

# ERECTILE DYSFUNCTION PREMATURE EJACULATION

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# LEARNING OBJECTIVES

- Management of erectile dysfunction and premature ejaculation in General Practice
- Discussion and consideration of who to refer on to the Jane Wadsworth Clinic with these problems

# ERECTILE DYSFUNCTION

- Inability to obtain or maintain erections



# **ERECTILE DYSFUNCTION**

## **- A CASE DISCUSSION**

# CASE HISTORY

Peter is a 58 year old banker who has been married to Sophia for 25 years. He has always had occasional episodes of erectile problems (ED). A year ago he attended your practice saying that the ED was becoming worse –in fact he either could not penetrate or lost his erections after intercourse started.

Your colleague put him onto sildenafil 25mg as required a year ago. He says he does not often take it now and his ED is worse than ever.

WHAT IS GOING ON HERE?

HOW WOULD YOU MANAGE HIS CASE?

# MEDICATION ISSUES

- Dosage
- When to take PDE5I in relation to sex
- Anxiety provoked by timing of medication in relation to sex

# DISCONTINUATION OF PDE5i AMONG INITIAL RESPONDERS

- Up to 50% over a year



Althof S 2002

Fusco F et al 2009

# AREAS THAT MAY BE RELEVANT

- Patient/partner issues
- Clinician issues



# PATIENT/PARTNER ISSUES

- Lack of spontaneity
- Partners' relationship
- Are they attracted to each other still?
- What is her health and does she want to resume a sexual relationship?



# PATIENT/PARTNER ISSUES

- Lack of spontaneity
- Partners' relationship
- Are they attracted to each other still?
- What is her health and does she want to resume a sexual relationship?
- Meaning of using PDE5 I to couple *"If you liked me enough you would not need those pills"*
- Unrealistic expectations
- Contextual issues- children, job, finances
- Underlying anxiety/depression
- Unconventional arousal e.g .porn



## Metabolic equivalents

*Sex man on top* 3.3

*Sex woman on top* 2.5

*Tennis* 6.8

*Walking (5Km/hr)* 3.2

*Gardening* 4.4

*Ironing* 2.0



# CLINICIAN ISSUES

- Exclusion of hypogonadism ,diabetes, neurological conditions
- Basic investigations total testosterone and glucose/HbA1C
- What is arteriosclerotic risk status?

# CASE HISTORY

You see Peter, and find that his BP is consistently in the range of 160/95, his BMI is 29 and his fasting total cholesterol 6.4mmol/L.

ANY COMMENTS?

# CASE HISTORY

You see Peter and raise the dose of sildenafil to 100mg as required.

# CASE HISTORY

Peter comes back after 6 weeks. He says things are better over the weekend if he takes the sildenafil and they have sex early Saturday morning . However sometimes they don't have free time till Saturday evening when the sildenafil effectiveness has worn off.

This makes Peter very anxious.

ANY COMMENTS?

