

20th  
World Meeting  
on Sexual Medicine



CLINICAL EXPERIENCES ON  
SEXUAL WELLNESS  
PRODUCTS  
IN SPAIN



Instituto  
Sexológico  
Murciano

Prof. Jesús Eugenio Rodríguez

# Wellness products on PREMATURE EJACULATION

## INTRODUCTION



Instituto  
Sexológico  
Murciano

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- ☐ Premature Ejaculation (PE) is considered the most frequently reported male sexual dysfunction and affects several millions of men worldwide .
- ☐ Diagnosis of PE is essentially based on the patient's medical and sexual history. The exact causes of PE are still considered unclear
- ☐ Treatments for PE include a combination of pharmacological and psychological approaches (cognitive-behavioral therapy CBT) for the man and his partner.
- ☐ Major guidelines recommended drug therapy as a first line choice. The use of selective serotonin reuptake inhibitors (SSRI), second line the use of topical anesthetics , PDE5I and alpha-adrenergic.
- ☐ There is indication for the use of psychological (CBT) in combination with pharmacological treatment in acquired premature ejaculation

# Wellness products on Premature Ejaculation

## LIMITATIONS OF CURRENT TREATMENT FOR P.E.

### Pharmacological Treatment

Off label SSRI	Dapoxetine (Approved in some countries)	Lidocaine/Prilocaine (Approved in some countries)
Fatigue . Yawning . Nausea . Diarrhea. Perspiration . Decreased sexual desire . Erectile dysfunction. Motility of spermatozoa. 60% Refused or discontinued treatment Difficulties as the regulatory authorities.	Nausea . Diarrhea . Headache dizziness . Cost . 90% Refused o discontinued treatment.	Penile numbness . Partner genital numbness . Skin irritation . Erectile dysfunction .

### Phsychological Treatment

Sex therapy is an amalgam of different techniques :behavioral and cognitive approaches, psychodynamic, systems , etc..

Accessibility to this treatment is very limited.

Need for collaboration on the part of the couple .

Meta-analyses found that there was weak and inconsistent evidence for psychological interventions for PE (due to the inadequate quality of the research) .



# Wellness products on P.E PROJECT #YOCONTROLLO (2014-2016).

## RESEARCH

2014 Case Series N=9 Version 1.0



2015 Case Series N=18 Version 2.0



2016 Clinical Trial N=50 (On process)V 3.0



**4 ICSM**  
INTERNATIONAL CONSULTATION ON  
SEXUAL MEDICINE

**Case Series for a male masturbation device  
for the treatment of premature ejaculation**

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**Introduction**  
The Premature Ejaculation (PE) is the most frequent sexual malfunction in the world, the therapeutic arsenal to face him even being effective show limitations like the cost, the absence of accessibility and side effects.

**Aims**  
The aim of this study was to determine the efficiency as a treatment of the first line of a masturbator aid device for patients with PE.

**Method**  
A whole of 18 cases with lifelong PE used a masturbator Tenga (see Figure 1), 5 times per week for 6 weeks and a minimum of 5 minutes for every use. There was used Premature Ejaculation Profile (PEP) to measure the effects of its use.

The inclusion criteria were: Participants must be heterosexual males and in a stable monogamous, sexual relationship with a female partner for at least 6 months, must score >11 in the Premature Ejaculation Diagnostic Test (PEDT), must have a self-estimated average intravaginal ejaculatory latency time (IELT) of <2 minutes, must be in good general health with no clinically significant abnormalities as determined by medical history, and clinical lab results.

**Main Outcome Measures**  
As a main outcome measure were used the proportion of patients who achieved criteria for clinical benefit, defined as achieving a two-category or greater increase in the change in control over ejaculation and level of satisfaction with intercourse, and a one-category or greater increase in the change in ejaculation-related distress and degree of interpersonal difficulty.

**Results**  
Of the whole of 20 patients that overcame the first phase only 18 patients completed the study. The median age at the study end point was 27 (range 20-42). Lifelong PE was diagnosed in 18 men (100%). Men who had been in a stable, monogamous, heterosexual relationship with the same partner for at least 6 months represented 100%. All participants came from Murcia City. A significantly higher proportion of men met the criteria for clinical benefit with the use of device, the higher proportion of men who achieved the criteria in ejaculation distress and interpersonal difficulty was (83%). The proportion of men who achieved the criteria in ejaculation distress and interpersonal difficulty was 72%, and men's lower proportion met criteria was in satisfaction with sexual intercourse (33%) (See Table 1). No side-effect, no pains was reported associated with use of the device.

