

#452

POST-DRUG SYNDROME: URGENT NEED FOR CLINICIAN EDUCATION AND RESEARCH



Kenneth M. Peters^{1,2}, Conor Chow², Jackson Stachelek¹, Collin Schlosser¹, Bernadette M.M. Zwaans^{1,2}
¹Corewell Health William Beaumont University Hospital, Royal Oak, MI; ²Oakland University William Beaumont School of Medicine, Rochester, MI

Introduction

- Post-drug syndrome (PDS) is a condition that results from persistent side effects after withdrawing medications such as antidepressants, isotretinoin and finasteride.
- PDS is associated with a large array of symptoms including sexual dysfunction, cognitive impairment and depression.
- Little is known about the underlying mechanism that leads to PDS, which people are at risk and how patients can be successfully treated.

Objective

This study aimed to assess where PDS patients sought care and how physicians responded to patients’ concerns.

Method

An anonymous Qualtrics survey was distributed via online support forums and social media platforms, such as X, Reddit, and Facebook

Eligibility criteria:

- 18 years of age or older
- persistent symptoms post finasteride, isotretinoin or antidepressant (selective serotonin reuptake inhibitors (SSRI), serotonin-norepinephrine reuptake inhibitor (SNRI), Tricyclic Antidepressants (TCA) use.

Key Findings

- 738 respondents (77.5% male, 22.5% female) , of which 628 (85.1%) sought care for PDS symptoms, 78.3% were male and 21.7% female.
- Of those that sought care, 319 (50.8%) took antidepressants, 77 (12.3%) took isotretinoin, and 232 (36.9%) took finasteride.
- Countries:** United States (35.9%), Europe (35.4%), Canada (7.8%), and 35 other countries (21.0%).

