Premature ejaculation

The Drug and Therapeutics Bulletin carried out an extensive review of the treatment options for premature ejaculation when reviewing the efficacy of dapoxetine, a short-acting SSRI recently licensed for this condition (DTB 2014;52 (3):30).

Definitions vary for premature ejaculation, but all use a measure of time-to-ejaculation. The DSM-V criteria stipulate an intravaginal ejaculation latency time (IELT) of less than 1 min, although earlier DSM definitions, often used by studies into this condition, used an IELT time of less than 2 min. The prevalence is estimated to be 1–3%.

Evaluation and management of premature ejaculation

It should first be determined if the condition is primary or secondary. Guidelines remind us that variability of performance with occasional premature ejaculation is normal.

Primary premature ejaculation

These men will have a lifelong history of premature ejaculation.

European Association of Urology guidelines suggest drug therapy should be used first line in primary premature ejaculation.

Secondary premature ejaculation

In secondary or acquired premature ejaculation, the problem can develop gradually or suddenly but follows a history of normal ejaculatory experience. Guidelines suggest management should be initially targeted at removing any potentially reversible causes (such as relationship problems), and then focused on behavioural therapy with drugs being reserved for second line.

Treatment options in premature ejaculation

Behavioural therapy

These techniques can be time intensive and difficult, with a weak and inconsistent evidence base.

Topical anaesthetic agents

Trials of topical anaesthetic agents have consistently shown it increases the IELT 4–6 times, with improvements in other measures such as ejaculatory control and sexual satisfaction compared with placebo. The guidelines usually refer to lidocaine–prilocaine (5%) cream (Emla). Its use in premature ejaculation is unlicensed. It is usually advised that it is applied 20–30 min prior to sexual intercourse and a condom used to prevent vaginal numbness.

Tricyclic antidepressants, phosphodiesterase type-5 inhibitors, alpha-1 selective alpha-blockers

The DTB did not offer any further evidence on the efficacy of these three drug groups and their use does not appear in current European guidelines.

SSRIs either by daily use or on-demand

A systematic review on all studies published from 1973 to 2003 on the action of SSRIs in premature ejaculation showed daily treatment with paroxetine, sertraline, or fluoxetine to be effective. Daily paroxetine seemed to be the most effective with a mean IELT 9-fold greater than baseline.

So what about dapoxetine?

Dapoxetine is a short-acting SSRI licensed for the management of premature ejaculation. It is taken ‘on demand’ 1–3 h before anticipated sex.

Phase III studies found IELT was statistically significantly increased compared to placebo by about 1–2 min. No studies have been carried out directly comparing on-demand dapoxetine therapy with other drugs or treatments. Syncope has been a concern with the use of dapoxetine (it delayed the European licensing of the higher dose) and it is recommended that dapoxetine should be taken with at least one full glass of water and the concomitant use of alcohol should be avoided.

Guideline summary

Guidelines currently usually recommend off-label daily SSRIs as first line in men with primary premature ejaculation. On-demand SSRIs are offered by some as an option, although studies on acceptability suggest men prefer daily use medication for this condition rather than on demand. Topical anaesthetics are usually advised second line (off label use).
If treatment with regular SSRIs is found to be effective, reducing and stopping the medication after 6–8w is generally recommended. Dapoxetine has not yet been the subject of any pronouncements from NICE, but current evidence for its effectiveness is poor compared with other options and the DTB did not recommend its use.

### Premature Ejaculation

- Common.
- Distinguishing between primary and secondary is helpful when planning management.
- Secondary premature ejaculation should be managed initially with consideration of reversible causes and behavioural approaches.
- Drug therapy is generally advised first line for primary or lifelong premature ejaculation.
- Unlicensed regular paroxetine seems most effective option with the highest improvement in IELT.
- Other therapeutic options include local anaesthetic creams.
- Dapoxetine is a short-acting SSRI licensed for use on demand. Currently it has not been compared in trials with other treatments and is not recommended by DTB.


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We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.

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February 2017
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