

SLAMS 2013



XII Congress of the Latin American Society for Sexual Medicine

August 28th - 31st Fiesta Americana Condesa Hotel - Cancun, Mexico

Take Home Messages

Sábado 31 de agosto de 2013

0930 - 1100

SLAMS 2013



XII CONGRESO

DE LA SOCIEDAD LATINOAMERICANA DE MEDICINA SEXUAL

28 AL 31 DE AGOSTO DE 2013

TAKE-HOME MESSAGES

DISTÚRBIOS EJACULATORIOS

DR. LEONARDO MESSINA





DISTÚRBIOS EJACULATÓRIOS

Definição: ejaculação precoce

A ejaculação prematura é uma disfunção sexual masculina caracterizada pela ejaculação que ocorre sempre ou quase sempre antes ou dentro de cerca de um minuto após a penetração vaginal e a incapacidade de retardar a ejaculação em todas ou quase todas as penetrações vaginais; pessoais e as consequências negativas, tais como a angústia, preocupação, frustração e / ou evitar a intimidade sexual.

DISTÚRBIOS EJACULATORIOS

11:00 - 11:45

Simpósio

Ejaculação Precoce

Presidente: João Schiavini (Brasil)

Secretário:

- **Por que realizar tratamento medicamentoso? - Chris McMahon (Austrália)**
- **Por que realizar tratamento psicoterapêutico? - Luis Finger (Argentina)**
- **Perspectivas do tratamento a longo prazo - Camilla Abdo (Brasil)**

DISTÚRBIOS EJACULATORIOS



**President ISSM
Dr. Chris McMahon**

**Por que realizar
tratamento
medicamentoso?**

DISTÚRBIOS EJACULATORIOS

- **Componente genético tem moderada influência**
- **Clara associação entre fatores psicológicos e EP**
- **Metade dos homens com DE apresentam EP – efeito bidirecional**
- **Primária, secundária e indeterminada**
- **Diagnóstico por questionários (pesquisa clínica) ou anamnese dirigida**

DISTÚRBIOS EJACULATÓRIOS

Drug	Daily Dose/ On-Demand	Dose	IELT Fold Increase	Side Effects	Status	Level of Evidence
<i>Oral therapies</i>						
Dapoxetine	As Needed	30-60mg	2.5-3	Nausea, Diarrhea Headache, Dizziness	Approved in >50 countries	1a
Paroxetine	Daily Dose	10-40mg	8	Fatigue	Off label	1a
Clomipramine	Daily Dose	12.5-50mg	6	Yawning	Off label	1a
Sertraline	Daily Dose	50-200mg	5	Nausea	Off label	1a
Fluoxetine	Daily Dose	20-40mg	5	Diarrhea	Off label	1a
Citalopam	Daily Dose	20-40mg	2	Perspiration	Off label	1a
Paroxetine	Daily dose for 30 days and then as needed	10-40mg	11.6	Decreased Sexual Desire Erectile Dysfunction	Off label	1a
Paroxetine	As Needed	10-40mg	1.4		Off Label	1a
Clomipramine	As Needed	12.5-50mg	4		Off label	1a
<i>Topical therapy</i>						
Lidocaine/ Prilocaine	As Needed	Lidocaine 25 mg/gm Prilocaine 25 mg/gm	4-6	Penile numbness Partner genital numbness Skin irritation	Off label	1b

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1. Dapoxetina: nível 1A - 50 países
2. Anestésico tópico: moderado efeito –
Nível 1B evidência
3. Alfa Bloqueadores: resultados
conflitantes
4. Tramadol
5. IIC: sem evidências
6. IPDE-5 – sem evidências

DISTÚRBIOS EJACULATÓRIOS

1. EP é uma patologia muito frequente e causa sérios problemas para os pacientes.
2. Dapoxetina é um bom tratamento para a EP.
3. Off-label, os antidepressivos são efetivos no tratamento da RP.
4. IPDE5 isolados ou associados com inibidores da recaptção da serotonina e medicações tópicas são indicados apenas em EP secundária associada com DE
5. Tramadol, alfa-bloqueador e injeção intracavernosa não são recomendadas para o tratamento da EP