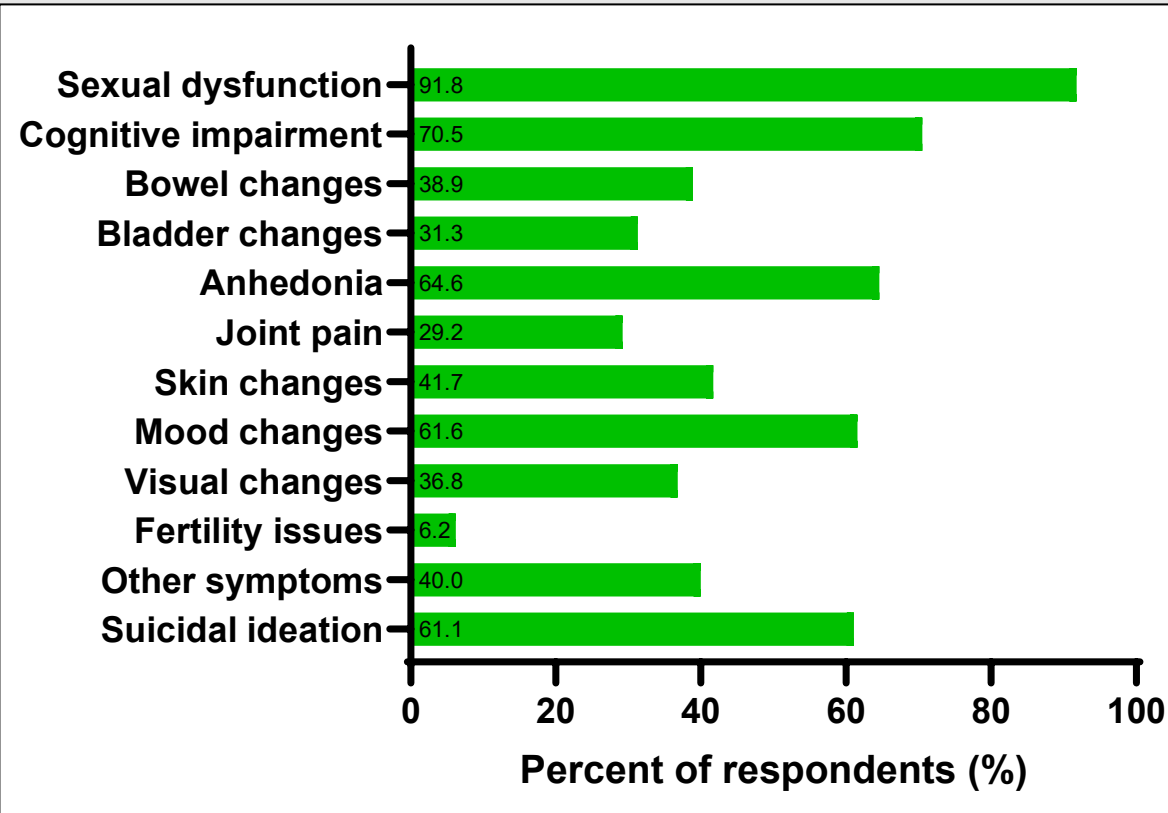


Figure 1: Post-drug symptom comparison between different drug classes. Sexual dysfunction included change in genital sensation, loss of sexual desire, erectile dysfunction or loss of vaginal lubrication, inability to orgasm or reduced pleasure. Other symptoms included fatigue, headaches, muscle wasting, pain, neuropathy, hair changes, etc.

Table 1: Participants reported seeking medical care from a broad number of medical professionals. Other included behavioral therapist, internist, dietician, pelvic floor physical therapist, sexologist, gastrologist, rheumatologist, functional medicine, andrologist, psychotherapist, ophthalmologist.

Number of respondents that sought care	628 (85.1%)
Medical professionals consulted	
Primary care physician	462 (73.6%)
Urologist	292 (46.5%)
Endocrinologist	228 (36.3%)
Neurologist	225 (35.8)
Psychologist/psychiatrist	91 (15.4%)
ObGyn	63 (10.0%)
Other	97 (15.4%)
> 1 medical professional	417 (66.4%)

Figure 2: Physician response to patient concerns about PDS. Participants were asked to describe their physician response to their PDS concern as knowledgeable, never having heard of PDS, dismissing the idea of PDS, being supportive and trying treatments, or being perceptive but unsure how to proceed. PCP = primary care physician

