are out of kilter and can result in low mood, which usually comes with fatigue. A lot of energy goes into just getting up and out of bed.

The crucial thing for women, especially in midlife, is to work out whether loss of libido is related to hormones. Many are prescribed antidepressants when their low mood is actually due to reduced oestrogen, so HRT might be more appropriate. I see marriages that break down because of menopausal symptoms that aren't being treated. While men have reduced testosterone from the age of 30, it's not as dramatic a decrease as it is for women entering perimenopause. Women are about twice as likely as men to be diagnosed with depression.

Studies have shown that GPs and psychiatrists underestimate the impact of the libido-related side-effects of antidepressants. Men can experience erectile dysfunction. Their partner can see this as rejection, so the relationship takes a hit. A lot of women then come to therapy with depression because their partners are having these erectile difficulties. It's a downward spiral.

Some patients ultimately decide to discontinue their SSRIs because of the sexual side-effects they experience. Some people can't have sex at all or they have a numbing sensation around their genitals during sex. It's unbearable, really. If they stay on the antidepressants, their mood might elevate but they might be even less able to be intimate than they were before starting the medication.

The British don't tend to talk openly about sexual dysfunction and loss of libido. If you're going to be on an antidepressant for a minimum of six to 18 months, you may have a really reduced sex drive. It's important to discuss this with a partner or anyone you're intimate with, so they don't feel neglected or resort to having an affair.

The challenge is separating dysfunction induced by an antidepressant from dysfunction due to some other cause that is coincidentally

associated with the taking of antidepressant medication, such as relationship difficulties.

Sex and depression: what the doctor thinks

Dr Philippa Kaye, GP in northwest London

When people come in and see me with anxiety, depression or stress-related symptoms, they often don't bring up libido because libido and sex are still taboo. But I often do, and lots of them will say their libido has decreased.

It's very difficult to tease out what is the cause of that exactly, because libido is complicated and involves physical and psychological factors as well as societal and cultural issues, which all influence each other.

According to the Harvard Health Publishing website, 35-50 per cent of people with untreated major depression experience some type of sexual dysfunction prior to treatment. It can be the negative thoughts that are associated with depression — I'm useless, I'm worthless, I'm not deserving of pleasure — that have an impact on libido. Or I might eat more or less because I'm depressed, which affects my body confidence and that affects my libido. Or I might just feel so exhausted by my depression and anxiety that my libido falls.

Since the pandemic people who had never come to me with a mental health issue before have started presenting for the first time. Not only do I see more people with conditions to potentially diagnose, but also those who are really struggling with everyday distress and not knowing how to manage that.

When someone comes in and we talk about starting an antidepressant for depression or anxiety, I will run through the side-effects. I say that antidepressants can have an impact on libido, arousal and the sexual response.

The most common sexual side-effect for men is delayed ejaculation, so you can have an erection, but it takes longer to get to orgasm and sometimes you don't get there at all, which is anorgasmia. It can lead to erectile dysfunction, reduced desire and reduced satisfaction even if you do reach orgasm.

In women it can cause vaginal dryness, which then means sex is painful and libido falls. The other issue is around the orgasm gap, and how many women reach orgasm with penetrative sex anyway. If a woman isn't reaching orgasm, is that the medicine or is that because of the gender orgasm gap? It's complicated.

We're not exactly sure how SSRIs or SNRIs cause sexual dysfunction, but we know that they do. It seems that the higher the dose, the more they do. So it may be that by lowering your dose within a therapeutic range, you might still be OK mood-wise and your sexual side-effects might ease.

Some people may find that erectile or sexual issues are worse within a certain window of taking the medicine, so you might want to schedule sex around that.

Sometimes we add a drug such as Viagra, which can help. Or we recommend talking therapy or psychosexual counselling, because even if your sexual dysfunction is related to the medicine, that psychological interplay comes in pretty quickly.

Any SSRIs or SNRIs can cause sexual dysfunction. One study published in *The Mental Health Clinician* says that paroxetine is associated with the greatest risk. Sometimes we switch patients to a different drug. Mirtazapine is less likely to cause sexual dysfunction but more likely to make you gain weight, which might affect your body confidence, which might affect your libido. Everything in medicine is a balance of potential risk and potential benefit.

We need to be careful, first to say don't stop your antidepressants suddenly, and second not to be "anti antidepressant", because for some people they are life-savers. I wouldn't recommend that people take a drug holiday without talking to their doctor first — you can get horrible discontinuation symptoms. Some names have been changed

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