

Sexual Pharmacology

Patty Cason, MS, FNP-BC

Envision SRH



Objectives

List three commonly used medications with known sexual side effects

Describe the impact of serotonin on sexual response

Discuss the indication and current use of flibanserin

Inadequate Data and Guidelines

- Most trials do not ask enough about sexual side effects
- Tools for assessing sexual effects are inadequate
- Discrepancies between best practices by “sexual medicine” vs. other specialties
- Most data on neurotransmitters is from animal studies

Controversies involving treatments for sexual difficulties

Stakeholders interpret science for us in ways that support their political or ideological views, economic interests, or skill sets

Serendipity

Much of “drug discovery” has been serendipitous

Sexual effects are often not recognized until enough participants in clinical trials or patients in treatment offer the information

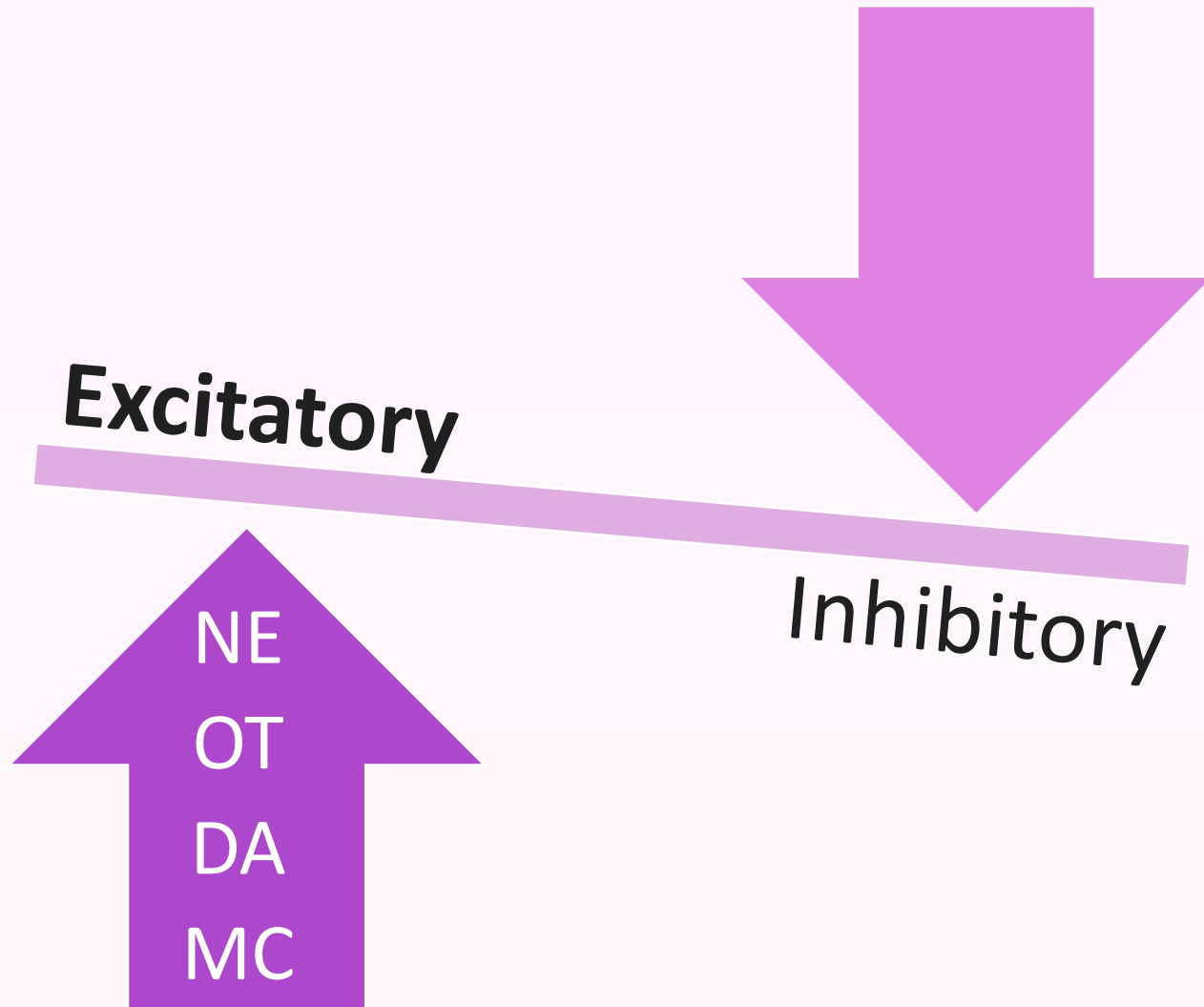
- SSRI fluoxetine
- PDE-5 inhibitor sildenafil