# CONSIDER DAILY DOSING 5mg TADALAFIL

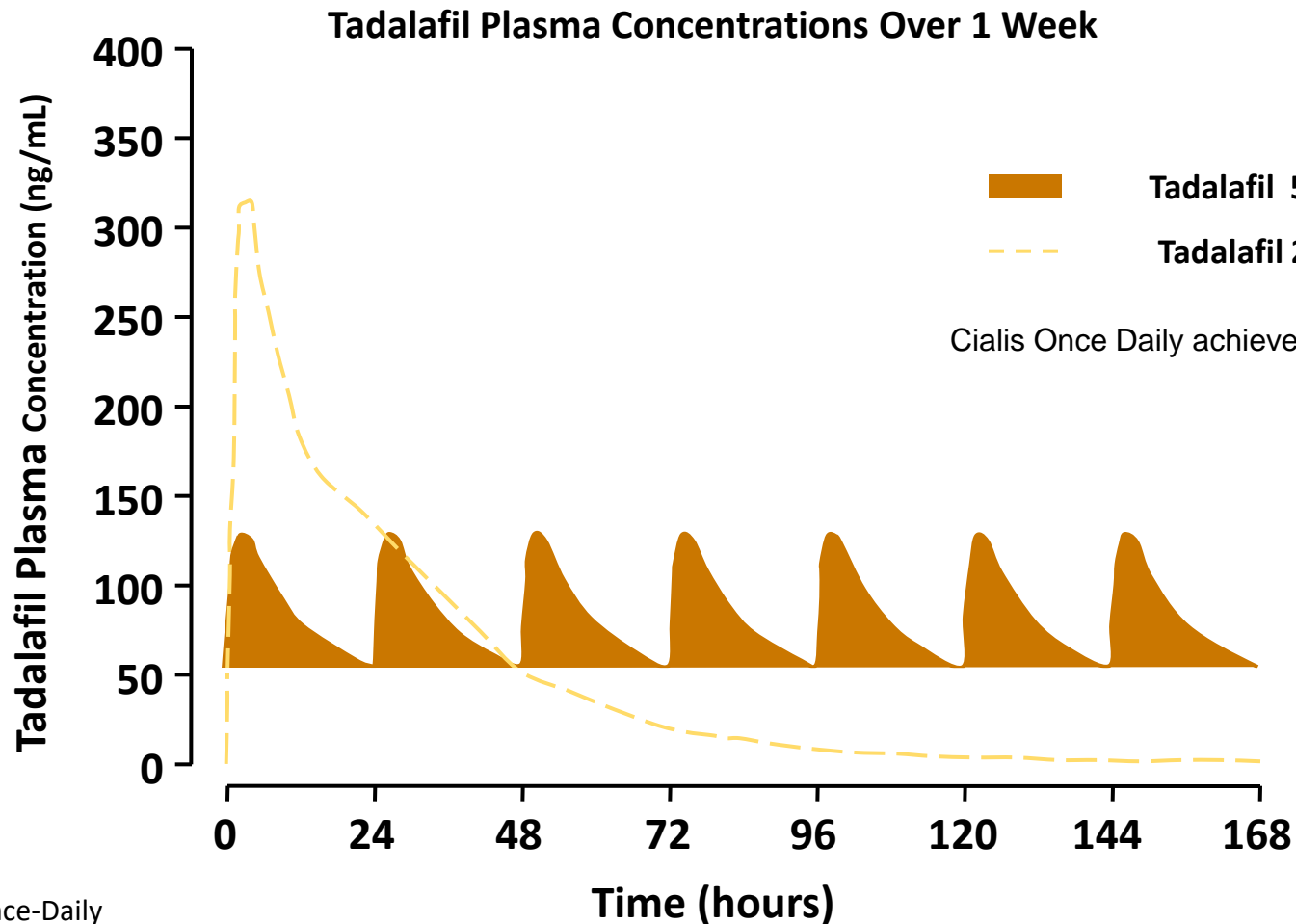
- 20 mg produces responsiveness up to 36 hrs
- 5mg per day produces steady state after 5 days with serum level 1.6 times single dose level
- 10mg per day
- 20mg every second day



# Predicted Tadalafil Concentration Versus Time Profiles



Imperial College Healthcare  
NHS Trust



Cialis Once Daily achieves steady state after 5 days

OD=Once-Daily

# ED OTHER TREATMENT OPTIONS

# ALPROSTADIL (MUSE)



# ALPROSTADIL(Caverject/Viridal)





# OTHER PARENTERAL ED TREATMENTS

VITAROS ( alprostadil cream)

INVICORP



**Each ampoule contains:**

25 mcg aviptadil (vasoactive intestinal polypeptide) and 2 mg phentolamine mesylate.

Sodium chloride, disodium edetate, phosphoric acid, sodium hydroxide, hydrochloric acid, water for injection.

