

# 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 in-

clude 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 du-

ration 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 testos-

terone [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 he considers discontinuing the methadone, a trial short-term dose reduction may be helpful. ■

**Side effects from methadone use include weight gain, insomnia, and constipation, but sexual dysfunction could be a 'deal breaker' for some patients.**

## 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, he noted.

"It's actually as common as schizophrenia or bipolar disorder—about 1% of the general population," said Dr. Matthews, who is director of inpatient research and training for the depression and clinical research program at Massachusetts General Hospital in Boston.

Dr. Matthews and his colleagues studied 52 inpatients and outpatients with PMDD to determine predictors for

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substance use disorders. They assessed severity of depression, number of depressive episodes, family history of depression, gender, age, and total number of Axis I diagnoses. The mean age of participants was 36 years, and 58% were women.

Family history of depression significantly predicted who would develop substance use disorder in this population, according to a logistic regression analysis.

"What we didn't predict was

that 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.

Assessment of comorbidity was another aim of the study. "One thing missing in understanding the illness is what are the comorbid disorders, such as panic disorder or bipolar disorder. We know addictions frequently occur with those as well," he said.

The researchers found that 17% of participants met criteria for a lifetime alcohol use disorder. In addition, 38% met criteria for a lifetime substance use disorder.

"We probably underestimated the number because they were involved in pharmacologic trials, and we had excluded those with a 6-month or less history of substance use disorder," Dr. Matthews explained.

The substance use assessment was a secondary, ad hoc analysis of a pharmacologic intervention trial.

A prospective study is planned to assess substance use disorders in patients with PMDD without restricting the exclusion criteria. ■

## 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 Naomi 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 completed 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).

"To analyze these rare outcomes, a much larger sample and longer follow-up period are needed. Whether the results can be extrapolated to attempted or completed suicide is uncertain. However, suicidal behaviors are established predictors of completed suicide. These antecedents and their potential etiologies are therefore of scientific and public health interest," they said.

Dr. Breslau and her associates prospectively studied 990 men and women aged 21-30 who were ran-

domly selected from a Michigan HMO.

The researchers asked study participants about lifetime history of psychiatric disorders and daily smoking and administered the National Institute of Mental Health Diagnostic Interview Schedule for DSM-III-R at their baseline interview in 1989 and in follow-up interviews in 1992, 1994, and 1999-2001.

Current smokers were defined as those who reported smoking within the preceding 12 months of an assessment; past smokers were defined as those who had smoked previously but not in the preceding 12 months.

Of the 990 men and women, 63% were female, 80% were white, 29% completed college, and 46% were married.

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 suicidality 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 investigators said.

The National Institute of Mental Health provided funding for the study. ■