



21 September 2026

Dear [REDACTED]

Thank you for your Freedom of Information (FoI) request received on 22 August. You wrote:

*Please provide me with the number of Yellow Card reports recorded with the term Post-SSRI Sexual Dysfunction (MedDRA code 10086208). Please list the number of cases recorded each year.*

## MHRA Response

We confirm that we hold the information you have requested and provide it below.

Firstly, it may be helpful to explain that each individual Yellow Card report will only correspond to a single patient. Where we received reports that we determine to be duplicates, we can merge these into a single report ensuring all information from both reports is captured. As such, we have provided information we hold on the number of Yellow Card reports received which include Post SSRI Sexual Dysfunction (PSSD) as a suspected adverse reaction.

Additionally, as you will know through previous correspondence, the MHRA codes suspected Adverse Drug Reactions (ADRs) within Yellow Card reports using MedDRA<sup>1</sup>. Post-SSRI Sexual Dysfunction (MedDRA PT code 10086208), is a lower-level term (LLT) and maps to MedDRA Preferred (PT) term "Sexual dysfunction" (PT code 1004047). The term PSSD was added to MedDRA in version 24.1 in 2021.

The MHRA has received **136** UK spontaneous suspected adverse drug reaction (ADR) reports up to and including 14<sup>th</sup> September 2026 where PSSD is specifically coded as a reaction. The information is in Table 1 and is provided in the format requested. I can confirm we first received a report which specifically included the MedDRA term PSSD as a reaction in 2021. Please note that two reports in the table below were originally received in 2010 and 2017, prior to the introduction of Post-SSRI Sexual Dysfunction (PSSD) into the MedDRA dictionary. Additional information received from the reporters after 2021 resulted in the reports being updated to include PSSD as a reaction term. Please also note that a single Yellow Card report may contain multiple suspect drugs, and as such the sum of reports in the table provided will not equal the number of individual ADR reports.

<sup>1</sup> MedDRA (Medical Dictionary for Regulatory Activities) is a clinically validated international medical terminology dictionary. It's organised by System Organ Class (SOC), divided into High-Level Group Terms (HLGT), High-Level Terms (HLT), Preferred Terms (PT) and finally into Lowest Level Terms (LLT).

**Table 1.** A breakdown of the number of UK spontaneous suspected adverse drug reaction reports received by the MHRA up to and including 14<sup>th</sup> September 2026 where PSSD is specifically coded as a reaction.

| Year         | Number of reports |
|--------------|-------------------|
| 2010         | 1                 |
| 2017         | 1                 |
| 2021         | 4                 |
| 2022         | 9                 |
| 2023         | 13                |
| 2024         | 16                |
| 2025         | 56                |
| 2026         | 36                |
| <b>Total</b> | <b>136</b>        |

You can view suspected adverse reactions reported to the MHRA via the Yellow Card scheme on our website as [interactive Drug Analysis Profiles \(iDAPs\)](#). Within these iDAPs, reports of post-SSRI sexual dysfunction are captured under the term Sexual dysfunction.

When considering the spontaneous adverse reaction data detailed above, it is important to be aware of the following points:

- A reported reaction does not necessarily mean it has been caused by the medicine or vaccine, only that the reporter had a suspicion it may have. The fact that symptoms occur after use of a medicine or vaccine, and are reported via the Yellow Card scheme, does not in itself mean that they are proven to have been caused by it. Underlying or concurrent illnesses may be responsible and such events can also be coincidental.
- It is important to note that the number of reports received should not be used as a basis for determining the incidence of a reaction, as neither the total number of reactions occurring, nor the number of patients using the drug, is known. Reporting rates are influenced by the seriousness of the adverse drug reactions, their ease of recognition, the extent of use of a particular product, and may also be stimulated by awareness and publicity about a product. Additionally this information cannot be used to compare the safety profile of different products.

As you may be aware, since 2019 the product information available to healthcare professionals and patients has contained information that SSRIs may cause symptoms of sexual dysfunction, and that there have been reports of long-lasting sexual dysfunction where the symptoms have continued despite discontinuation of SSRIs. This information is available to healthcare professionals in the Summary of Product Characteristics (SmPC) and to patients in the patient information leaflets (PIL). Both documents can be accessed electronically at <https://products.mhra.gov.uk/>.

If you have any queries about this letter, please contact us quoting the reference number above.

Yours sincerely,

## **Your right to complain under the Freedom of Information Act**

If you are not happy with this response you may request an internal review by e-mailing [foi.request@mhra.gov.uk](mailto:foi.request@mhra.gov.uk) or by writing to: MHRA Central Freedom of Information Team, 10 South, Colonnade, Canary Wharf, London, E14 4PU

Any request for an internal review must be received by us within 40 working days of the date of this letter. Please note we are not obliged to provide a review if it is requested after more than 40 working days.

If you are not content with the outcome of the internal review, you may apply directly to the Information Commissioner's Office for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Website: [ICO FOI and EIR complaints](#) or telephone 0303 123 1113.

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