

Interventions to treat premature ejaculation: a systematic review short report

Katy Cooper,* Marrassa Martyn-St James,
Eva Kaltenthaler, Kath Dickinson and Anna Cantrell

School of Health and Related Research (SchARR) Technology Assessment Group,
The University of Sheffield, Sheffield, UK

*Corresponding author

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Plain English summary

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Premature ejaculation (PE) is ejaculation with minimal sexual stimulation before, on or shortly after penetration and before the person wishes it, and can cause distress for a man and his partner. Evidence from randomised controlled trials suggests that several treatments provide improvements of between 1 and 6 minutes in time to ejaculation, including drug treatments [selective serotonin inhibitors and other antidepressants, phosphodiesterase-5 inhibitors and tramadol (Zydol SR®, Grünenthal)], anaesthetic creams and behavioural therapies. Many treatments also improve sexual satisfaction and other measures. However, drug treatments and anaesthetic creams are associated with side effects. Behavioural therapy combined with drug treatment is better than behavioural therapy or drug treatment alone. Most studies of treatments for PE last 12 weeks [some that we found, e.g. for dapoxetine (Priligy®, Menarini) and tramadol, lasted 24 weeks]. Patients may have different treatment preferences related to differences in treatment administration, clinical effectiveness and side effects (e.g. drug or behavioural treatments). For this reason, maintaining a range of treatment options is a useful approach. Future research should aim to investigate the long-term safety and effectiveness of treatments (> 6 months), whether or not higher doses are required in the longer term, the effects of treatment cessation and whether or not treatments can be stopped and restarted later. This research could be undertaken by reviewing the literature for these treatments used in other conditions, in addition to further, longer-duration studies in men with PE.

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