Mechanisms of Sexual Excitation

Sexual excitation involves the activation of neurotransmitters

- Noradrenaline (NE) and oxytocin (OT) stimulate sexual arousal
- Dopamine (DA) and melanocortins (MCs) stimulate attention and desire in response to sexual cues and stimulation

Excitation and Inhibition



Mechanisms of Sexual Excitation

Nitric oxide increases blood flow in the genitals

Sexual excitation can be primed:

- Internally by steroid hormone actions
- Externally by sexual incentives
- Externally by drugs that activate excitatory neurochemical systems

Dopamine Agents

- Pramipexole
- L-DOPA
- Amantadine
- Methylphenidate
- Dextroamphetamine
- Bromocriptine
- Bupropion (also NE)

Amplification of brain DA risks

- Drug dependence/addiction
- Obsessive-compulsive or hypomanic episodes
- Anxiety
- Sensitization of psychosis

Mechanisms of Sexual Inhibition

Brain opioid, endocannabinoid, and serotonin systems blunt the action of excitatory mechanisms

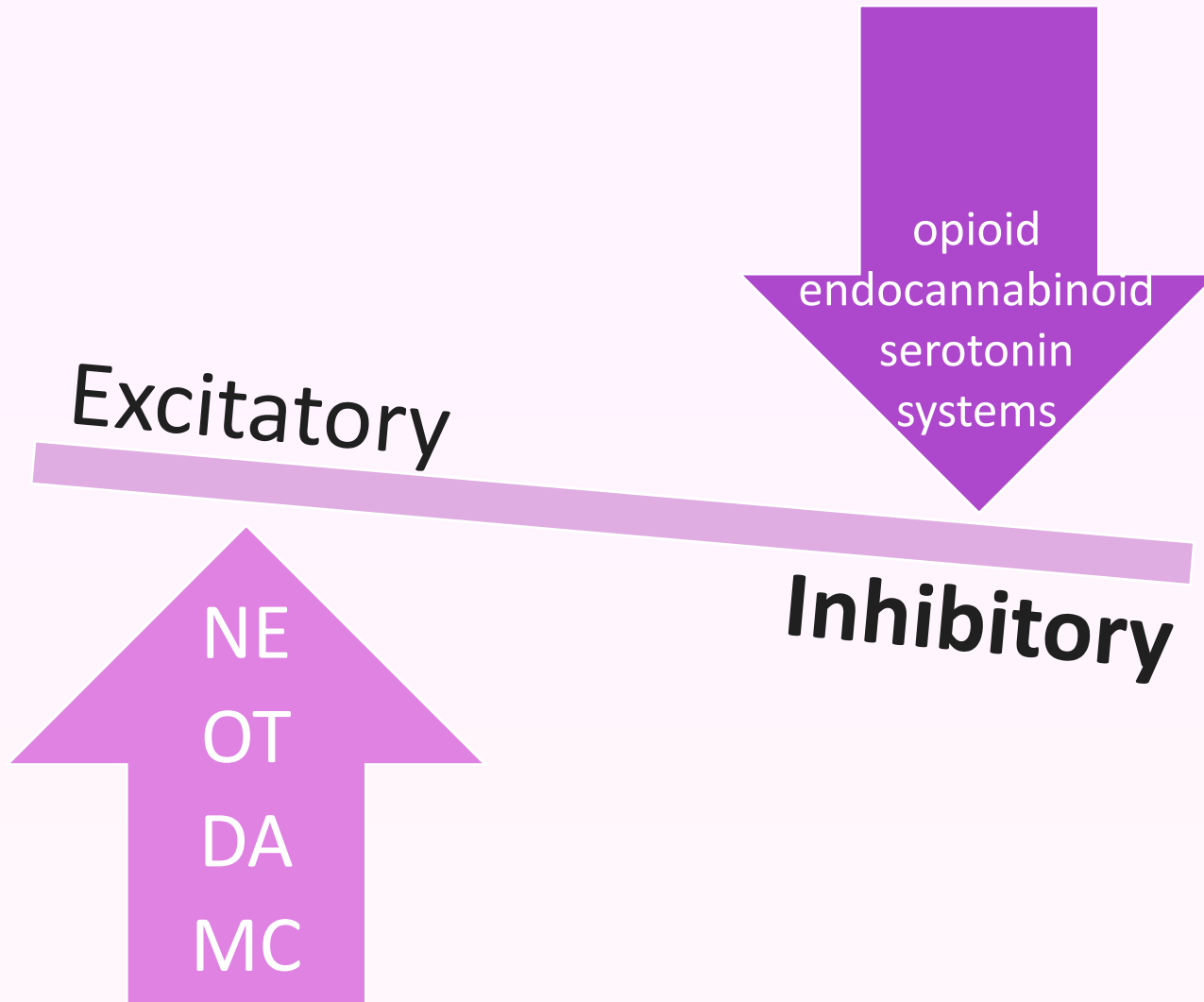
This occurs normally at the end of the sexual response cycle during a period of “sexual satiety” or refractoriness (e.g., after orgasm)

