

A 39-year-old married man was referred with recurrent depression. When euthymic his sexual function was normal. When depressed he had mildly decreased libido but normal erection, ejaculation and orgasm. He had poor response to, but no sexual side-effects with, fluoxetine 40 mg for 8 weeks. Later his depression improved with reboxetine 4 mg twice daily. However, he developed spontaneous ejaculations occurring 2–3 times a day. These were not preceded by sexual stimulation but were associated with pleasurable sensation. He also developed premature ejaculation during sexual intercourse. On discontinuing the medication, the spontaneous ejaculations and premature ejaculations subsided within 7 days.

This is the first report of reboxetine-induced spontaneous ejaculations. Seminal emission and ejaculation are controlled centrally by the anterior thalamic nuclei, preoptic nuclei and the median forebrain bundles, which are facilitated by dopamine and inhibited by 5-HT<sub>1A</sub> antagonists and 5-HT<sub>2</sub> agonists. The spinal centres for emission, ejaculation and for bladder neck closure during ejaculation to prevent retrograde ejaculation are mediated by noradrenaline. Delayed, absent or retrograde ejaculation can be caused by sympatholytic antihypertensives, antipsychotics, selective serotonin reuptake inhibitors (SSRIs), surgical sympathectomy, spinal cord injury and diabetic autonomic neuropathy. The 5-HT<sub>1A</sub> agonist 8-OH-DAPT, 5-HT<sub>2</sub> antagonists nefazodone and adrenergic agents such as ephedrine, pseudoephedrine and phenylephrine can reduce ejaculatory latency and revert retrograde ejaculation to antegrade ejaculation (Wang *et al*, 1996;

Michael & O'Keane, 2000). Reboxetine is a selective and potent inhibitor of noradrenaline reuptake and has little effects on other neurotransmitter systems. This could explain its relative lack of sexual side-effects. Reboxetine could have caused decreased ejaculatory latency as well as spontaneous ejaculations by reuptake inhibition and consequent increased activity of noradrenaline. Michael *et al* (1999) used the ability of nefazodone to cause spontaneous ejaculation by virtue of its 5-HT<sub>2</sub> antagonist effect to reverse SSRI-induced anorgasmia. Reboxetine could be a potential substitute for antidepressants which cause delayed or absent ejaculation/orgasm.

**Michael, A. & O'Keane, V. (2000)** Sexual dysfunction in depression. *Human Psychopharmacology*, **15**, 337–345.

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**Wang, R., Monga, M. & Hellstorm, W. J. G. (1996)** Ejaculatory dysfunction. In *Male Infertility* (ed. F. H. Comhaire), pp. 205–221. London: Chapman & Hall.

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### A virtual cry for help?

With the advent of the internet, and widespread publication of e-mail addresses on web pages, it is increasingly easy to correspond with members of the health professions. Such ease of access may be used to good effect, but is also open to abuse. For example, there is a report describing an individual who was saved after they

published their intention of suicide on the internet. Furthermore, the Samaritans can be accessed by e-mail. Recently I received an e-mail purporting to be a suicide note. The mail apparently originated from an identifiable individual and their e-mail address was supplied. The letter expressed anger, with unambiguous suicidal intent, and contained some features suggestive of contact with mental health and social services. Having received the letter some 6 hours after it was sent I initially contacted the server who indicated that they could identify the subscriber and would be able to release this information to the police. I therefore contacted the local police and this information was passed to Scotland Yard who arranged a visit to the registered address. The police found the individual, whose signature was on the letter, safe and well. Apparently, at interview the individual, with the responsible adults at the address, denied sending the e-mail.

This e-mail could have been a genuine cry for help, which remains unmet, or the situation may have resolved. Alternatively, it may represent a hoax perpetrated by the individual concerned or another logging onto the server with, or without, permission. While appropriate use of e-mail is to be encouraged there is a great potential for abuse, with the concomitant waste of clinical and police time. As such letters will become more frequent it is essential that an appropriate response and procedure be established between the caring professions, police and internet service providers.

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## One hundred years ago

### Joint Counties Asylum, Carmarthen (Annual Report for 1899)

. . . Dr. E. Goodall, the medical superintendent, points out in his report that “a thorough overhauling of the defective parts will be desirable before the building comes into use as a permanent accommodation.”

Among the admissions is described a case of “moral insanity” – viz., a young girl admitted for the fourth time. “There being no defect or derangement of mind upon which a certificate of detention in an asylum could be returned she could not be kept here. This girl is a source of great trouble at home, but is neither mad enough to be in the asylum nor bad

enough to be in gaol, and is probably best suited for a reformatory.” . . .

### REFERENCE

*Lancet*, 13 October 1900, 1079.

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