MedicalXpress

Premature ejaculation therapy not supported by evidence

August 10 2011, By Randy Dotinga

A new review finds little reliable research to support treating premature ejaculation by teaching men how to control their bodies with their minds. Still, two of the review authors say it is too early to discount so-called behavioral therapy.

“We need to do more to prove it works,” said review co-author Stanley Althof, executive director of the Center for Marital and Sexual Health of South Florida.

Physicians and mental health specialists are not certain of how many men suffer from premature ejaculation, although they have managed to come up with a definition of it as ejaculation that occurs within a minute or less of the penis entering the vagina.

By this strict definition, around 2 percent to 5 percent of men suffer from premature ejaculation, Althof said. In addition, many more who fail to meet the definition still think they do not spend enough time inside the vagina, he said.

“If you ask men themselves if they have premature ejaculation, you’re likely to get 20 to 30 percent who say they have it,” Althof said.

The cause of premature ejaculation is unknown, but researchers have linked it to a variety of conditions, which include anxiety, a malfunctioning ejaculation reflex, prostate disease and chemical problems in the brain. Genetics could also have something to do with it.

In some cases, physicians prescribe antidepressants like Paxil, Zoloft and others. “These medications are a simple treatment and cost effective if not used for a lifetime,” said lead review author Tamara Melnik, professor of internal medicine and evidence-based medicine at the Universidade Federal de São Paulo in Brazil.

It turns out that one of the side effects of some antidepressants - delayed orgasm - might actually help men who suffer from premature ejaculation. Unfortunately, as Melnik notes, the medications often come with other side effects that are not so benign.

Topical anesthetics, like lidocaine, that numb the penis are another option, said Dr. Ege Serefoglu, a urologist at Kiziltepe State Hospital, in Turkey. However, some men do not like the treatment because they must apply the cream 15 minutes before intercourse and use a condom, said Serefoglu, who has no affiliation with the study.

Enter behavioral therapy, which aims to treat premature ejaculation either with or without the assistance of medication. The therapy discourages men from trying to distract themselves during sex by

thinking about things like baseball scores or stock prices, said Althof, an emeritus professor at Case Western Reserve University School of Medicine.

Instead, he said, “It’s like looking at a speedometer. We teach men to hover in the midrange of excitement and learn to slow down or speed up when they notice where they are.”

But does it work? The review authors searched for evidence and found four studies that met their criteria with a total 253 participants.

The review was published by *The Cochrane Collaboration*, an international organization that evaluates medical research. Systematic reviews like this one draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

In one study in this review, some participants learned how to use several techniques - including different positions, better control of their movements, more mental focus and a start-stop approach - to delay ejaculation. Compared to other men who did not learn about the techniques, these men took longer to reach orgasm and both they and their female partners reported greater sexual satisfaction.

Another study found that men did better with the antidepressant Celexa compared to therapy only, and when they got medication and therapy instead of just the medication. A third study found that men did better when they took Thorazine, a drug used to treat schizophrenia, and underwent therapy than those who just took the medication. Full statistics from the fourth study were unavailable.

The review authors say that the studies do not confirm that the therapy works. The number of studies is small, their techniques are similar and

they do not look at other therapy-based approaches, the review notes.

Still, co-author Althof said therapy has value even if the research is not yet convincing. Treatments are not cheap, however. He said they can cost $100 to $125 a session or more and that eight sessions could be necessary over two to three months.

“It’s an investment,” he said. “You’re investing in significantly improving your sexual life. There’s not a guarantee that you will, but there’s a likelihood that you will.”

Serefoglu, the Turkish urologist, said men who feel distress from premature ejaculation - some men do not - should undergo a medical examination.

In some cases, a patient might wish to try behavioral therapy, Serefoglu said, but for now it’s not proven to work.

More information: Melnik T, et al. Psychosocial interventions for premature ejaculation (Review). *Cochrane Database of Systematic Reviews* 2011, Issue 8.

Provided by Health Behavior News Service