**Read the package leaflet before use.**

**Keep out of the reach and sight of children.**

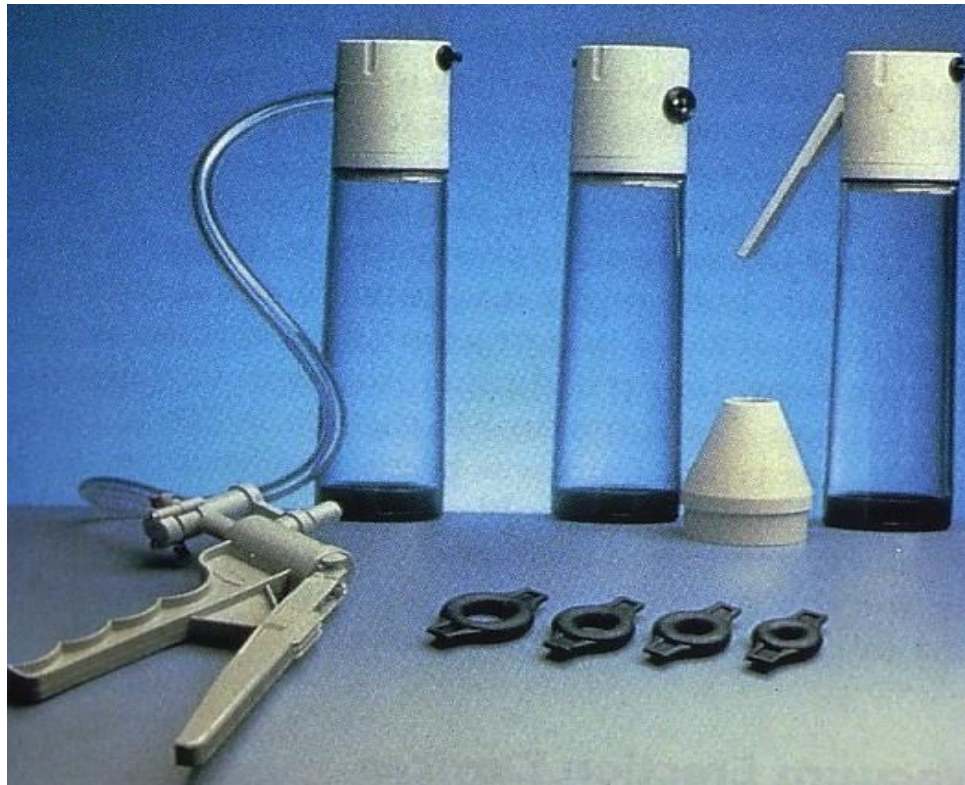
**Store in a refrigerator (2-8°C).**

**Do not freeze.**

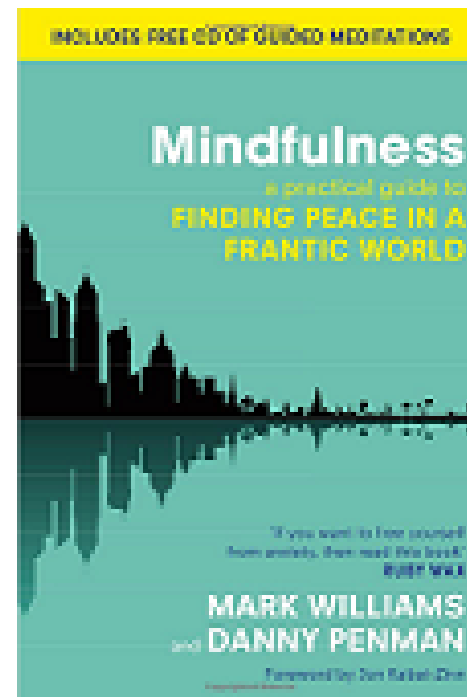
For intracavernous use.

Always use Invicorp as your doctor has told you.