DISTÚRBIOS EJACULATORIOS



Dr. Luis Finger

**Por que realizar
tratamento
psicoterápico?**

DISTÚRBIOS EJACULATORIOS

Etiologia

- Durante mas de medio siglo se atribuyo a causas psicológicas
- Comportamiento aprendido o respuestas condicionadas por experiencias sexuales tempranas relacionadas con la **ansiedad**.
- Variaciones neurobiológicas y predisposición genética en EP primarios reforzada por factores psicosociales
- Fenómeno mixto: Orgánico y Psicológico
- Todas las ciencias son solo fragmentos de una realidad única.
- Los fenómenos están relacionados entre si y se condicionan reciprocamente, aunque por razones metodológicas, haya que aislar o estudiar por separado

DISTÚRBIOS EJACULATORIOS

Factores comunes que hacen a la psicoterapia efectiva:

- Buena relación terapeuta paciente.
- Capacitar al paciente como implementar cambios.
- Dar esperanzas y expectativas realistas .

DISTÚRBIOS EJACULATORIOS

- Aprender técnicas
 - Ganar confianza
 - Atenuar la ansiedad de desempeño
 - Modificar el sistema erótico
 - Sortear barreras que afecten la intimidad
 - Resolver problemas interpersonales
- Abordar sentimientos y pensamientos
- Incrementar la comunicación

DISTÚRBIOS EJACULATÓRIOS

1. A EP é um fenômeno psicológico, social, biológico e fisico-químico.
2. Resolução do sintoma não é o mesmo de resolução do problema.
3. A terapia combinada otimiza os resultados.
4. O terapeuta sexual deve ter serenidade, escutar com atenção aos problemas relatados e manifestar interesse nos sentimentos do paciente.

DISTÚRBIOS EJACULATORIOS



Dr^a. Carmita Abdo

**Perspectivas de
tratamento a
longo prazo.**

DISTÚRBIOS EJACULATORIOS

Premature Ejaculation Four Periods

1887-1917

“Abnormal phenomenon”, but not as a psychological disturbance
[GROSS; KRAFFT-EBING]

1918-1950

*Neurosis or psychosomatic disorder caused by a combination of a
overanxious constitution and a weak ejaculatory system* [SCHAPIRO]

1951-1990

*Learned behavior (behavioural therapy: “squeeze” and “stop-start”
techniques)* [SEMANS; MASTERS AND JOHNSON]

1991 to present

*Neurobiology and genetics (disturbances of serotonin metabolism
in specific areas of the CNS and a possible genetic vulnerability)*

DISTÚRBIOS EJACULATORIOS

Summary of PE Treatment Options

Treatment	Advantages	Disadvantages
Behavioural therapy	<ul style="list-style-type: none"> ▪ High reported initial success rate 	<ul style="list-style-type: none"> ▪ Limited long-term efficacy
Topical anaesthetics	<ul style="list-style-type: none"> ▪ Effective in majority of patients 	<ul style="list-style-type: none"> ▪ Penile and vaginal hypoesthesia ▪ Skin reactions
Clomipramine	<ul style="list-style-type: none"> ▪ Significant improvement in IELT 	<ul style="list-style-type: none"> ▪ Adverse effects ▪ Erectile dysfunction
Antidepressant SSRIs	<ul style="list-style-type: none"> ▪ Significant improvement in IELT 	<ul style="list-style-type: none"> ▪ Generally require daily dosing ▪ Limited data on patient-reported outcomes ▪ SSRI withdrawal syndrome
Tramadol	<ul style="list-style-type: none"> ▪ Significant improvement in IELT ▪ Suitable for on-demand dosing 	<ul style="list-style-type: none"> ▪ Limited clinical data ▪ Limited real-life clinical experience
Dapoxetine	<ul style="list-style-type: none"> ▪ Significant improvement in IELT ▪ Suitable for on-demand dosing 	<ul style="list-style-type: none"> ▪ Adverse effects



