Paroxetine use in premature ejaculation: continued versus sporadic treatment


ABSTRACT

Premature ejaculation is defined as the time between intravaginal penetration and intravaginal ejaculation. Based on this we compared the use of 20 mg of paroxetine as sporadic treatment (administered 6 to 8 hours before coitus) versus continued treatment with the objective of evaluating the therapeutic results of both modalities. Our hypothesis was that they have similar effects.

Materials and Methods: A prospective study was carried out on 20 patients divided into 2 groups of 10 patients each. Intravaginal ejaculation latency time (IELT) and coital frequency were registered prior to treatment. Group A received paroxetine daily for 4 weeks and on request (sporadically) for 4 weeks more and then were treated with placebo. Group B was given placebo in the same manner and then treated with paroxetine. Results were statistically analyzed using the Student t test.

Results: Mean IELT prior to treatment was 0.59 min in Group A and 0.44 min in Group B. Mean pre-treatment coital frequency was 3.1 times per week for Group A and 2.9 times per week for Group B.

Mean IELT was 5.6 min after continued paroxetine treatment and 5.9 min after sporadic treatment in Group A. Mean IELT with daily placebo was 0.5 min and with sporadic placebo was 0.6 min ($P < 0.001$). Coital frequency increased to 3.7 times per week. With daily placebo mean IELT was 0.7 min and with sporadic placebo was 1 min in Group B. With daily paroxetine

RESUMEN

La eyaculación precoz (EP) se define como el tiempo entre la penetración intravaginal y la eyaculación intravaginal. Con base en lo anterior, comparamos el uso de la paroxetina 20 mg como tratamiento a demanda (administrado 6 a 8 horas antes del coito) vs. tratamiento continuo, siendo nuestro objetivo valorar los resultados terapéuticos de ambas modalidades. Nuestra hipótesis fue que tienen efectos similares.

Material y métodos: Se llevó a cabo un estudio prospectivo, se captaron 20 pacientes, por conveniencia se dividieron en dos grupos de 10 pacientes, se registraron su tiempo de latentia eyaculatoria intravaginal y frecuencia de coitos previos al tratamiento. Al grupo A, se le dio paroxetina diaria por cuatro semanas, luego a demanda por cuatro semanas más, seguidos por un mes sin tratamiento y finalmente placebo a demanda por cuatro semanas. En el grupo B se hizo lo mismo iniciando por placebo y terminando en tratamiento con paroxetina. Se sometieron los resultados a análisis estadístico $t$ de Student.

Resultados: El tiempo de latencia eyaculatoria intravaginal (TLEIV) previo al tratamiento era de grupo A 0.59 minutos promedio y grupo B 0.44 min. La frecuencia coital pretratamiento grupo A 3.1 por semana y grupo B 2.9 por semana.

Posterior a la administración de paroxetina en el grupo A el TLEIV fue de 5.6 min y a demanda 5.9 minutos. Con placebo diario fue de 0.5 minutos y con placebo a demanda 0.6 minutos ($P < 0.001$). La frecuencia coital...
mean IELT was 3.9 min and with sporadic paroxetine was 5.8 min ($P < 0.001$). Post-treatment coital frequency increased to 3.9 times per week.

Only 3 patients presented with anxiety as a side effect of the medication.

**Conclusions:** The results of premature ejaculation treatment with paroxetine are similar with both continued and sporadic administration. The sex life of patients improved and they reported greater satisfaction with sporadic treatment.

**Key Words:** Premature ejaculation (PE), Intravaginal ejaculatory latency time (IELT)

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**INTRODUCTION**

The current definition of Premature Ejaculation (PE) is based on studies in which a group of men admitting to presenting with PE agreed to use a stopwatch during coitus to measure Intravaginal Ejaculatory Latency Time (IELT) (1-3). Operation criteria provided by the American Psychiatric Association is the accepted guide (4). Diagnosis of this condition is made when: a) there is a persistent problem of minimal sexual stimulation before or after ejaculation b) this problem causes anxiety in the patient that is not a side effect of any medication or substance and c) IELT is less than one minute (5,6).

Based on studies carried out on laboratory animals, PE is not a psychological disorder but rather a neurobiological alteration specifically involving serotonin receptors (7,8). Well-designed studies have shown that premature ejaculation is effectively treated with a daily dose of 20 mg of paroxetine (9). Side effects such as fatigue, mild nausea, sweating and diarrhea have been reported, but they usually disappear within two to three weeks. However, this is not true for a large number of patients and prolonged use of selective serotonin reuptake inhibitors (SSRIs) may cause excess weight. It is surprising that there are very few reports in the literature in which an attempt is made to diminish these side effects of PE treatment by administering paroxetine on request and evaluating those results.

Would paroxetine as PE treatment have the same therapeutic effectiveness if it were administered on request prior to coitus that it has when administered on a regular schedule?