Mechanisms of Sexual Inhibition

Endocannabinoids (ECBs) mediate sedation

Serotonin (5-HT) induces refractoriness and sexual satiety

Excitation and Inhibition



Mechanisms of Sexual Inhibition

Inhibition of brain opioid, endocannabinoid, or serotonin systems risks

- Anxiety
- Dysphoria
- Depression



Sexual Inhibition

Inhibitory mechanisms can be activated when sexual excitatory mechanisms are blunted:

- Endogenously
- Exogenously due to drugs that directly diminish excitatory influences



Sexual Inhibition

Can occur if the endogenous inhibitory mechanism is activated by:

- A situational variable (stress)
- Drugs that augment their actions

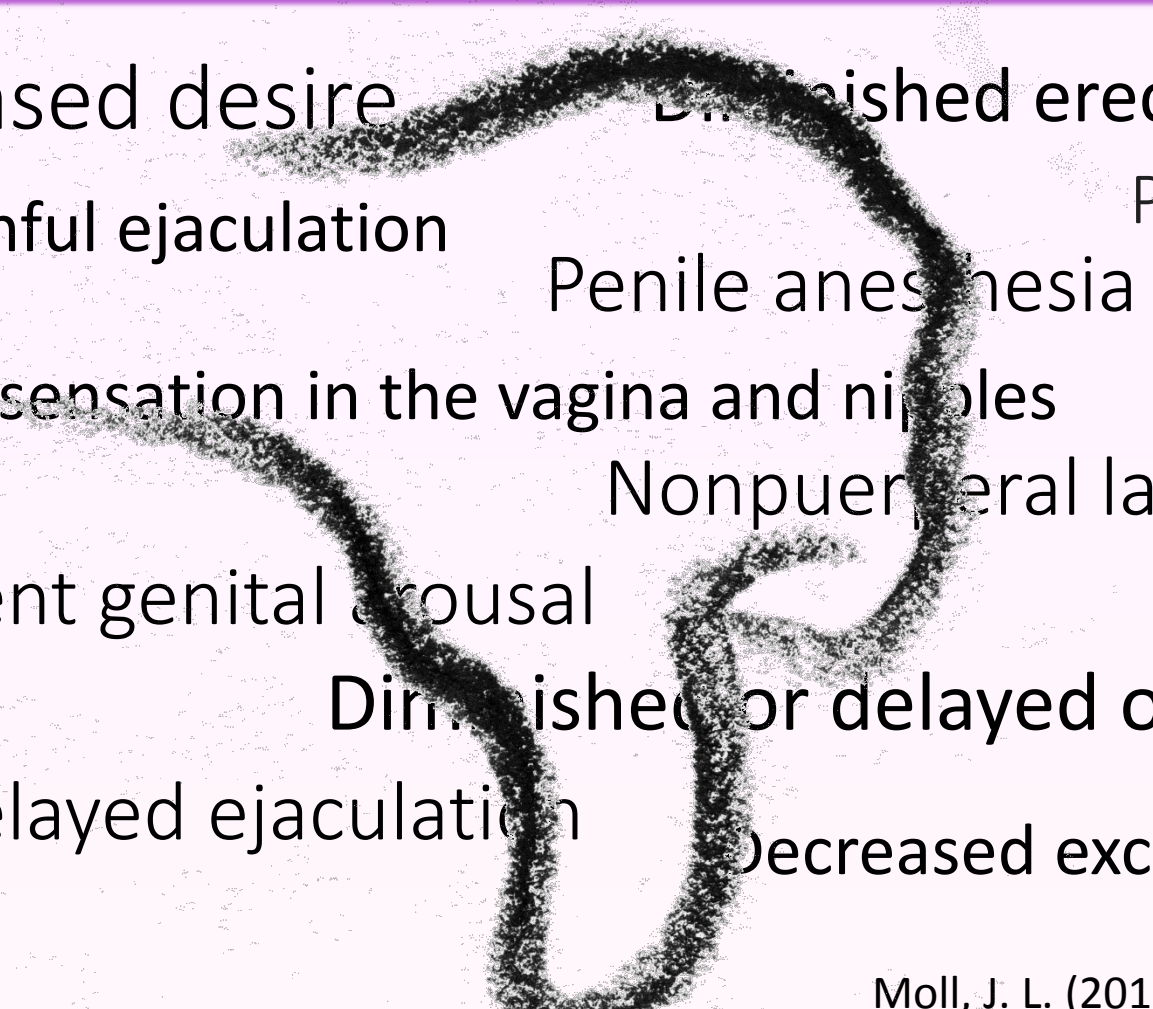
SSRIs

TCAs

SNRIs

Lithium

Sexual Complaints w/ Antidepressants



Decreased desire
Diminished erection
Painful ejaculation
Priapism
Penile anesthesia
Loss of sensation in the vagina and nipples
Nonpuerperal lactation
Persistent genital arousal
Diminished or delayed orgasm
Delayed ejaculation
Decreased excitement

Higgins, A. (2010). *Drug Health Patient Safety*