DISTÚRBIOS EJACULATORIOS

Pelvic Floor Rehabilitation and Dapoxetine

International Journal of
Andrology



international journal of andrology ISSN 0105-6263

ORIGINAL ARTICLE

A prospective randomized study to compare pelvic floor rehabilitation and dapoxetine for treatment of lifelong premature ejaculation

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Hyaluronic Acid Injections

ORIGINAL ARTICLE

A clinical study to assess the effectiveness of a hyaluronic acid-based procedure for treatment of premature ejaculation

A. Littara^{1,2}, B. Palmieri^{3,4}, V. Rottigni^{3,4} and T. Iannitti^{4,5}

Premature ejaculation is a sexual debilitating condition affecting a large number of men worldwide and leading to important dysfunctions influencing the patients' affective and emotional life. Hyaluronic acid is a natural and safe compound that has been widely used not only in the aesthetic medicine clinic, but also for treatment of osteoarthritis. The present study shows the effectiveness of a hyaluronic acid-based procedure for treatment of premature ejaculation. A hundred and ten male patients were treated with hyaluronic acid injections in the deep dermis of their glans penis to increase the volume and the circumference of their penis to prevent male premature ejaculation and improve the patients' and their partners' sexual satisfaction. The intravaginal ejaculation latency time increased significantly from a baseline value of 88.34 ± 3.14 s to 293.14 ± 8.16 s after 6 months from the procedure. Maximal glandular circumference increased from 98.51 ± 0.71 mm to 114.35 ± 0.66 mm after 6 months from the procedure. At 6-month follow-up, patients' self-rated satisfaction was 5.3 ± 0.07 (range: 4–6). At the follow-up, partners' self-rated satisfaction was 5.1 ± 0.09 (range: 3–6). The present clinical study showed that hyaluronic acid injection is a promising treatment for premature ejaculation. The effect of the procedure in the long-term follow-up needs to be clarified.

International Journal of Impotence Research (2013) **25**, 117–120; doi:10.1038/ijir.2013.13; published online 4 April 2013

Keywords: augmentation; filler; glans; hyaluronic acid; penis



DISTÚRBIOS EJACULATORIOS

DA-8031: a New Potent SSRI

Ejaculatory Responses are Inhibited by a New Chemical Entity, DA-8031, in Preclinical Rodent Models of Ejaculation

DISTÚRBIOS EJACULATORIOS

Sirt3 Modulation

Sirt3 modulation may be beneficial in the treatment of ejaculation dysfunction

*Sree Harsha Mandava, Wayne J.G. Hellstrom **

Tulane University Medical Center, Department of Urology, New Orleans, LA, United States

DISTÚRBIOS EJACULATORIOS

Epelsiban: Oxytocin Antagonist

*Safety and Efficacy of Epelsiban in the Treatment of Men with
Premature Ejaculation: A Randomized, Double-Blind,
Placebo-Controlled, Fixed-Dose Study*

DISTÚRBIOS EJACULATORIOS

Mirodenafil and Dapoxetine

*Comparison Between On-Demand Dosing of Dapoxetine Alone
and Dapoxetine Plus Mirodenafil in Patients with Lifelong
Premature Ejaculation: Prospective, Randomized, Double-Blind,
Placebo-Controlled, Multicenter Study*

DISTÚRBIOS EJACULATORIOS

1. Dopamina e oxitocina estão envolvidos no processo da ejaculação
2. Centros serotoninérgicos também atuam na ejaculação
3. Baseados em estudos animais, IRS e 5HT1a podem retardar a ejaculação
4. Novas pesquisas sobre o fenotipo da EP primária devem ser realizados
5. Novas estratégias não medicamentosas devem ser desenvolvidas, como a neurobiologia.

