



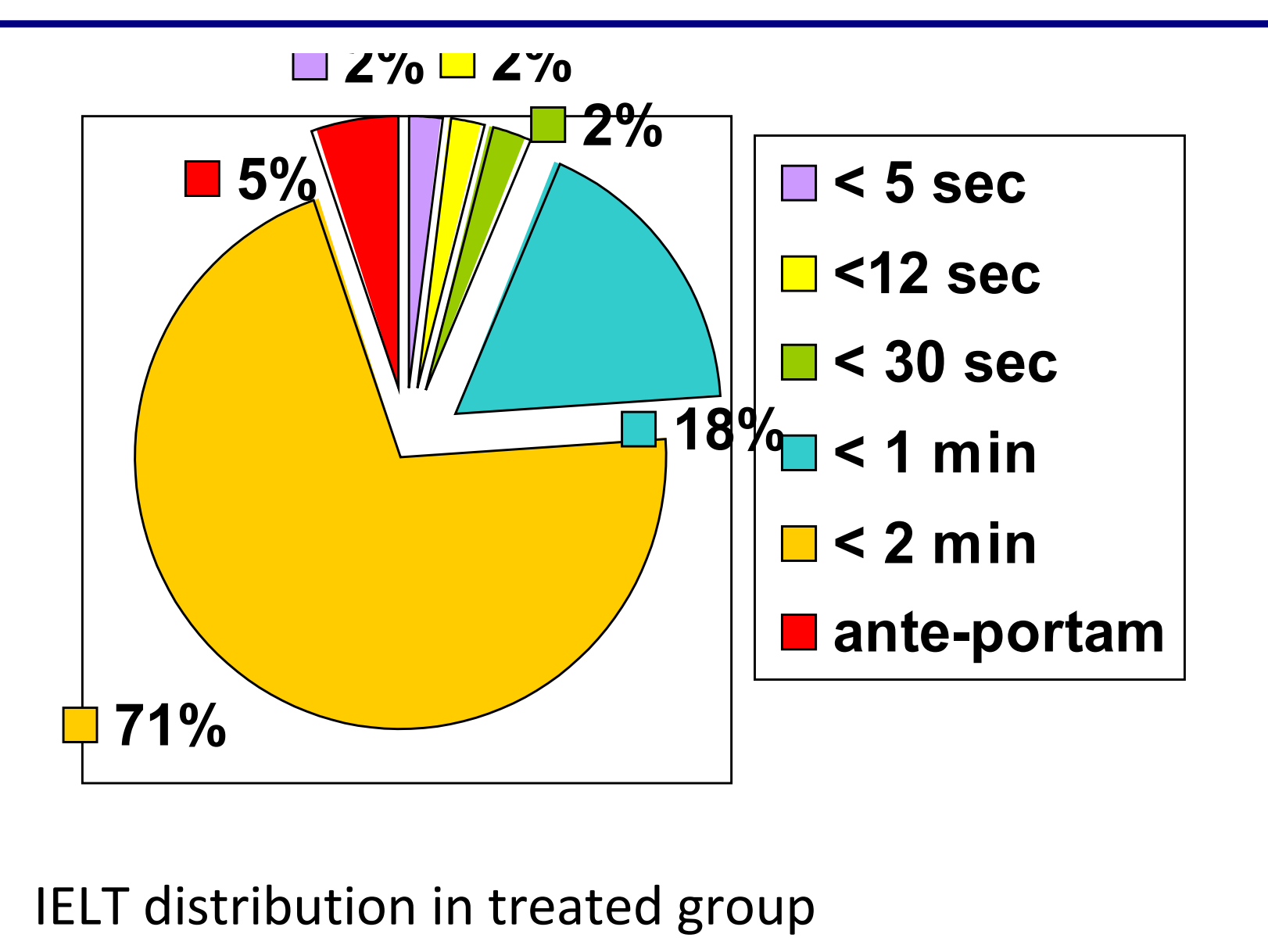
Compliance to therapy with Dapoxetine in comparison to a conventional selective serotonin reuptake inhibitor (Citalopram) in 118 patients with premature ejaculation

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INTRODUCTION:

Premature Ejaculation (PE) is a sexual dysfunction that concern 20-30% of the male population. Dapoxetine is a new serotonin re-uptake inhibitor (SSRI), the only commercial formulation for the specific treatment of PE. Primary aim of the study is the assessment of compliance and the effectiveness of the treatment with dapoxetine compared to the treatment with citalopram, a classic SSRI in a group of selected patients with PE.

