



European Association of Urology 29th Annual Congress, Stockholm

Press release, embargo – Sunday 13 April 15.45 (CEST, Stockholm)

Lifelong Premature ejaculation can be treated by pelvic floor exercises

A trial presented at the European Congress of Urology in Stockholm reports for the first time that pelvic floor exercises can be effective in treating premature ejaculation in men who have had lifelong problems.

Premature Ejaculation (PE) affects a significant minority of men at some point in their lives. There are a variety of treatments, some more effective than others, with some men not responding to treatment. Perceptions of PE are often subjective, with some men believing they have PE inappropriately, but the International Society of Sexual Medicine defines PE as “ejaculation within a minute”¹.

A team led by Dr Antonio Pastore (Sapienza University of Rome), group took 40 men (aged 19-46) who were suffering from PE and trained them to exercise their pelvic floor muscles over a 12 week period. They also measured their time-to-orgasm over this period. Previously, the men had tried a variety of therapies, without any significant improvement. At the start of the trial the average ejaculation time was 31.7 seconds, but by the end of the 12-weeks of pelvic floor exercises this had risen to 146.2 seconds² – a more than 4-fold increase.

33 of the 40 men improved within 12 weeks. Only 5 men showed no significant improvement. 2 had dropped out of the trial early, after showing an improvement. 13 of the 33 patients continued the trial up to the 6 month mark, and they confirmed that they maintained their extended ejaculation time.

Pelvic floor exercises are often used to help male incontinence, especially after surgery such as operations for prostate cancer. Previously pelvic floor exercises had been tested in temporary impotence, but this is the first time that they have been tested over a longer term in men with lifelong impotence.

According to Dr Pastore

“This is a small study, so the effects need to be verified in a bigger trial. Nevertheless, the results are very positive. The rehabilitation exercises are easy to perform, with no reported adverse effects. Previously the men in the trial had tried a variety of treatments, including creams, behavioural therapy, SSRIs and psychological treatments – with little success. However, we found that 33 of the 40 men in our trial improved their ejaculation time within 12 weeks. We also found that the fact that the men were able to improve their sex-lives through their own efforts helped their self-confidence.

This technique seems to offer significant benefits over many existing techniques, including cost-savings and lack of side-effects. Although the exact exercises are still to be standardized, the results obtained in our patients with lifelong PE suggest that it may be considered as a therapeutic option for patients with premature ejaculation”.

Speaking for the European Association of Urology, Professor Carlo Bettocchi (Bari) said;

“This is an interesting study. Premature ejaculation is a real problem for many men, and any way which we can find to help this condition is welcome. This method particularly welcome because it is the sufferers themselves who overcome the problem through their own efforts – which will have additional psychological benefits”.

The study has been accepted for publication after peer-review.

ENDS

Notes for Editors

Please mention the EUROPEAN ASSOCIATION OF UROLOGY CONGRESS in any press stories

This abstract is embargoed to match the time of a poster presentation at the congress.

For more information, please contact the EAU press officer, Tom Parkhill, via tom@parkhill.it or via telephone number **+39 349 238 8191**

Dr Antonio Pastore can be contacted at the following email address: antopast@hotmail.com

The 29th EAU Congress takes place in Stockholm, Sweden, from 11th to 15th April, 2014. This is the largest and most important urology congress in Europe, with up to 13,000 expected to attend. Conference website: <http://www.eaustockholm2014.org/en/home>

1 Sharlip, I. D., Hellstrom, W. J., & Broderick, G. A. (2008). The ISSM definition of premature ejaculation: A contemporary, evidence-based definition. *Journal of Urology*, 179(suppl), 340, abstract 988

2 See abstract for exact details, below.

The study has been accepted by the peer-review journal *Therapeutic Advances in Urology*, <http://tau.sagepub.com/content/early/2014/02/20/1756287214523329.abstract>

ABSTRACT

Pelvic floor muscle rehabilitation for patients with lifelong premature ejaculation: A novel therapeutic approach
Pastore A.L., Palleschi G., Leto A., Autieri D., Silvestri L., Ripoli A., Fuschi A., Al Salhi Y., Maggioni C., Carbone A.
Sapienza University of Rome, Faculty of Pharmacy and Medicine, Dept. of Medico Surgical Sciences and Biotechnologies, Urology Unit, Icot, Latina, Italy

INTRODUCTION & OBJECTIVES: Premature ejaculation (PE) is the most common male sexual disorder, which has a serious impact on the quality of life of the patient and his partner. In the present study, men with lifelong PE underwent pelvic floor muscle (PFM) rehabilitation by using modifications of the techniques used in the treatment of urinary and faecal incontinence, including physio kinesiotherapy, electro-stimulation, and biofeedback. The primary objective of our study was to evaluate the effectiveness of PFM rehabilitation by measuring changes in Intravaginal Ejaculatory Latency Time (IELT) after 12 weeks of therapy.

MATERIAL & METHODS: Between July 2010 and August 2012, 40 male patients were enrolled in this study after undergoing assessment and providing informed consent. PE was diagnosed by applying the ISSM definition of PE. All of the subjects had lifelong PE with a baseline IELT ≤ 60 seconds (mean: 31.7 s, range: 16.6–57.4 s). All of the patients reported having lifelong PE and had tried different types of therapy (anaesthetic creams, serotonergic antidepressants, and phosphodiesterase type 5 [PDE 5] inhibitors) without a substantial response in terms of a significant change in IELT. The patients were all treated with PFM rehabilitation. To evaluate the effectiveness of PFM rehabilitation, we compared the mean IELT values of the patients after 12 weeks of treatment.

RESULTS: At the end of 12 weeks of treatment, 33 (82.5%) of the 40 patients gained control of their ejaculation reflex, optimising the latency time to ejaculation from the start of intravaginal intercourse (IELT before therapy: ≤ 60 seconds). Five patients were nonresponsive to the treatment, whereas 2 improved their ejaculation after the first 20 sessions and opted to drop out of the study. For the 33 patients who responded favourably to the PFM rehabilitation, the results were maintained throughout the follow-up time (until 6 months after the 12-week treatment). None of the patients reported adverse effects that could have led to discontinuation of the treatment. At the first evaluation after 6 weeks of rehabilitation, the patients achieved a mean IELT of 124.6 \pm 18.4 seconds (range: 122.7–143.1 seconds). At the end of week 12 of the PFM rehabilitation, the mean IELT was 146.2 \pm 38.3 seconds (range: 129.6–184.5 seconds; Figure 1).

CONCLUSIONS: The PFM rehabilitation protocol is easy to perform, with no reported adverse effects. Although it has not yet been standardised, the results obtained in our patients with lifelong PE suggest that it may be considered as a therapeutic option for patients with PE. Further studies are needed to compare treatment of PE by using physical therapy and by using other therapies (e.g. SSRIs, local creams, tramadol, PDE 5 inhibitors, and behavioural techniques). In conclusion, the results we obtained with PFM rehabilitation are promising. Furthermore, this treatment option could represent an important cost reduction as compared with other commonly used treatments (SSRIs, local anaesthetic creams, and PDE-