Moll, J. L. (2011). *J Sex Med*
Kronstein, P. D (2015). *J Clin Psychiatry*

Antidotes

- Bupropion (DA, NE)
- PDE-5 inhibitors (NO)
- Exercise (increase in SNS)
- Maca root, Rosa damascena oil
- T, Ephedrine, Ginko biloba - mixed results



Taylor, M. J., (2013). *Cochrane Database Syst Rev*, 5, Nurnberg, H. G., (2008). *Jama*, Lorenz, T. A (2012). *Ann Behav Med*, Clayton, A. H (2004). *J Clin Psychiatry*, Farnia, V., (2015) *Neuropsychiatr Dis Treat*, Fooladi, E., (2014). *J Sex Med*, Pereira, V. M., (2014). *CNS Neurol Disord Drug Targets*

Antipsychotics

Negative effects

- Decrease DA transmission
- Increase prolactin levels via negative feedback

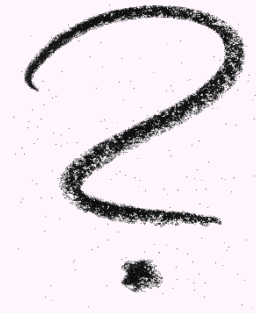
Neuroleptics

Negative effects

- Mood stabilizers
- Anticonvulsants

Insufficient evidence

- Anxiolytics drugs



Schmidt, H. M (2012). *Cochrane Database Syst Rev*

La Torre, A. (2014) *Pharmacopsychiatry*

Elnazer, H. Y. (2015). *Hum Psychopharmacol*

Antidotes Neuroleptics

- Switching from enzyme-inducing to non-enzyme-inducing anticonvulsant drugs
- Adding a PDE-5 inhibitor

