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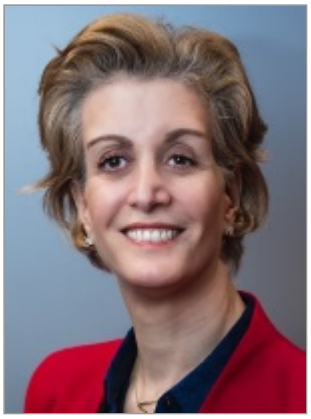
Personal Injury

Antipsychotic treatment of schizophrenia: Hidden sexual adverse effects

By **Antonietta F. Raviele**



Antonietta F. Raviele

(August 17, 2022, 1:39 PM EDT) -- In writing this article, I would like to take a moment to thank a colleague for bringing this issue to my attention (they will remain nameless). In representing clients before the Consent and Capacity Board who have been deemed incapable to make decisions regarding antipsychotic treatment of mental illness, specifically schizophrenia, much of the considerations relate to a client's refusal to take antipsychotic medications because of the adverse effects.

My experience of the adverse effects complained of include but are not limited to dizziness, drowsiness, nausea, vomiting, tiredness, weight gain, constipation, headache and trouble sleeping, to name a few. What no client has ever complained to me of, and abashedly I was not aware of, are the significant adverse effects on sexual function for many who are prescribed these medications.

When your client is detained in hospital and told they are no longer able to make decisions about medications for a diagnosis of schizophrenia, doctors turn to their trusty list of antipsychotics to treat them. Your client doesn't want to take the medication because they do not believe they have schizophrenia and/or because the adverse effects of the antipsychotics make them feel bad. Sexual dysfunction is not as obvious an effect such as dizziness, headache, nausea or inability to concentrate; however, I submit that it affects the individuals in a more profound and fundamental way.

By way of some background, in 1928 the Alberta legislature passed the *Sexual Sterilization Act*, which allowed for the sterilization of mentally disabled people in that province. It was an explicit and overt effort to filter mental disability out of the gene pool; a legislated eugenics project overseen by the Eugenics Board, which chose the individuals to be sterilized. British Columbia had similar legislation and oversight until 1973. These were efforts to identify and weed out "mental defectives" by eliminating their ability to conceive and have children. By 1973 this practice was outlawed in Canada.

Unfortunately, the current predominant method of treatment of schizophrenia among the medical establishment is with antipsychotic medications. While the psychiatric community suggests that these drugs are preferred, as they have the least damaging effects on patients, what is not well known or highlighted is that antipsychotics carry with them extremely high rates of adverse sexual side effects, which most people with schizophrenia are forced to take when declared incapable to consent to this type of treatment.

There are generally two types of antipsychotics that are used to treat schizophrenia: first generation or "typical" (Haloperidol, Clonazapine) and second generation or "atypical" (Risperidone, Paliperidone). Both types of antipsychotic medications carry with them significant adverse sexual effects.

For men, the effects can include decreased libido, erectile dysfunction, low levels of testosterone and sometimes extreme and prolonged erections. The most common side effects for women include reduced orgasm quality, reduced ability to reach orgasm and pain during orgasm.

According to the Centre for Addiction and Mental Health, the main difference between the two types of antipsychotics is that the "first generation drugs block dopamine," while the second-generation drugs "block dopamine and also affect serotonin levels." The difference between the two types of antipsychotics is largely seen in the efficacy of their treatment of what are described by the psychiatric community as "positive" and "negative" symptoms of schizophrenia.

Examples of positive symptoms are "any change in behaviour or thoughts, such as hallucinations or delusions", whereas examples of negative symptoms are "where people appear to withdraw from the world around them, take no interest in everyday social interactions, and often appear emotionless and flat" (see National Health Service (NHS), "Symptoms – Schizophrenia").

According to the United States Department of Health and Human Services (DHHS), while typical antipsychotics tend to be "effective against the positive symptoms of Schizophrenia, they have been considered ineffective in treating negative symptoms". Eventually a second generation of antipsychotics was developed and introduced, atypical antipsychotics, which according to the DHHS, "have shown greater benefits in many outcome domains" in addressing the negative symptoms of schizophrenia (see DHHS link above).

According to research from the National Center of Biotechnology Innovations, National Library of Medicine (NCBI), "sexual dysfunction is a common condition in patients taking antipsychotic medication, with a reported prevalence of 45-80% in males and 30-80% in females." Further, the NCBI reports that "Risperidone and the other typical antipsychotics are associated with a high rate of sexual dysfunction as compared to [typical antipsychotics] olanzapine, clozapine, quetiapine, and aripiprazole" (see NCBI link above). I suggest it is no coincidence that people who take atypical antipsychotics like Risperidone tend to have higher rates of non-compliance.

Someone detained in hospital and declared incapable with respect to treatment with antipsychotics by a psychiatrist has the right to have that finding reviewed, for if they remain detained in hospital and are subject to treatment without their consent, these side effects are part of the panoply of effects they will experience, especially with atypical antipsychotics.

While the adverse effects of an antipsychotic, whether typical or atypical, is expected, the high rates of sexual dysfunction because of these medications ought to be concerning to us as lawyers for our clients and society. The issue as I see it now is the preference for the use of atypical antipsychotics to treat schizophrenia by saying it treats more symptoms, while downplaying the higher rates of adverse sexual effects on those treated.

Additionally, consider the difficulty a patient will have (as most people would) speaking with a doctor about an inability to masturbate or have an orgasm, while layering on top of that the disorganization of thought that is often a symptom of schizophreniform type disorders.

The purpose of this article is to raise awareness about the fact that a certain population of individuals in our society are experiencing profound effects on what is arguably a fundamental part of the human experience, sexual expression and gratification. Frustrating and diminishing this essential aspect of human life cannot be the only way to help those living with schizophrenia.

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