

"A RANDOMIZED CONTROLLED TRIAL OF A NEW COGNITIVE-BEHAVIORAL TREATMENT IN PREMATURE EJACULATION: SPHINCTER CONTROL TRAINING WITH MASTURBATION AID DEVICE."

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- Inclusion of Sphincter control training (SCT) programme with masturbation aid device in the protocol of treatment of Premature ejaculation in Murcian Institute of Sexology (MIS).



- 2 Case Series with promising results published.



- > 300 patients only SCT, around 400 patients have use SCT in combination with Paroxetine (Reducing PE Recurrence).



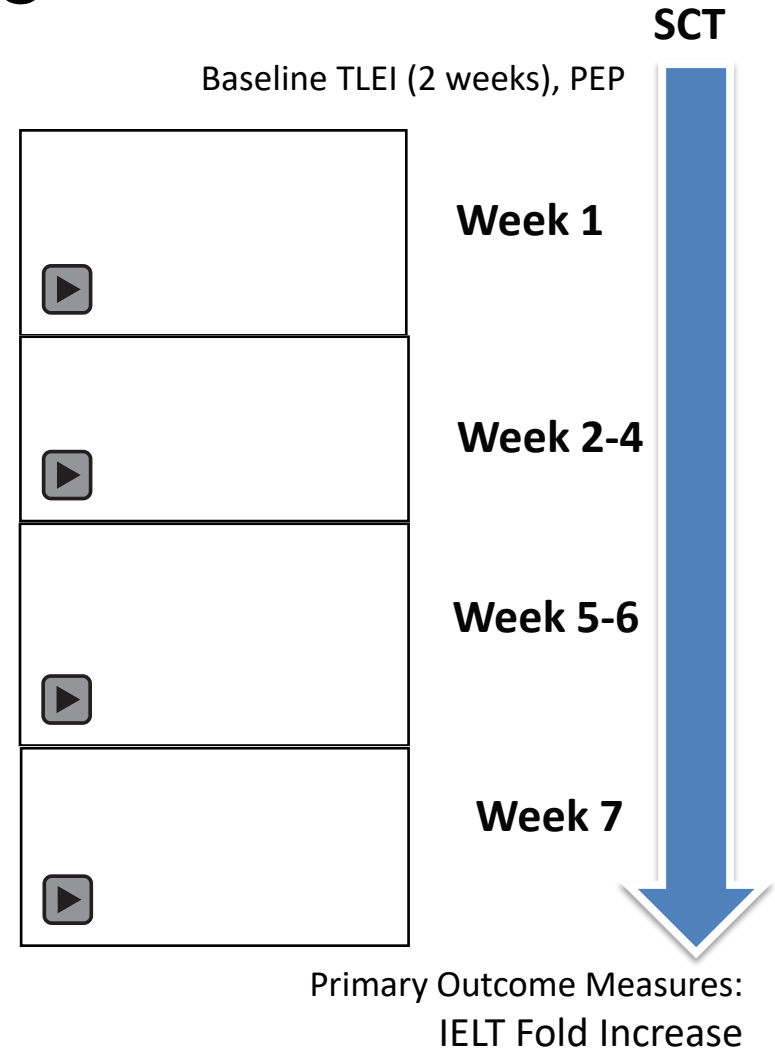
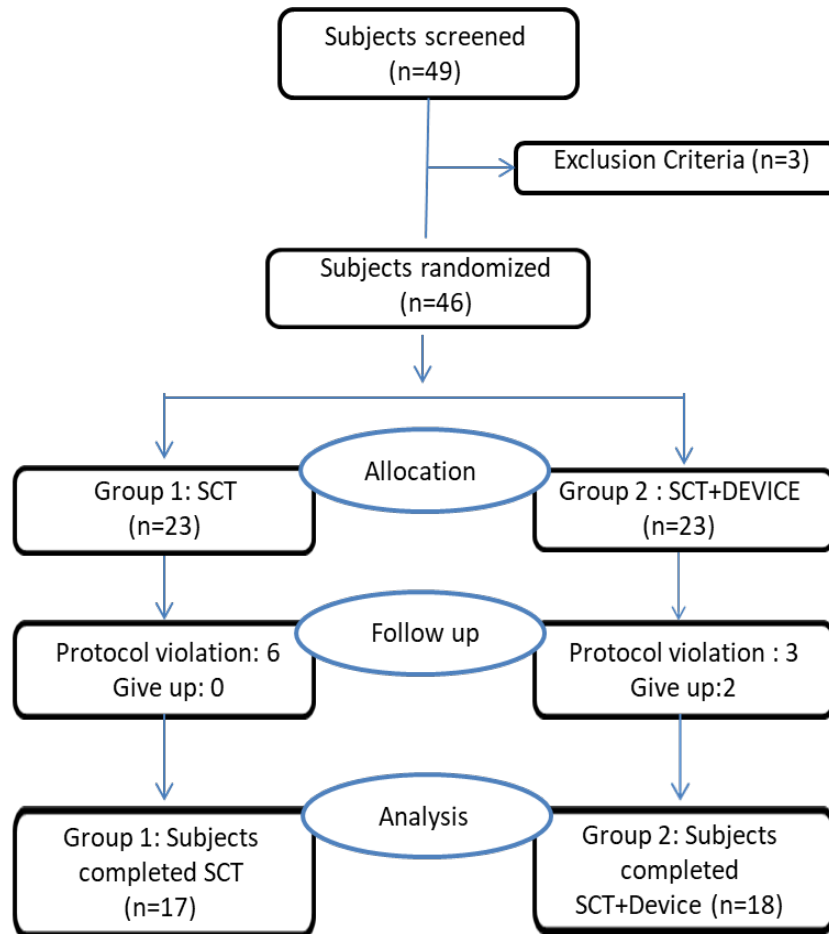
- Last version of this programme developed in collaboration with the University Miguel Hernandez (UMH), including an online programme treatment.



- MIS & UMH develop a RCT in Spain using SCT in PE. (ClinicalTrials.gov Identifier: NCT03304808)

METHODS

Study Type: Interventional (Clinical Trial). Allocation: Randomized
Intervention Model: Parallel Assignment. Masking:None (Open Label)



RESULTS

Table 1. Primary Outcome Measures: IELT Fold Increase

IELT		Group 1 (SCT)	Group 2 (SCT+Device)	P value
Geometric mean of minutes (SD)	Baseline	65.35 (41.02)	70.17 (34.64)	.71
	4 weeks	75.10 (52.58)	140.45 (94.70)	.06†
	P value (from baseline)	0.105‡	0.002‡	
	7 weeks	86.99 (59.98)	166.63 (106.54)	.003†
	P value (from 4 weeks)	0.001‡	0.001‡	
Fold increase	7 weeks	1.38 (0.50)	2.69 (1.81)	.008‡

†Analysis of covariance

‡Student's *t*-test

SD = standard deviation

CONCLUSIONS

1. The combination **SCT + Device** showed the best results.
2. IELT fold increase SCT (2.69) is **similar to Dapoxetine** (2.5-3).
3. The training programme SCT + Device **lacks side effects** and it is a good option for patients who refuse or do not respond to typical antidepressant medications.
4. 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.
5. Larger series with long-term **follow-up** are needed to confirm the effectiveness of SCT.