Methadone’s Impact on Libido Hurts Compliance

Between 30% and 100% of patients using methadone report sexual dysfunction problems.

BY HEIDI SPLETE
Senior Writer

WASHINGTON — Increased doses of methadone may be good for opioid dependence, but they might not be good for a patient’s sex life. “Although it hasn’t been well studied in [methadone patients], we know that sexual dysfunction as a side effect can interfere with compliance in a clinical setting,” Randall Brown, M.D., said at the annual conference of the Association for Medical Education and Research in Substance Abuse.

Methadone is among the most popular treatments for opioid dependence; it has been shown to reduce opiate use and mortality; and psychosocial outcomes for patients include lower crime rates and improved employment status. Side effects from methadone use include weight gain, insomnia, and constipation, but sexual dysfunction could be a “deal breaker” for some patients.

Between 30% and 100% of methadone patients report sexual dysfunction problems, with men mostly reporting problems with libido and maintaining erections, said Dr. Brown, who conducted a cross-sectional study as part of a primary care fellowship at the University of Wisconsin.

Dr. Brown’s work was funded in part by an NIH research grant. To assess whether the likelihood and severity of sexual dysfunction increased with higher doses, he compared 16 new patients who started methadone as therapy for opioid addiction with 76 men who had been involved in methadone maintenance for at least 60 days.

Overall, 14% of the men across both groups reported some sexual dysfunction, which is similar to male sexual dysfunction rates in the general population. A dose increase was significantly associated with orgasm dysfunction, before and after adjusting for the duration of methadone treatment.

However, no significant increase in dysfunction was associated with either serum testosterone or serum prolactin levels. There was a significant association between TSH and duration of treatment, but levels remained within the normal range.

Sexual function was evaluated with a 28-question form using rating scales from 1 to 100 for libido, erectile dysfunction, and orgasm dysfunction, and with patient interviews about medical history and ongoing use of alcohol or other drugs.

“We didn’t find the alterations in testosterone [with methadone dosage] that we expected,” Dr. Brown said.

In the 1970s, several studies measured testosterone levels of methadone patients without relating it to dosage, he noted at the conference, also sponsored by Brown Medical School.

Some studies showed a drop in testosterone associated with dosage greater than 60 mg, but other studies failed to show any difference.

“Sexual dysfunction in men on methadone maintenance should be evaluated in accordance with guidelines established for the general population,” he said.

However, if orgasm dysfunction negatively affects a patient’s quality of life to the extent that the patient discontinues the methadone, a trial short-term dose reduction may be helpful.

Substance Use Predictors Found In Psychotic Major Depression

BY DAMIAN McNAMARA
Miami Bureau

SAN JUAN, P.R. — Just as with major depressive disorder, bipolar disorder, and schizophrenia, substance use disorders occur at a high rate in patients with psychotic major depressive disorder, according to a study presented at the annual meeting of the American Academy of Addiction Psychiatry.

For that reason, it is very important to assess those patients who have psychotic major depressive disorder (PMDD) for any co-occurring substance use disorders, John D. Matthews, M.D., said in a follow-up interview to his poster presentation.

Over the last 20 years, more evidence has emerged to suggest that major depressive disorder with psychotic features is a separate disorder and not just a more severe form of major depressive disorder, as it was previously considered.

It has a lot of symptoms in common with major depressive disorder, but with PMDD, there is also delusional thinking, hallucinations, or both, he said.

About one-quarter to one-third of the people who enter hospitals or programs because of major depressive disorder also have psychotic symptoms.

In a prospective study planned to assess substance use disorders in patients with PMDD without restricting the exclusion criteria, the total number of Axis I diagnoses was a negative predictor, Dr. Matthews said. “I don’t have a good explanation for that.”

Together, these two predictors achieved an 84% correct classification for substance use disorder among people with PMDD.

“Sexual dysfunction in men on methadone maintenance should be evaluated in accordance with guidelines established for the general population,” he said.

However, if orgasm dysfunction negatively affects a patient’s quality of life to the extent that the patient discontinues the methadone, a trial short-term dose reduction may be helpful.

Study Links Current Smoking To Risk of Suicidal Behavior

BY DOUG BRUNK
San Diego Bureau

Daily cigarette smokers are 1.82 times more likely to have suicidal thoughts or to attempt suicide, compared with those who had smoked in the past, results from a large prospective study have demonstrated.

Previous studies have suggested that there is a link between cigarette smoking and suicidal behavior, but this study controlled for major depression and alcohol or drug use disorders, reported the researchers, who were led by Naomí Breslau, Ph.D., of the department of epidemiology at Michigan State University in East Lansing.

“Limitations of the study are that we have no data on complet- ed suicide and that the number of suicide attempts was small and therefore was combined with suicidal thoughts,” the researchers said (Arch. Gen. Psychiatry 2005;62:328-34).

“Tobacco use is an important public health problem,” Dr. Matthews explained. “The results indicate that tobacco use is an important public health problem.”

The researchers found that current daily smokers were significantly more likely to have suicidal thoughts or to attempt suicide, compared with past smokers (odds ratio of 1.82 vs. odds ratio of 1.09, respectively).

After adjusting for suicidal predisposition indicated by prior suicidal ideation and controlling for prior psychiatric disorders, current daily smokers were significantly more likely to have suicidal thoughts or to attempt suicide, compared with past smokers (odds ratio of 1.74 vs. odds ratio of 1.14, respectively).

The researchers recommended that clinical interventions be developed to reduce tobacco use among smokers who are at risk for suicide.

The researchers said that the results are consistent with other studies that have found a link between smoking and suicidal behavior.

However, the researchers noted that more research is needed to determine the extent to which smoking contributes to suicidal behavior.

The researchers also noted that the results suggest that efforts to reduce smoking among smokers who are at risk for suicide should be targeted at those who are more likely to have suicidal thoughts or to attempt suicide, compared with past smokers (odds ratio of 1.74 vs. odds ratio of 1.14, respectively).

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