

FOR OUR PATIENTS

Selective Serotonin-Reuptake Inhibitors for the Treatment of Premature Ejaculation

“For Our Patients” is a service provided by *The Annals of Pharmacotherapy* to help you understand the latest research developments and clinical information that relate to medications that have been prescribed for you. These summaries are for informational purposes only.

“For Our Patients” summaries are not a substitute for professional advice from your personal medical provider. If you have questions about this material, you should discuss it with your physician or pharmacist.

The summary below is based on a more extensive article that appears in the July/August 2005 issue of *The Annals of Pharmacotherapy* (volume 39, no. 7/8, pages 1296-1301). The full report is entitled “Selective Serotonin-Reuptake Inhibitors in the Treatment of Premature Ejaculation” and is authored by Amanda J Moreland and Eugene H Makela PharmD. It was first published in *The Annals Online* on June 7, 2005 and can be accessed at <http://dx.doi.org/10.1345/aph.1E069>.

What is premature ejaculation?

Premature ejaculation describes a condition in which a man reaches sexual climax before he desires it. It is a problem that occurs repeatedly with minimal sexual stimulation. Men who suffer from this condition may ejaculate within as little as 3 seconds of vaginal penetration. Premature ejaculation causes distress to both the patient and his sexual partner.

What is the typical treatment for premature ejaculation?

Behavioral therapy for premature ejaculation includes exercises such as the “squeeze technique” and the “start and stop technique.” Tricyclic antidepressants have been used for this condition, but patients often experience unpleasant side effects.

Why was this review conducted?

The authors wanted to review the effectiveness, dosing regimens, and side effects associated with selective serotonin-reuptake inhibitors (SSRIs) in the treatment of premature ejaculation. Patients involved in previous clinical trials for SSRIs reported adverse sexual effects, including delayed ejaculation. The authors believe that the ability to delay ejaculation with a drug could be advantageous in the treatment of premature ejaculation.

What did the authors discover about SSRIs and premature ejaculation?

There is strong evidence that the SSRIs are effective in the treatment of premature ejaculation. Paroxetine was found to be most effective, based on its superior ability to delay ejaculation. Fluoxetine and sertraline followed close behind paroxetine in effectiveness. However, paroxetine was also found to cause more adverse effects and showed greater potential for drug interactions. Further studies are needed to better define the ability of citalopram and escitalopram to effectively treat premature ejaculation.

What is the best dosing regimen?

It is still unclear which dosing regimen is best. Previous studies have been based on daily dosing of SSRIs. However, research has also been conducted in which men have taken SSRIs only when they think that it is necessary. Lower doses have also become available.

What are the side effects of SSRI treatment for premature ejaculation?

The side effects are mild. Nausea, headache, and drowsiness are the most common nonsexual adverse effects. Sexual adverse effects include decreased libido and, more rarely, erectile dysfunction. Adverse effects are more likely with paroxetine than the other SSRIs. With paroxetine treatment, men report yawning, perspiration, fatigue, and dry mouth. Men taking paroxetine only when it is needed reported no adverse effects compared with men taking daily doses who reported gastrointestinal upset and weight loss. Lower doses of all drugs reduced the likelihood of adverse effects.

What do the authors recommend?

The authors believe that further studies are needed to determine the effectiveness of long-term treatment and the possibility of side effects that may emerge. They advise careful dosage increases and monitoring of side effects to optimize treatment.

Copies of this summary or the original article may be purchased from the publisher. The summaries may be reproduced for not-for-profit educational purposes without permission. Any other uses must be approved by the publisher (<http://www.hwbooks.com>). © Copyright 2005, Harvey Whitney Books Company.
FOPB77