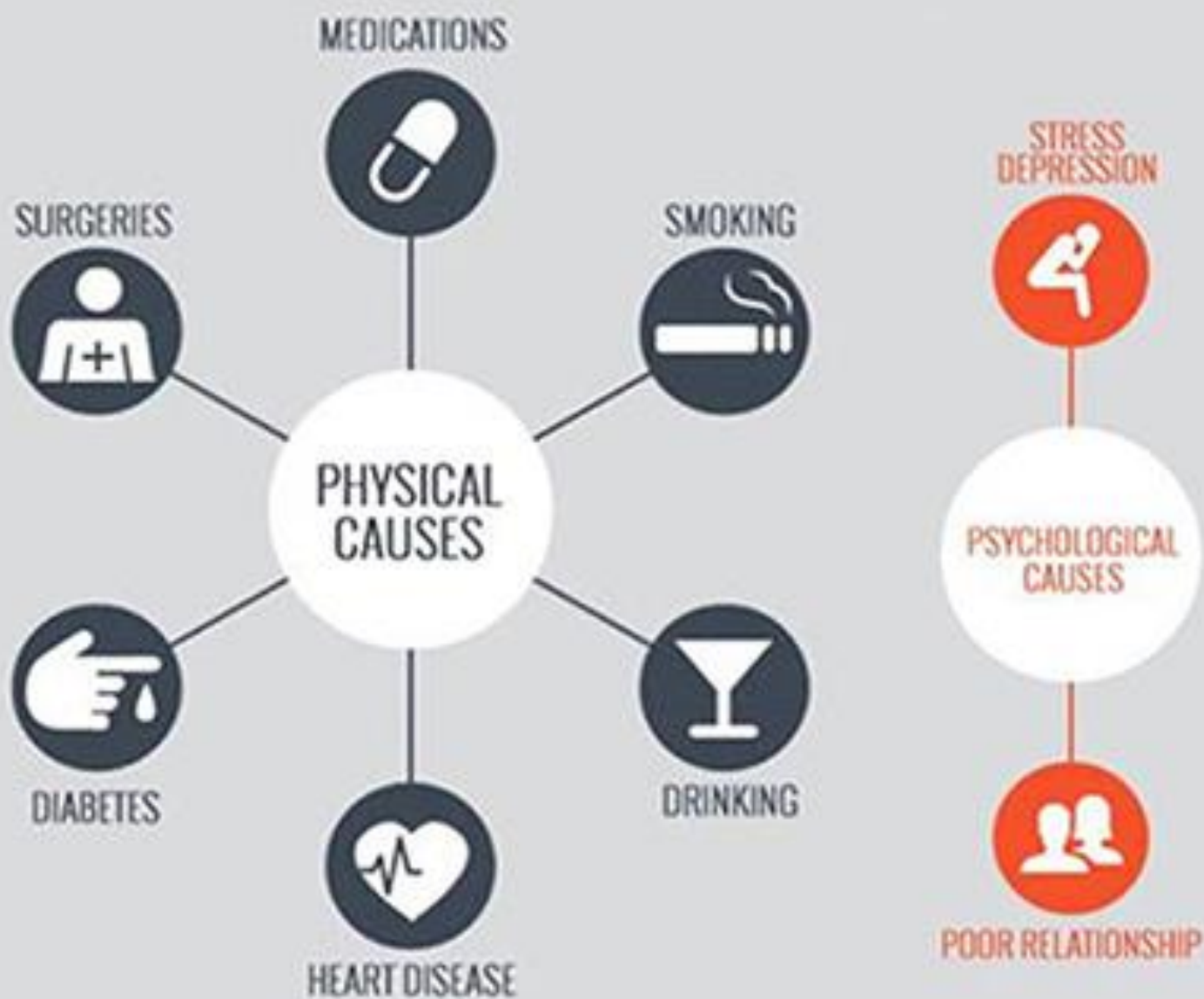
# PENILE VACUUM PUMPS



# SEX THERAPY



# CAUSES OF ERECTILE DYSFUNCTION





# CARDIAC RISK IN PATIENTS WITH ARTERIOSCLEROTIC ED

- Penile arteries 1-2mm
- Coronaries 2-4mm
- Erectile dysfunction predates coronary artery disease by 2-5 years\*
- Particularly men <60 yrs \*

- How do you investigate men for coronary heart disease as GP?

CT Angiogram picks up 100% of  
coronary stenosis



50% of men with ED have  
negative exercise ECGs



Jackson G et al 2008

# SCHEDULE 2 (1998)

- • ED associated with the following medical
- conditions are deemed to qualify for
- prescription at NHS expense:
  - — diabetes – multiple sclerosis
  - — Parkinson’s disease – poliomyelitis
  - —prostate cancer – prostatectomy
  - radical pelvic surgery – severe pelvic injury
  - — renal failure treated by dialysis or transplant
  - —single gene neurological disease
  - —spinal cord injury – spina bifida
  - —NHS drug treatment before 15th September
  - 1998
  - — if patient is suffering severe distress on  
account of their ED

# SEVERE DISTRESS

- The GP is recommended to refer if severe distress is suspected. It is the role of the specialist to endorse that judgement.

# PREMATURE EJACULATION(PE)

- Simon is 23 years old and says his penis goes down quickly inside his partner's vagina?
- Is this PE?

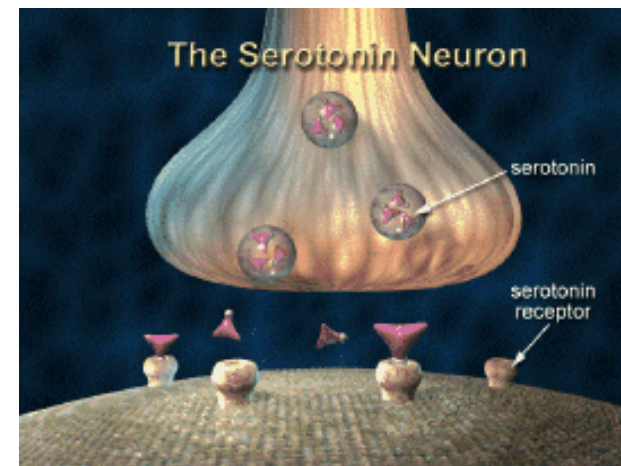
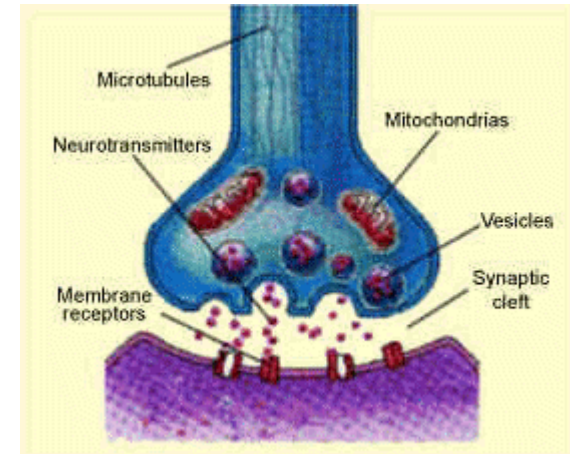
# International Society for Sexual Medicine