**MATERIALS AND METHODS**

A clinical trial was carried out from March to July 2007 on out-patients from the Department of Urology at the Hospital General de Zona No. 33 and the Hospital Regional 25 of the Instituto Mexicano del Seguro Social who had been referred by the family medicine unit with the diagnosis of PE.

Patients who fit the following criteria were included in the study:

a) male

b) 20 to 40 years of age

c) healthy (not presenting with type 2 diabetes mellitus, high blood pressure, sexually transmitted diseases or psychiatric illnesses)

d) not taking medication such as benzodiazepines, drugs to relieve anxiety, sleep-inducing drugs, lithium.

e) in an emotionally stable relationship

f) not using barrier contraception methods

g) strict stopwatch use during coitus

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**Conclusions:** The results of premature ejaculation treatment with paroxetine are similar with both continued and sporadic administration. The sex life of patients improved and they reported greater satisfaction with sporadic treatment.

**Key Words:** Premature ejaculation (PE), Intravaginal ejaculatory latency time (IELT)

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**Palabras clave:** eyaculación precoz, tiempo de latencia eyaculatoria intravaginal.
Patients who did not abide to strict stopwatch use during coitus, who changed their sexual partner or who were promiscuous, whose partner did not agree to participate in the study and patients who did not tolerate the side effects of paroxetine were excluded from the study. All patients signed letters of informed consent.

Patients were randomly distributed into 2 groups of 10 individuals.

**Group A.** Patients were given 20 mg daily of paroxetine for 4 weeks and then on request every 6 or 8 hours before sexual contact for 4 weeks. Treatment was then suspended for 1 month and then resumed with placebo on request 6 to 8 hours before coitus for 1 month.

**Group B.** Patients were given a placebo tablet for 4 weeks then a placebo on request 6 or 8 hours prior to sexual contact for 4 weeks. Medication was suspended for 1 month and then on request 6 or 8 hours prior to sexual contact for 1 month (Table 1).

Patients were interrogated as to their coitus average per week and the degree of satisfaction in relation to medication administration (scheduled versus on request).

Data were analyzed with descriptive tests and data inference analysis was obtained using the Student t test.

### RESULTS

For Group A IELT prior to treatment was 0.49 to 0.59 min and for Group B was 0.44 to 0.59 min. Pre-treatment coital frequency for Group A was 3.1 times per week and for Group B 2.9 times per week.

After paroxetine administration IELT in Group A was 5.6 min and on request was 5.9 min. With daily placebo it was 0.5 min and with placebo on request was 0.6 min \((P < 0.001)\). Coital frequency increased to 3.7 times per week.

After paroxetine administration in Group B, IELT during daily placebo administration was 0.7 min and with placebo on request was 1 min. It was 2.9 min with daily paroxetine and 5.8 min with paroxetine on request \((P < 0.001)\) (Image 1). Post-treatment coital frequency increased to 3.9 times per week.

In relation to degree of satisfaction, 8 patients in Group A and 7 in Group B said they felt better with on request administration than with scheduled administration. Only 3 patients presented with anxiety as a side effect from paroxetine.

### DISCUSSION

The introduction of pharmacological therapy revolutionized conservative treatment offered by sexologists and has involved more branches of health in the area of PE. In 1943 the psychiatrist Bernard Shapiro (10) was the first to argue the case for pharmacological treatment as a possible help for men suffering from PE. His studies led to the use of topical anesthesia which is still used today together with various drugs such as anti-psychotics and tranquilizers. However, due to their potential risks many of them stopped being used. The first report on the efficacy of tricyclic antidepressants such as chlomiprimin appeared in 1973 (11) and popularized its use up to 1990.

In 1994, for the purpose of obtaining a consensus as to when to administer drug therapy, the term Intravaginal
Ejaculation Latency Time (IELT) was coined. It is defined as the standardized measure of ejaculation time. More specifically, IELT was defined as the time between intravaginal penetration and intravaginal ejaculation. These clear start and finish points are now a requisite for drug treatment studies. The most exact instrument for evaluating these points is the stopwatch which was introduced in 1973.

Trials studying SSRI efficacy then began to appear. The first was a paroxetine study published in 1994 as a double blind controlled study (9). However, very few studies on paroxetine therapeutic efficacy comparing forms of administration (sporadic or continuous) have been published. The present study shows that both types of treatment had the same results since IELT alterations were minimal.

**CONCLUSIONS**

The results of the present study show a similar efficacy in the administration of paroxetine on request and on a fixed schedule. It is worth noting that in relation to degree of satisfaction patients stated that they felt better with the on request administration. This is perhaps due to the fact that the results are the same with both types of administration but with the on request regimen there was a reduction in undesirable side effects and there was also a lower monetary cost. Even though 20 mg of paroxetine has been reported to be well-tolerated in other studies, perhaps it would be worthwhile to evaluate the results of administering a lower dosage. Another important point of the present study is that both an improvement in quality of sexual life of the patient and increase in coital frequency after paroxetine administration were reflected.

**BIBLIOGRAPHY**