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PERSISTENT GENITAL AROUSAL DISORDER IN A PATIENT WITH MAJOR DEPRESSIVE DISORDER: SYMPTOM IMPROVEMENT FOLLOWING ANTIDEPRESSANT DOSE OPTIMIZATION

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OBJECTIVE: Persistent Genital Arousal Disorder (PGAD) is a rare condition characterized by persistent physiological genital arousal without accompanying sexual desire. Due to limited awareness and absence of standardized treatment guidelines, it is frequently underdiagnosed. We present a case of PGAD comorbid with major depressive disorder (MDD) that improved following antidepressant dose optimization.

CASE: A 48-year-old woman presented with a two-year history of persistent genital discomfort, throbbing sensations, pelvic restlessness, and an intrusive urge to touch the genital area. Symptoms occurred multiple times daily, worsened while sitting, and caused significant social impairment. She reported no associated sexual pleasure or increased libido. Gynecological examination and laboratory investigations were unremarkable. Psychiatric evaluation revealed a five-year history of MDD treated with paroxetine 20 mg/day. In recent months, depressive symptoms had worsened. After exclusion of organic pathology, paroxetine was increased to 40 mg/day and olanzapine 2.5 mg/day was added.

Written informed consent was obtained for publication.

At two-month follow-up, depressive symptoms remitted, her mood was euthymic, and PGAD complaints markedly decreased, occurring only once or twice during the preceding month.

DISCUSSION: The pathophysiology of PGAD remains unclear, and various pharmacological and interventional treatments have been reported without consensus. In this case, symptom improvement may be related to enhanced serotonergic inhibition following paroxetine dose escalation. Serotonin is known to exert inhibitory effects on sexual arousal pathways. Additionally, remission of depressive symptoms may have reduced somatic hypervigilance and distress amplification. Dopaminergic modulation through low-dose olanzapine may also have contributed.

This case suggests that optimization of antidepressant therapy may represent a rational initial strategy in PGAD patients with comorbid depression. Increased awareness and further research are required to establish evidence-based treatment approaches.

Keywords: Olanzapine, paroxetine, persistent genital arousal disorder