- ***Ejaculation that always or nearly always occurs before or within 1 min of vaginal penetration \**** and
- Inability to delay ejaculation on all or nearly all vaginal penetrations
- Negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy

# Types of PE and Risk Factors

- Primary - Idiopathic
  - Lifelong
  - Neurophysiological basis
  - Genetic - Serotonergic





# Types of PE and Risk Factors

- Secondary
  - Acquired after period of normal ejaculatory function
- Risk factors
  - Psychological/situational stressors/relationship issues /infrequent sexual activity/novelty of partner
  - Associated conditions e.g. ED, prostatitis, urethritis,hyperthyroidism

# TREATMENTS FOR PE

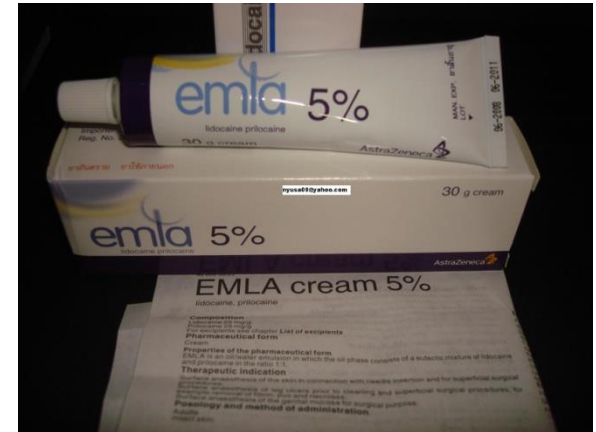
- Pharmacological
  - What are they?

# TREATMENTS FOR PE

- Pharmacological
  - Topical anaesthetics
  - Oral – SSRIs

# PHARMACOTHERAPY FOR PE

- Topical anaesthetics (prn)
  - EMLA (OR LIDOCAINE)
    - Diminish sensitivity of glans penis
    - Apply 30mins before SI
    - Risk of loss of erection/pleasurable sensation
    - Local skin irritation/hypersensitivity



**FORTACIN SPRAY**

# PHARMACOTHERAPY FOR PE

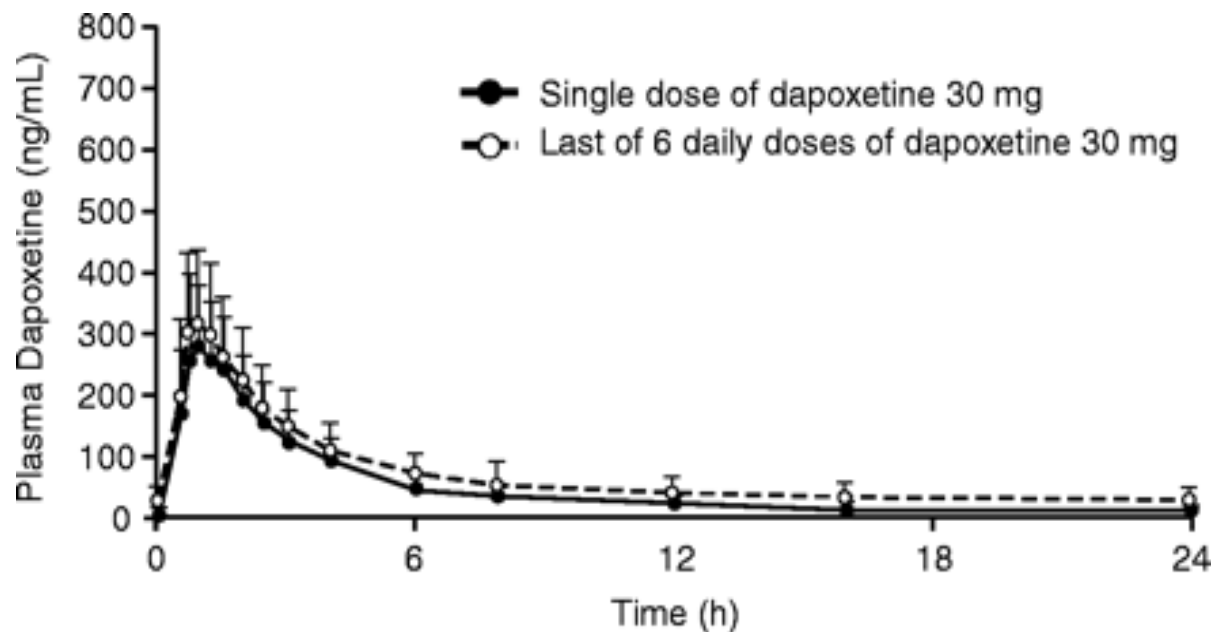
- **SSRIs**
  - Produce increase in IELT
  - None licensed for use in PE
- **Dapoxetine**
  - Short acting SSRI
- **Other**
  - clomipramine
  - tramadol – inhibits NA and 5HT reuptake.
  - PDE-5 inhibitors



