MALISSA PISTILLO

Dear Loved One

PSSD



Dear Loved One,

I need to share something personal with you, because it affects both me and the people I love.

After being prescribed antidepressants, I developed a condition called **Post-SSRI Sexual Dysfunction (PSSD)**. PSSD is a neurological injury caused by antidepressants that can **persist long after stopping the drug**. It affects sexual functioning, pleasure, and even emotions. It's not psychological and it's not "in my head" — it's documented in clinical and regulatory literature ²³⁵⁶.

When is it considered PSSD?

Sexual side effects can appear **while taking** antidepressants—sometimes even after very brief exposure—and in some people they **persist, emerge, or worsen after stopping** 56 . "PSSD" refers to dysfunction that continues after discontinuation; many papers/regulatory documents use ≥ 6 months as a working benchmark 2378 , while the PSSD Network uses ≥ 3 months 1 . Some case reports describe symptoms after a single dose.

What this means for me

PSSD alters how my body, mind, and emotions connect. It can blunt or erase sexual function and numb feelings of pleasure. This can include **anhedonia** or **emotional anesthesia** — a flatness where enjoyment and emotions feel muted or distant. This doesn't mean I don't care, love, or want connection; it means the medication changed how my nervous system processes those feelings ¹⁵⁶.

What this means for relationships

Intimacy and closeness can be more complicated. My desire for connection hasn't disappeared; what's changed is how those desires reach my body. Your patience and understanding help me feel safe and seen.

How it's misunderstood

In the **United States**, PSSD is still **not officially acknowledged**, despite many lived cases. A large lawsuit was recently filed against the FDA for failing to warn ⁴. In contrast, **Europe (EMA)** and **Canada (Health Canada)** have issued safety communications acknowledging **persistent sexual dysfunction after stopping SSRIs/SNRIs** ²³. Australia's **TGA** has also updated warnings to reflect persistence after discontinuation ⁷. The PSSD Network and researchers are working to clarify mechanisms and prevalence ¹⁶⁸.

Unfortunately, most doctors are not educated about psychiatric drug harms or PSSD, which means many patients are misdiagnosed with a pre-existing or new mental health condition instead of the true cause being recognized. This lack of awareness can leave people feeling invalidated and unsupported.

The PSSD Network and researchers are continuing to work to clarify mechanisms, definitions, and prevalence ¹⁶⁸.

What science believes may cause PSSD

While no single mechanism is proven, proposed contributors include:

- Serotonin receptor changes/desensitization and downstream neural effects 56.
- Peripheral sensory nerve/receptor dysfunction (reduced genital sensitivity) 5.
- **Epigenetic changes** affecting gene expression after exposure ⁶.
- Neurosteroid and dopamine signaling disruptions, which impact sexual and emotional function ¹.

What this means for healing

There's no fixed timeline. Some people improve over months or years; others face longer-term changes. What helps most is knowing you believe me and don't blame me for this condition ¹⁶⁸.

What I need most in this process is your **patience, trust, and steady presence**. Even when there's no visible progress, your belief in me helps carry me through. Healing isn't just about waiting for my body to change — it's about not feeling abandoned or judged while I live with something I never chose. Knowing you see me as more than this condition, and that you still value my essence, gives me the strength to keep going.

Ways you can support me

- Be patient if I seem emotionally flat it's not about you; it's the condition.
- Offer closeness without pressure (quiet time, listening, gentle affection).
- Remind me this isn't my fault; my essence is still here.
- Read the resources so you can understand this is real, not "just in my head."

What not to say to me

- "It's all in your head."
- "Everyone has ups and downs."
- "Just push through it."
- "You should be over this by now."
- "Maybe you just don't love/care/feel enough."
- "Stop focusing on it and it will go away."
- "This is your pre-existing condition."
- "This is just a new mental health condition."

These can feel invalidating and isolating.

What I'm asking of you

I need you to walk with me on this path — even when I don't act like myself. There may be times when I'm withdrawn, irritable, or even harsh with my words. Please know it's not who I truly am. It's the pain of living with an injury that has taken a piece of my identity. If I seem angry or volatile, it comes from grief and hurt, not from a lack of love. What I need most is for you to stay by my side, steady and patient, even when I'm struggling to show up as the person I wish I could be.

What helps most is your steady presence and patience. Even when I feel emotionally flat, your understanding matters more than you know.

With love and respect,

Your loved one

living with PSSD

References & Resources

PSSD Network — research, education, lived experience: pssdnetwork.org

- European Medicines Agency recognition of persistent dysfunction after SSRIs/SNRIs
- Health Canada safety update: long-lasting sexual symptoms after stopping SSRIs/SNRIs
- 4 Antidepressant Coalition FDA lawsuit for failure to warn
- Healy, D. et al. (2018). Enduring sexual dysfunction after treatment with antidepressants, 5α-reductase inhibitors, and isotretinoin: 300 cases. Int J Risk & Safety in Med.
- Csoka, A., & Shipko, S. (2006). Persistent Sexual Side Effects after SSRI Discontinuation. Psychother Psychosom.
- Australian TGA (Therapeutic Goods Administration) updated warnings noting persistence after discontinuation
- Ben-Sheetrit, J., et al. (2023). Annals of General Psychiatry persistence after discontinuation central to PSSD definition
- EMA pharmacovigilance analysis (2019) case reports after brief exposure (even single dose); debated causality in very short courses

ACCESS LIVE TEXT OF LETTER