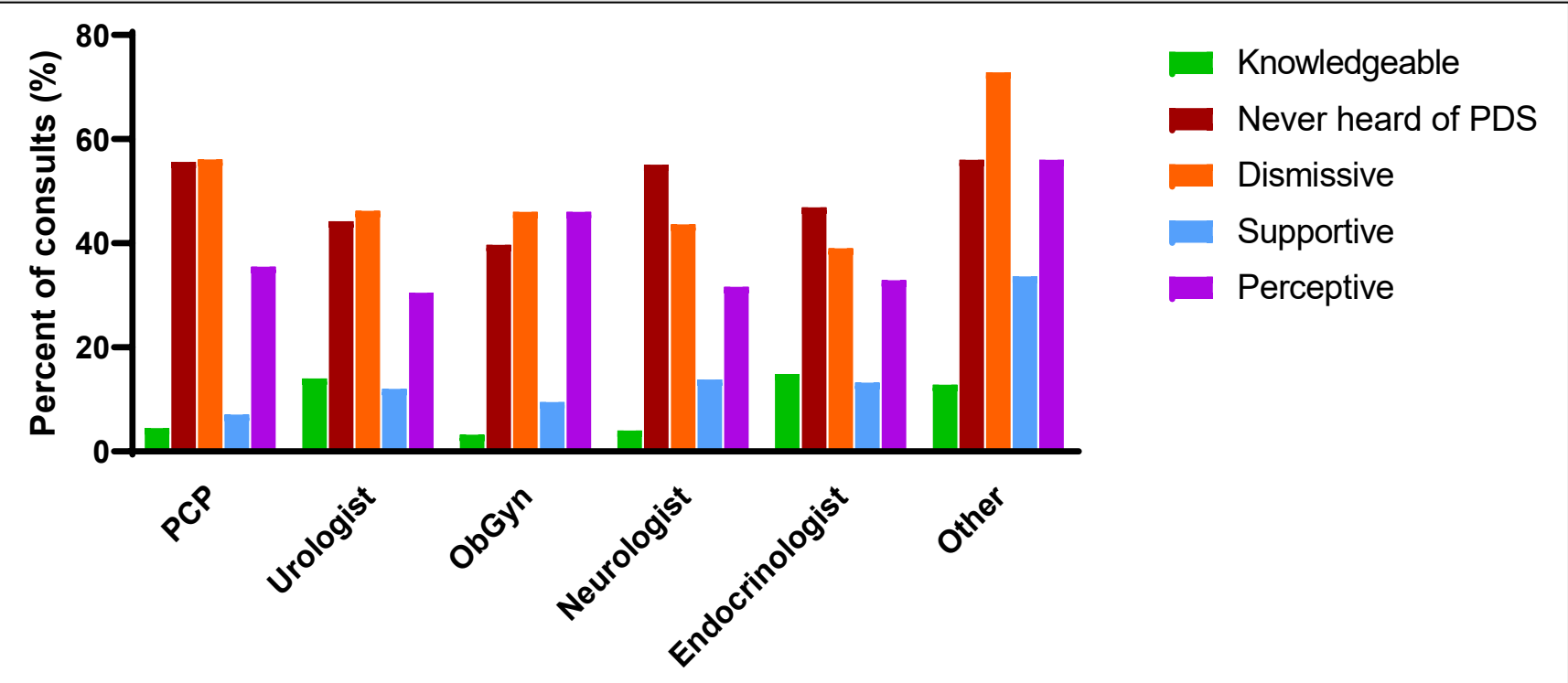
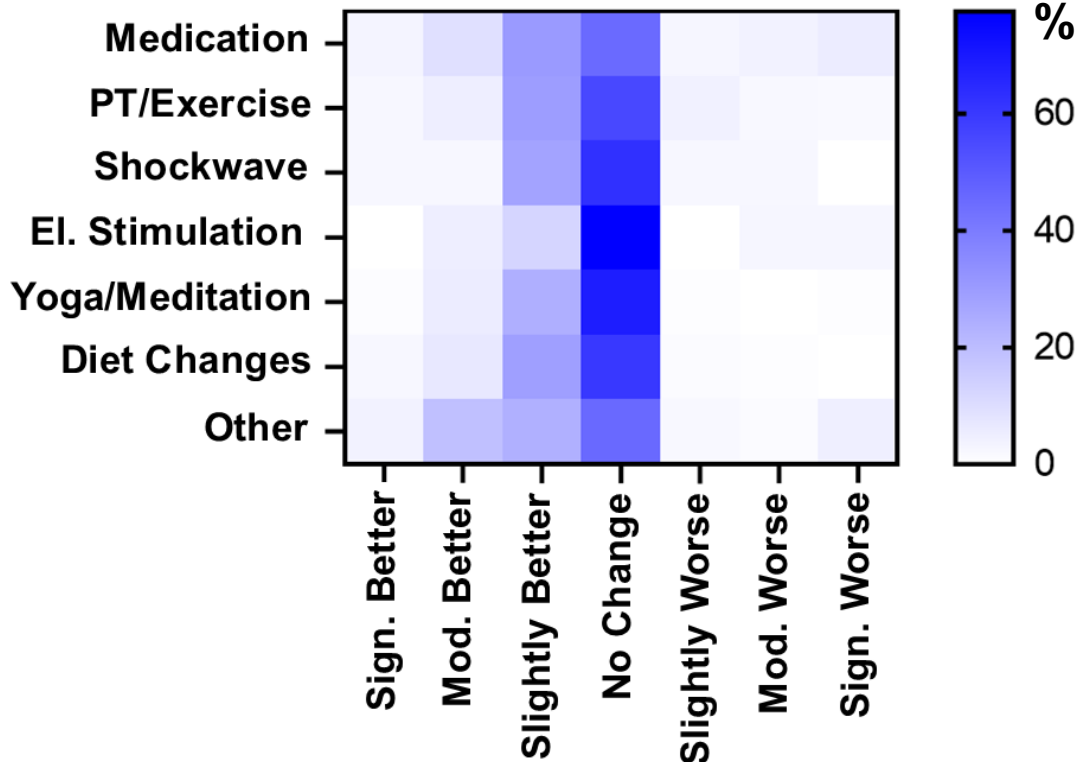


Figure 3: Patient reported symptom improvement with different treatments. Participants were asked to list treatments that were tried and rate how the treatment altered their symptoms. El. = electrical; Sign. = significantly, Mod. = moderately.



Key Findings (continued)

- Respondents experienced broad number of symptoms with the most prominent being sexual dysfunction (91.8%), cognitive impairment (70.5%) and anhedonia (64.6%).
- Primary care physician was consulted most frequently (73.6%), followed by the urologist (46.5%), endocrinologist (36.3%) and neurologist (35.8%).
- few medical professionals were knowledgeable about PDS, with endocrinologists (14.9%) and urologists (14.0%) being the most educated about PDS.
- Half of medical professionals (50.3%) were dismissive and didn’t believe in PDS; 35.7% of professionals seemed perceptive to the idea of PDS but were unsure how to proceed.
- Patients reported trying various treatments, but interventions were largely ineffective at relieving symptoms in 53.5 – 82.5% of patients.

Conclusion

PDS is a condition with tremendous unmet need. The lack of physician education about PDS only exaggerates the struggles that this patient population faces. Very few patients had meaningful improvement in their symptoms over time. Research is needed to identify effective therapies.