# PHARMACOTHERAPY FOR PE

## DAPOXETINE VERSUS SSRI<sub>s</sub>-HALF LIVES

- ***HALF LIFE SSRI<sub>s</sub>- NOT LESS THAN 10 HOURS***



# TREATMENTS FOR PE

Sex therapies

**ANY QUESTIONS?**



# MINDFULNESS BASED SEX THERAPY

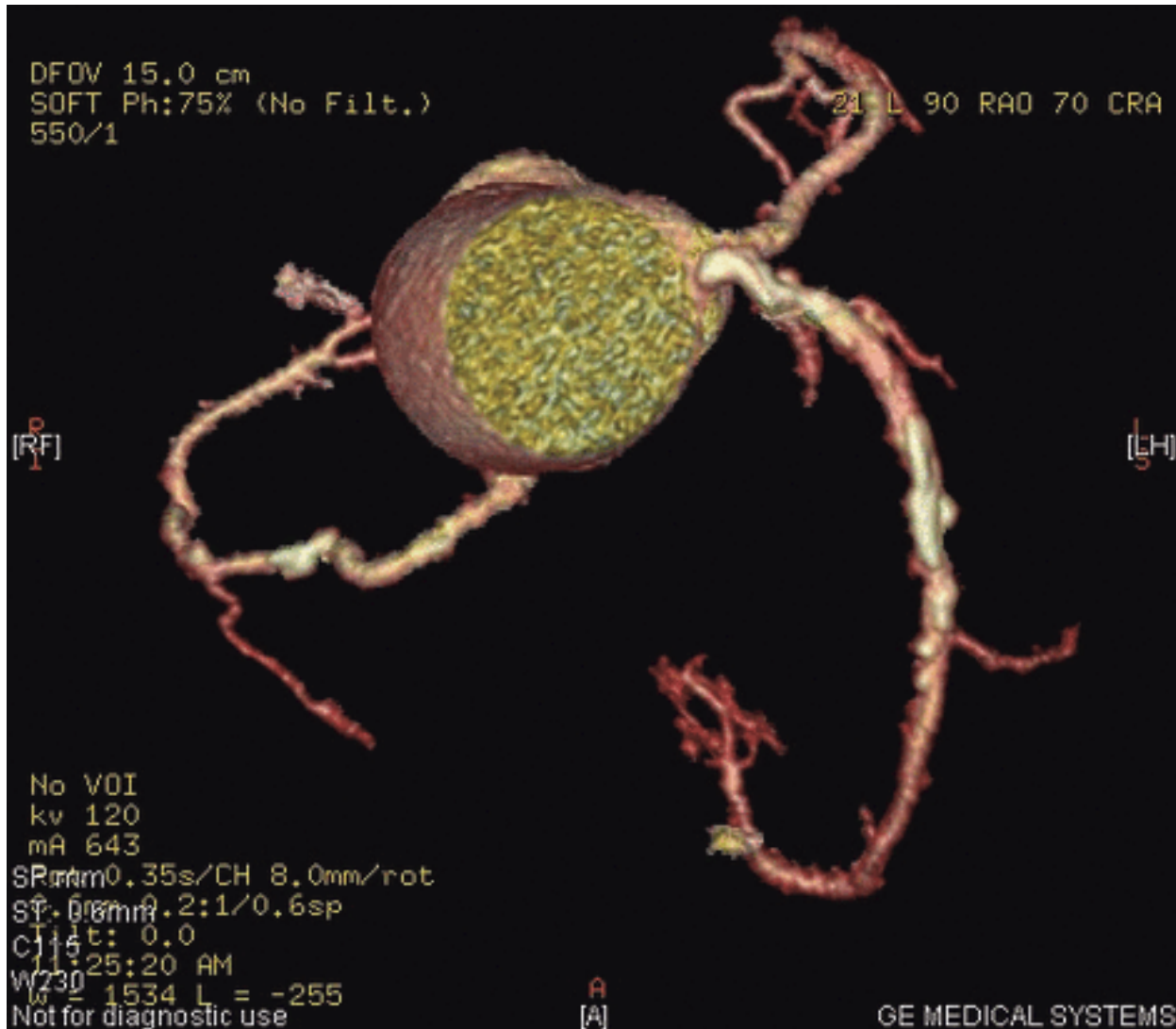
- Stop/start
- Squeeze
- Sensate focus
- Relationship counselling