**Premature Ejaculation Profile (PEP) Score**

Category	Before	After
Control	10	33%
Distress	10	83%
Satisfaction	10	72%
Interpersonal difficulty	10	72%

**Conclusion**  
The ruled use of the device Flip Hole for 6 weeks has collaborated with a significant increase of the control ejaculatory as well as to a reduction of the ejaculation-related personal distress levels and interpersonal difficulty for PE in the men who took part in the study. These facts make us consider being the use of the device Flip Hole a possible new treatment of the first line for the Premature Ejaculation. To further evaluate the validity of these claims, randomized controlled trials should occur.

**Tenga**  
The Tenga is a non-pharmaceutical device for male masturbation. It is a small, soft, and flexible device that can be used in the shower or in the bath. It is made of a soft, flexible material that can be used in the shower or in the bath. It is made of a soft, flexible material that can be used in the shower or in the bath.

**ISM**  
Instituto Sexológico Murciano  
www.ismu.es

**"El control de la eyaculación es posible con este nuevo programa de ejercicios"**

18 min 2 min 1 min 5 min 7 min

**#yocontrollo y tú ¿controlas?**

Campaña de investigación y tratamiento de alteraciones en el control eyaculatorio

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A new treatment for premature ejaculation? Case series for a desensitizing masturbation aid

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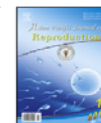
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Male masturbation device for the treatment of premature ejaculation

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## ABSTRACT

**Objective:** To determine the efficiency as a treatment of the first line masturbator aid device for patients with premature ejaculation (PE).

**Methods:** A whole of 18 cases with lifelong PE used a masturbator Tenga, 5 times per week for 6 weeks and a minimum of 5 min for every use. Premature Ejaculation Profile (PEP) was used to measure the effects of its use. As a main outcome measure was used the proportion of patients who achieved criteria for clinical benefit, defined as achieving a two-category or greater increase in the change in control over ejaculation and level of satisfaction with intercourse, and a one-category or greater increase in the change in ejaculation-related distress and degree of interpersonal difficulty.

**Results:** The proportion of man who achieved the criteria for clinical benefit were 83% in control over ejaculation during sexual intercourse, 72% in ejaculation distress and interpersonal difficulties and men's lower proportion met criteria was in satisfaction with sexual intercourse (33%).

**Conclusions:** The patients who used the device Flip Hole increased of significant form the control grade on the ejaculation, and its interpersonal ejaculation distress and they reduced difficulties. To further evaluate the validity of these claims, randomized controlled trials should occur.

in the IELT using a masturbator in the quality and satisfaction study it will arrange of the utilization at least during 5 minutes without The measures of results will be the average of both results, obtaining the results: There was obtained a sample of 42 years. The time of latency 57 % of increase in the IELT in the coitus. **Conclusions:** The use of a n increase of the ejaculatory latency improvement in the communication could be an effective option for the

# Wellness products on P.E

## Clinical experience new treatment of P.E

PROTOCOLO DE TRATAMIENTO  
**STAR<sup>ism</sup> STOP  
ZERO**  
JESÚS EUGENIO RODRÍGUEZ

### Control Training Programme with masturbation aid device, Version 3.0



Week 1

#### Discover your pelvic floor

Exercise of Masturbation that intends to raise awareness of the ejaculatory response and identify the tension on the muscles of the genital area .

Week 2-4

#### Take control over your pelvic floor

Star and Stop to identify the tension and try to reduce this tension, on the pelvic floor muscles pay special attention to the anal sphincter

Week 5-6

#### Delay ejaculation using pelvic floor

Delay the ejaculatory response on four different occasions, by loosening the tension in the genital area and relaxing the anal sphincter not stop masturbating

Week 7

#### Control over pelvic floor with penetration

Practice the ability to delay ejaculation as in previous exercises, but this time performing hip movements similar to penetration not stop masturbating



# Wellness products on P.E

## Clinical experience new treatment of P.E

### (2014-2016) Clinical Outcome.

- On December 2014 we included the control training programme version 1.0 with masturbation aid device in the protocol of treatment of P.E
- More than 700 patients have used versions of this programme last 3 years.
- The combination of Paroxetine 20mg (daily dose) and the control training programme showed the best results.
- 231 patients have used only control training programme.
- From this patient. The clinical benefit, in control over ejaculation during sexual intercourse was 83%. In reduction in ejaculation distress and interpersonal difficulty were both 72%.
- The last version of this programme has been developed on 2016 version 3.0 that include a online programme treatment .

# Wellness products on P.E

## Clinical experience new treatment of P.E

### (2014-2016) DISCUSSION

- Combining Paroxetine and programme training harnesses the power of both therapies to provide patients with rapid symptom amelioration, while the man gain skills to take control over ejaculation with exercise. Reduce PE recurrence.
- Inclusion of the partner in the treatment process is not necessary, many patient has not stable relationship or are reluctant to include the couple in treatment .
- The training programme lacks side effects and it is a good option for patients who refuse or do not respond to typical antidepressant medications .
- Next version 2017 will be not necessary to come to the consultation of a specialist for its use (mobile app).



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