Schmidt, H. M (2012). *Cochrane Database Syst Rev*

La Torre, A. (2014) *Pharmacopsychiatry*

Elnazer, H. Y. (2015). *Hum Psychopharmacol*



Cardiovascular Medications

Negative effects

- Diuretics
- Beta-blockers

Cardiovascular Medications (continued)

Neutral

- ACE inhibitors
- calcium antagonists

Possible beneficial effects

- Angiotensin receptor blockers



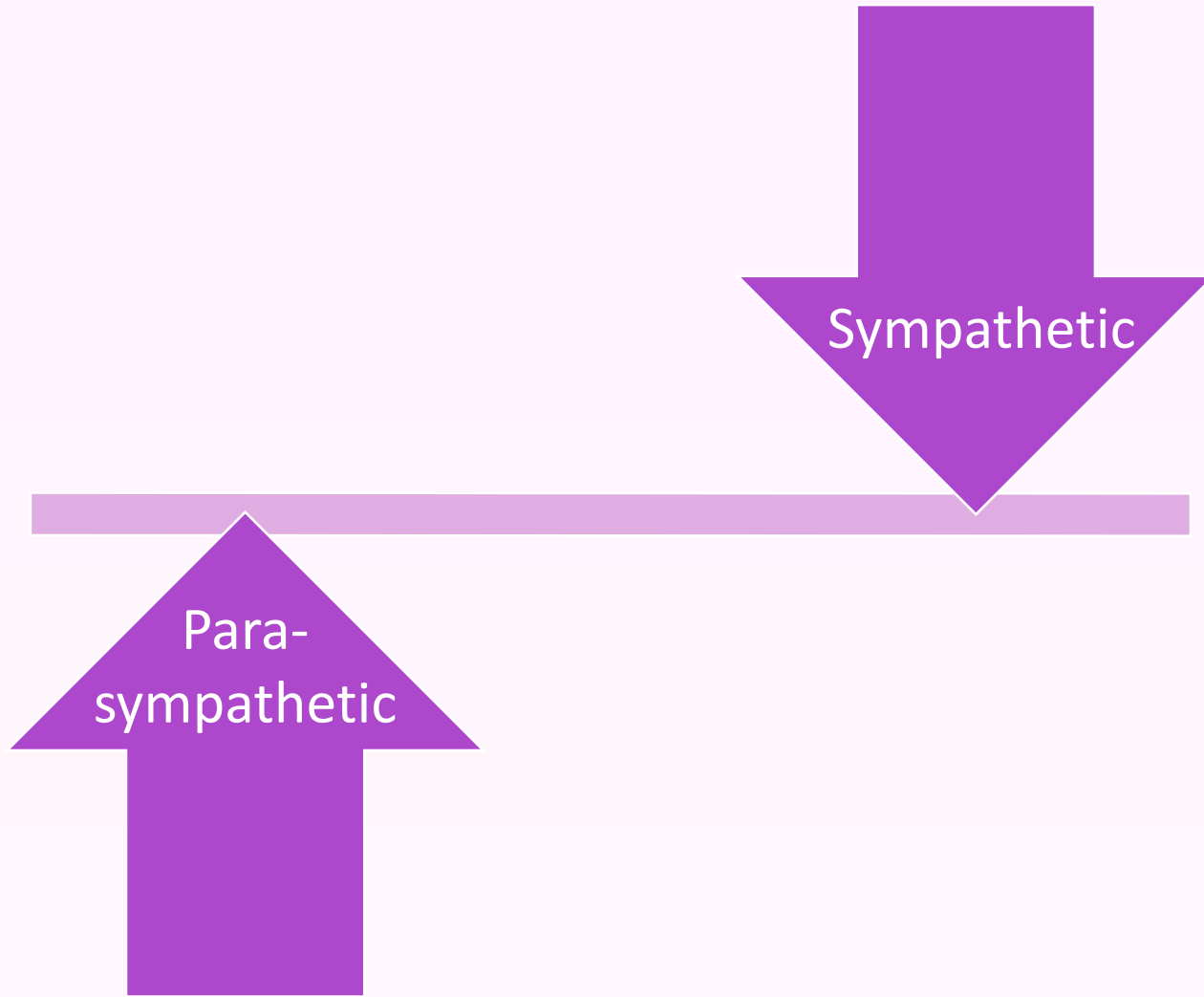
Smoking

The frequency of FSD was significantly higher in current smokers than nonsmokers

Sympathetic / Parasympathetic

- Activation of the sympathetic nervous system sets the stage for sexual excitation
- Drugs that reduce sympathetic tone inhibit
- Drugs that increase parasympathetic tone inhibit

Inhibition



Feminism or Capitalism?

**FLIBANSERIN
FEMALE VIAGRA?**



26:1



Flibanserin Proposed MOA

- A multifunctional serotonergic agent
- A serotonin 1A agonist and a serotonin 2A antagonist
- Theoretically works by enhancing downstream release of dopamine and norepinephrine while reducing serotonin release

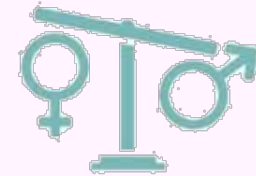


Abbreviated Flibanserin History

- Initially developed as an antidepressant
- 2009 FDA denied HSDD application approval after unanimous advisory committee vote
- 2013 FDA again denied approval citing safety concerns