# The Jane Wadsworth Clinic

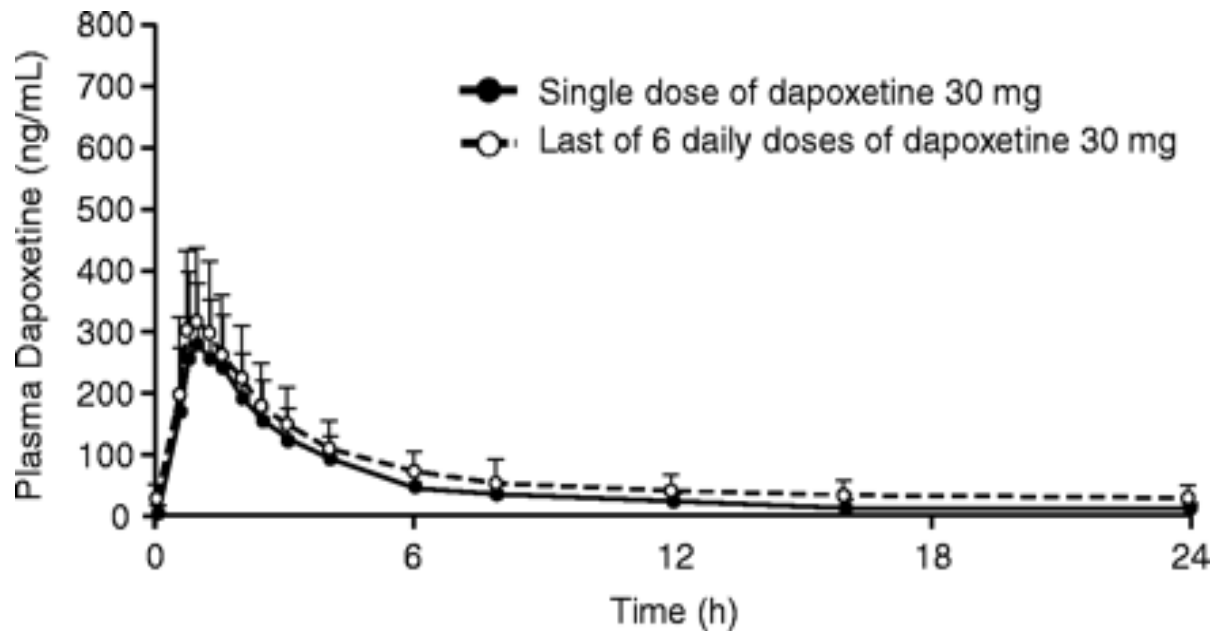
Helping to Understand and Treat Sexual Difficulties



# PHARMACOTHERAPY FOR PE

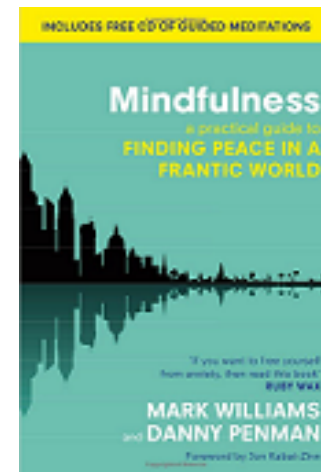
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# WHAT IS PREMATURE EJACULATION (PE)

- Definition?
- It can masquerade as ED. How so?

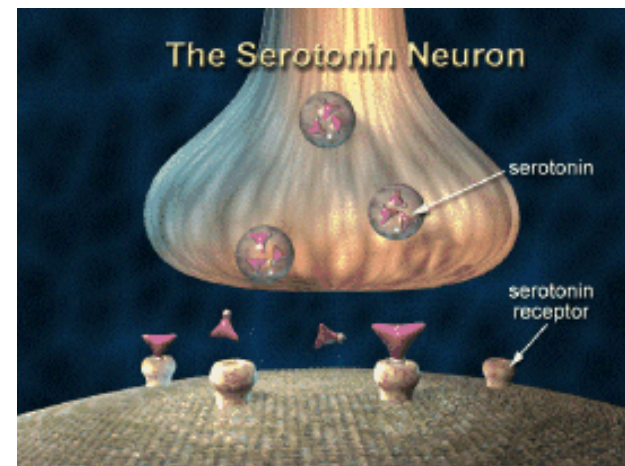
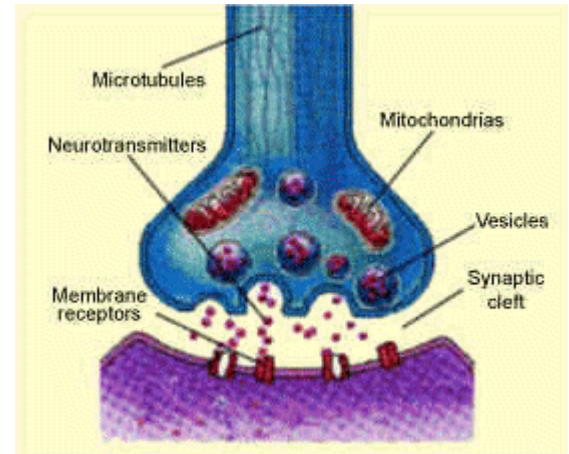
# PREMATURE EJACULATION