O-22

PREMATURE EJACULATION (PE) VS OTHER EJACULATORY DISORDERS (O-EJD) DURING 18 YEARS OF REVISION

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Introduction/Aim: Ejaculatory disorders (EJD) are a male sexual dysfunction with high prevalence and multiple diagnoses that transcend beyond premature ejaculation (PE). Aim of this study was to compare premature ejaculation (PE) with other ejaculatory disorders (O-EJD), especially the subgroup "diminished ejaculatory disorders" (DED).

Materials and Methods: A descriptive study of 681 patients (698 cases), with ejaculatory disorders (EJD) for 18 years (August 1994 to January 2013), in a sexual medicine institution in Medellin-Colombia. The subgroup premature ejaculation (PE), was divided in lifelong (primary) and acquired (secondary). DED subgroup included: Delayed ejaculation/anejaculation, primary retrograde ejaculation, painful ejaculation and decrease volume. Study was conducted in compliance with ethical principles and exploratory analysis was chi square, Fisher and t student tests.

Results: 681 patients (698 cases), mean age 40.1 years, subgroup with premature ejaculation PE was the largest with 564 (80.8%) patients, of which 334 (47.85%) were PE lifelong, (mean age 36.50 years) and 230 (32.95%) were PE acquired (mean age 43.84 years); age difference between them was significant ($p = <0.001$). The other ejaculatory disorders (O-EJD) subgroup were 134 (19.2%) patients of which 53 (7.58%) had delayed ejaculation/anejaculation, 40 (5.73%) decrease volume, 18 (2.57%) painful ejaculation, 5 (0.72%) retrograde ejaculation, subgroup considered DED (diminished ejaculatory disorders), and 18 (2.57%) anorgasmia.

Conclusions: Ejaculatory disorders (EJD) are headed by premature ejaculation; PE lifelong (primary) was the most frequent diagnosis and patients were younger (mean age 36,50 y). Other ejaculatory disorders (O-EJD) were 19.2%. Subgroup DED, "diminished ejaculatory disorders" was 116 patients (16.63%) with the highest mean age (50.45 y).

Key Words: Sexual dysfunction, Ejaculation, Ejaculatory disorders, Premature ejaculation, Diminished ejaculatory disorders. Ejaculatory disorders (EjD), subgroups, number of cases, average and mean age

EJACULATORY DISORDERS (EjD) n:681	SUBGROUPS	# cases	Average (%)	Mean age(years)
PREMATURE EJACULATION (PE) 564 (80,8%)	PE Life long (Primary)	334	47,85	36,50 ± 11,99
	PE Acquired (Secondary)	230	32,95	43,84 ± 12,60
OTHERS EJACULATORY DISORDERS (O-EjD) 134 (19,2%)	D Decrease volume	40	5,73	49,32 ± 11,48
	E Delayed ejaculation	27	3,86	46,59 ± 11,68
	D An ejaculation	26	3,72	47,35 ± 20,39
	116 Retrograde ejaculation	5	0,72	63,20 ± 8,78
	(16,6%) Painful ejaculation	18	2,57	45,80 ± 11,04
	Anorgasmia	18	2,57	47,80 ± 11,86
TOTAL		688	100%	

Financiamento: No declaro conflicto de intereses



DISTÚRBIOS EJACULATÓRIOS

O ISUS entende a manutenção da saúde sexual como um dos fatores preponderantes para a boa qualidade de vida. Através de diagnóstico especializado, oferecemos soluções individualizadas para os problemas que afetam o desempenho sexual de homens e mulheres, como: estresse, ansiedade, doenças crônicas e vícios.

O ISUS adverte: sexualidade é fundamental à saúde.

Médico Responsável:
Dr. Leonardo Messina, Urologista
CRM 45050



DISTÚRBIOS EJACULATORIOS

OBRI GADO !!!

**Nos vemos no Uruguai
em 2015!!**