 - hypotension, syncope
 - potential for drug interactions with alcohol or CYP3A4 inhibitors

Abbreviated Flibanserin History

Strong push for approval



EVEN THE SCORE
WOMEN'S SEXUAL HEALTH EQUITY

2015 additional safety information was submitted to FDA

- Reviewed by scientific advisory committee
- Voted 18 to 6 in favor of recommending approval provided certain risk management options were implemented

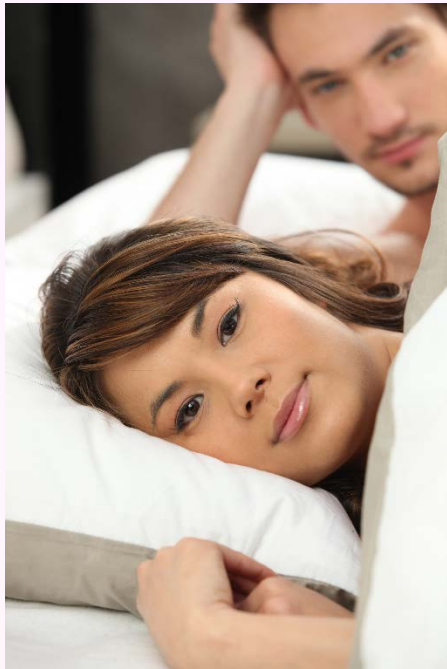


Risk Eval and Mitigation Strategy (REMS)

- Healthcare providers and pharmacists must be trained, assessed and certified
- Patient/provider agreement form
- No direct-to-consumer advertising in the first 18 months
- Label warning
 - women must cease using flibanserin if there are no improvements in 8 weeks*

Flibanserin plus therapy

Efficacy is not evident until 8 weeks



This period can be used to address personal and relational barriers that contribute to the low sexual desire, and which may interfere with flibanserin adherence



Post Marketing Commitments

Three clinical trials

- Is there a safe amount of alcohol to consume while taking flibanserin?
- What is the risk of hypotension and syncope associated with high and low levels of alcohol consumption?

The earliest these studies will be completed is 2018.