- How common is PE?



# Types of PE and Risk Factors

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- Secondary
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  - Strong anxiety/psychological component
- Risk factors
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  - Associated conditions e.g. ED, prostatitis, urethritis,hyperthyroidism

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**TEMPE SPRAY**

# PHARMACOTHERAPY FOR PE

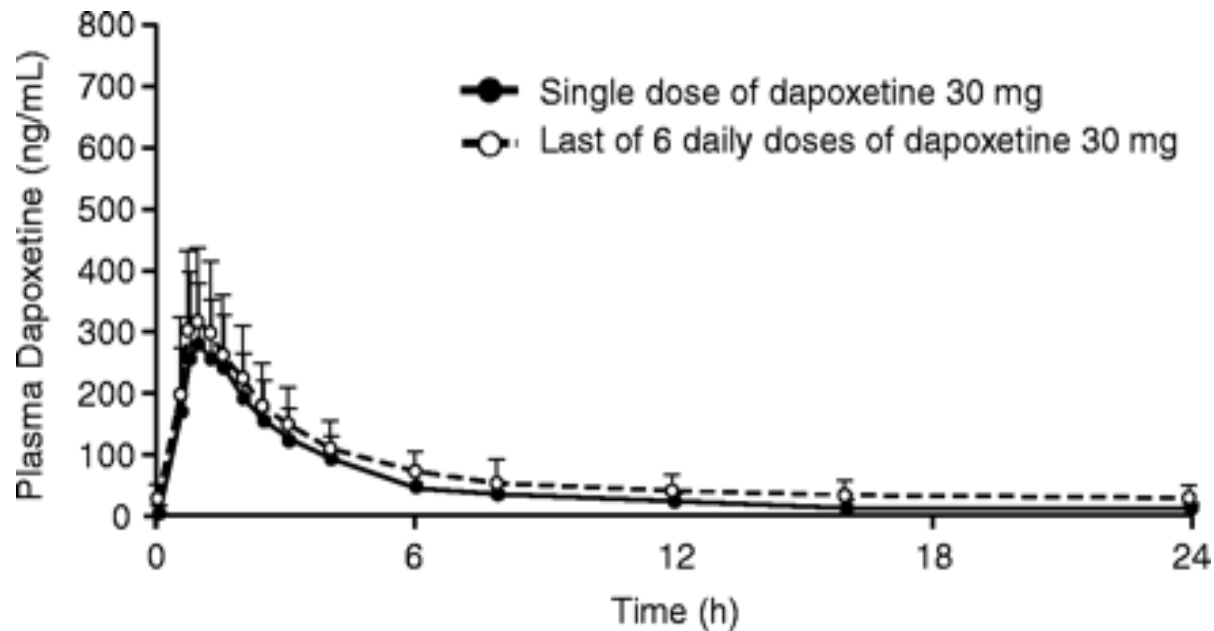
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# TREATMENTS FOR PE

- Mindfulness based sex therapies

# SCRIPTS AND CUES FOR INITIATING SEX



- 15 heterosexual long term heterosexual couples
- Physical touch → 50%
- Nudity → 100%
- Undressing partner → 76%
- SUCCESS OR NOT RELATED TO
- Planned times for sex
- Flirting
- Mood
- Fatigue

Curtis Y et al 2012



# PATIENT/PARTNER ISSUES

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# MEDICATION ISSUES

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# IF ARTERIOSCLEROTIC ELEMENT LARGE

- Combination PDE5 I e.g. tadalafil 5mg od PLUS sildenafil 100mg prn
  
- ALSO- consider.....

# CASE HISTORY

You see Sophia, who tells you Peter is really unromantic these days and seems very preoccupied with his erections rather than with love making in general.

ANY COMMENTS?

# PREMATURE EJACULATION

- 11.7% report PE for at least 1 month in the past year
- ***Only 2.5% had experienced the problem for at least 6 months in past year***

Mercer et al. 2003 – UK – 5000 men (16-44yr)

