

## Sexual Function/Dysfunction: Pharmacological Treatment of Premature Ejaculation

Dr. Raymond A. Costabile, Department of Urology, University of Virginia Medical Center, Charlottesville, VA, provided the audience with highlights of the American Urological Association meeting on sexual function/dysfunction

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Researchers have suggested that PE may be the most common sexual dysfunction in men. An FDA approved therapy for the treatment of PE is presently not available. Several presentations looked at the mechanism, safety and efficacy of dapoxetine the treatment of PE (abstracts 877, 878, 879). Gengo et al studied the mechanism of competitive binding of dapoxetine to specific 3H citalopram binding sites on the 5-HT reuptake transporter to inhibit 5-HT, norepinephrine and dopamine (abstract 878). In pharmacological and concomitant use trials

dapoxetine and ethanol co-administered to healthy men did not produce significant changes in dapoxetine pharmacokinetic profiles, and had no clinically significant adverse events in healthy subjects (abstract 879). No interaction was seen with use of PDE-5 inhibitors and dapoxetine.

In dose ranging trials Hellstrom et al (abstract 740) and Pryor et al (abstract 877) demonstrated significant efficacy (measured by intravaginal ejaculatory latency time) and safety for 30 and 60 mg dapoxetine. Other drugs and drug combinations, including the combination of tadalafil and fluoxetine, showed improved IELT over

monotherapy with either agent or placebo (abstract 880). To accurately diagnose and evaluate treatment effect Rosen et al studied predictions of the clinical diagnosis of PE and showed that IELT alone was not as accurate as the addition of patient reported outcomes (abstract 1245). Patrick et al looked at other questions of patient satisfaction with ejaculatory function and reported significant differences in single item questions for patients with PE compared to those without PE (abstract 1246).