Flibanserin and CYP3A4

Use of moderate or strong CYP3A4 inhibitors is contraindicated in patients taking flibanserin

Concomitant use increases flibanserin concentrations, which can cause severe hypotension and syncope

Flibanserin and Hepatic Impairment

Flibanserin is contraindicated for use in patients with any hepatic impairment

Flibanserin exposure increased 4.5-fold in patients with hepatic impairment

Drugs that Decrease Exposure

Rifampin decreased flibanserin exposure by 95%



Meta-Analysis

- 3,414 women
- Four randomized controlled trials
- SSE change 0.59

“Flibanserin is an effective and safe treatment for HSDD in women. 100 mg/d appears to provide a good balance between efficacy and side effects”



Another Meta-Analysis

- 5914 women
- The same four trials + 4 more (3 unpublished)
- SSE change 0.49

“Treatment with flibanserin resulted in 1/2 additional SSE/mo while statistically and clinically significantly increasing the risk of dizziness, somnolence, nausea, and fatigue.”

Jaspers, L., (2016). *JAMA Intern Med*

Female Sexual Interest/Arousal Disorder

In the DSM V, HSDD was replaced by female sexual interest/arousal disorder (FSIAD) which merges arousal and desire disorders

FSIAD has no FDA-approved treatments. The FDA has recognized the condition as an area of unmet medical need.

Testosterone Peri and Post Menopause

The addition of testosterone to hormone therapy improved:

- Sexual function scores
- Number of satisfying sexual episodes

Somboonporn, W., Davis, (2005). *Cochrane Database Syst Rev*
Tungmunsakulchai, R (2015). *BMC Womens Health*
Davis, S. R.(2015). *Lancet Diabetes Endocrinol*

Endocrine Society Clinical Practice Guideline

Testosterone therapy for HSDD

- A 3-6 month trial of a dose of T for postmenopausal women to treat HSDD
- Goal: a mid-normal premenopausal T value to avoid pharmacological T administration



Endocrine Society Clinical Practice Guideline

Recommends against

- Routinely measuring testosterone in women for diagnosis
- Making a clinical diagnosis of androgen deficiency syndrome in healthy women

Ovulation

Women report more sexual interest mid-cycle

Mid-cycle women shown to have more

- Initiation of sexual activity
- Receptiveness to sex
- Self stimulation
- Sex

Prasad, A (2014) *Horm Behav*
Brown, S., (2011). *Arch Sex Behav*

Future Treatments for women: Topical

- Topical sildenafil
- Vaginal DHEAS
- Very low dose vaginal estrogen 4mcg
- Topical alprostadil: a prostaglandin analogue that increases genital vasodilatation

Future Treatments for women

- SERMs
- Bremelanotide: stimulates melanocortin receptors
- Flibanserin for post menopause
- Apomorphine: a nonselective dopamine agonist
- Testosterone pulse
- Testosterone nasal

Future Combinations

- Bupropion plus testosterone pulse
- Topical sildenafil plus pulse testosterone

Thank you!

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CYP3A4

Enzyme also known as:

- HLP; CP33; CP34; CYP3A; NF-25; CYP3A3; P450C3; CYP11A3; CYP11A4; P450PCN1
- Involved in the metabolism of 50% of the drugs in use today



Strong CYP3A4 Inhibitors

- Ketoconazole, itraconazole, posaconazole,
- Clarithromycin, telithromycin
- Nefazodone (antidepressant)
- Atazanavir, darunavir, indinavir, lopinavir, nelfinavir, ritonavir, saquinavir, tipranavir, boceprevir

Azithromycin OK

- Not all drugs within a class of medications are known to be inhibitors of CYP3A4
- All macrolides are known inhibitors of CYP3A4 with the exception of azithromycin

Moderate CYP3A4 Inhibitors

- Fluconazole, miconazole
- Ciprofloxacin, erythromycin
- Verapamil, diltiazem, amiodarone
- Amprenavir, fosamprenavir, delavirdine
- Conivaptan, grapefruit juice, cat's claw, echinacea, wild cherry, chamomile, licorice

Weak CYP3A4

- Oral contraceptives, cimetidine, fluoxetine, ginkgo, ranitidine
- The concomitant use of flibanserin with *multiple* weak CYP3A4 inhibitors may increase the risk of adverse reactions