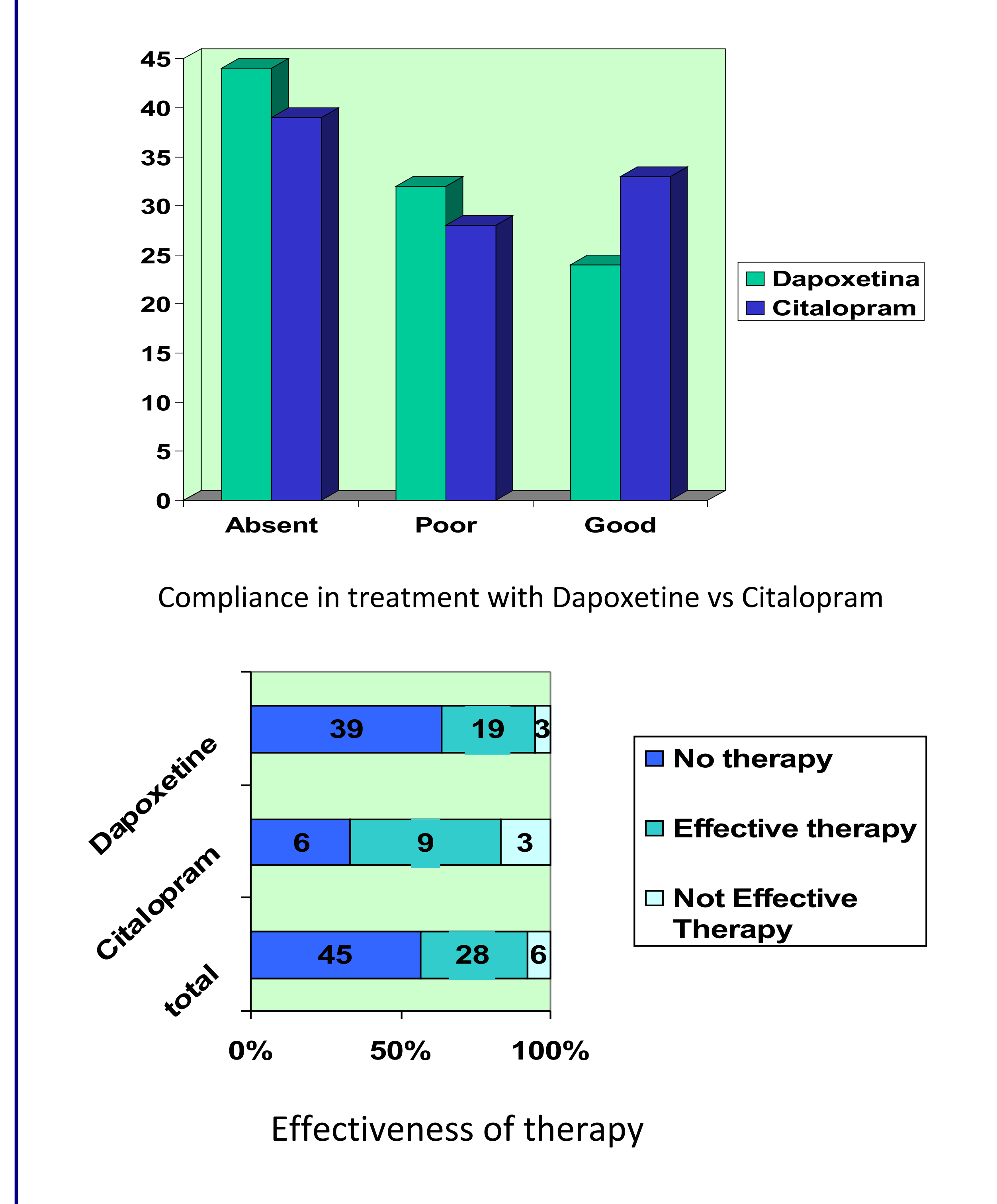


MATERIAL AND METHODS:

We selected a sample of 334 male patients aged between 18 and 64 years who reported EP from the outpatient clinic male population of our department. Intravaginal latency time (IELT) was less than 2 minutes in 233 patients (70%). Of the 233 patients, 134 patients (57%) were pharmacologically eligible and among them 118 (50,64%) agreed to entry in our study. This sample was divided into 2 groups: 82 (70%) patients received dapoxetine(30 or 60mg) while 36 (30%) received Citalopram (up to 20-30 mg, 10-20 drops)prescription when Dapoxetine was contraindicated. Our protocol envisage periodical visit to analyse compliance and effectiveness at 0, 1st, 3rd and 6th month.

RESULTS:

Of the 82 patients treated with Dapoxetine compliance to treatment was good in 20 (24%), poor in 26 (32%), and absent in 36 (44%) patients respectively. In the 36 patients treated with Citalopram, treatment compliance was good in 12 patients (33%), it was poor in 10 (28%) and it was absent in 14 (39%). The drop-out in the two groups was 23.6% (50 patients) without any statistical correlation between type of medication and quality of compliance. In 68 patients fully evaluable was recorderd the effectiveness of the treatment: Dapoxetine was effective in 86% of cases versus 75% of Citalopram according to the patient satisfaction. The occurrence of side effects was observed in 32% of cases: in 17% of patients treated with Dapoxetine and in 15% of patients treated with Citalopram. However, side effects were generally mild and self-limiting, and occurred just at the first intake in about 90% of treated with Dapoxetine.



CONCLUSIONS:

In our experience, dapoxetine in the treatment of PE was effective and well tolerated. Compliance to treatment has not appeared particularly high. It is hypothesized that this depends mostly by patient factors. Thus, it is right to emphasize that the assessment of compliance to on-demand treatment for EP, suffers from a limit that can not be corrected by the doctor because it depends on patients' linked factors (educational, economical, affective status et al.). The goal to improve treatment compliance could be reached increasing, trough a better education and information, the involvement of patient in the treatment.

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