









## **Disclosure**

- Work supported by industry
- Industry funding only investigator initiated and executed study







**Joint ISSM/SLAMS Scientific Meeting** 

# "A Clinical Case Demonstrating the Use of a Constriction Vibration Ring for Non-organic Erectile Dysfunction"



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#### Introduction

Erectile dysfunction (ED) is a common sexual issue affecting many men globally, including a rising number under 40 years old. Psychogenic causes are often implicated in these cases. Cognitive-behavioral therapy (CBT) is a widely used treatment for ED, particularly when its origin is psychological. Systematic desensitization (SD), a CBT technique involving gradually confronting intimacy-related fears with a partner, is highly effective. However, some patients lack a stable partner or prefer not to involve them in treatment.

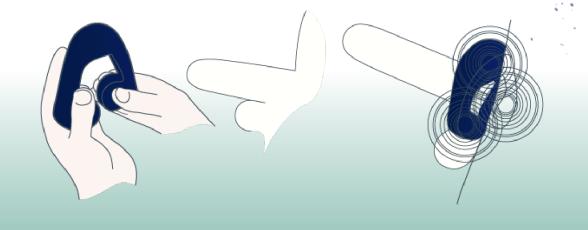






# **Objectives**

To evaluate the potential utility of a constriction ring that uses a pattern of focused mechanical vibration (FMV) to promote and maintain vasodilation in a patient diagnosed with non-organic ED.











#### Clinical case

Spanish man, 42 years old, and married for 8 years.

For 15 months difficulties maintaining an erection.

His reflex erections and libido were well preserved.

Examined by a family doctor, urologist, and psychologist.

**Diagnosis for Psychogenic ED** 

He was unwilling to cooperate with the psychologist's proposed sex therapy treatment.

Not respond to ondemand or daily use of PDE5 inhibitors









# Methods

Used a constriction ring over 8 weeks during sexual intercourse

FMV on the genital area in intervals of 10 sec on vibration 5 sec of pause

Controlled through an app. Frequency of **50Hz** amplitude of **2mm**.









#### Methods

Changes in the International Index of Erectile Function-5 (IIEF-5) Spanish version were used to evaluate the effectiveness of FMV in improving non-organic ED.

interests

The **Patient Global Impression of Change** (PGIC) was used as a secondary measure.

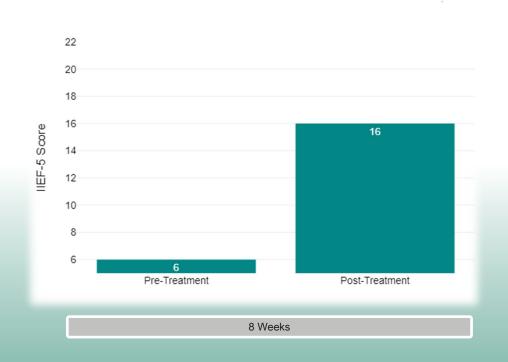






#### Results

After 2 months using the device the patient was able to have sexual intercourse and showed **improvement** over baseline of 9 points on the IEEF-5 score, from 6 to 16, using the device.









# Results

#### **Patient Global Impression of Change (PGIC)**

	Very much
	Much improved
	Minimally improve
	No change
	Minimally worse
6	Much worse
	Very much worse









#### Conclusions

The use of a specific pattern of **FMV along with a constriction ring** can be helpful in managing situational, non-organic ED.

interest

The frequency of use and the technical amplitude, frequency, and acceleration or, force of vibration, should follow proven principles of focal vibration therapy in male sexual dysfunctions since this can provoke different neurovascular effects.











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"Successful treatment of female sexual arousal disorder using a pattern of focused mechanical vibration via a portable vibrating device" "

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### Introduction

Vaginal dryness is one of the most common gynecological concerns related to sexual activity.

Vaginal dryness can occur for many reasons, not always physiological or pathological.

Lubrication is an expression of sexual arousal, so dryness can also occur due to lack of arousal, either because more stimulation is needed or because the conditions are not suitable.

In many cases, this dryness can cause discomfort and/or pain during sexual intercourse.

Ultimately, this can lead to decreased interest in sexual relations over the medium and long term.







#### Introduction

Portable vibrators are **commonly used by women** in the United States and Europe and most women and men express positive attitudes toward women's use of vibrators.

New evidence suggests that certain patterns of **focused mechanical vibration (FMV)** can induce vasodilation and increase lubrication in the genital area.







# **Objectives**

To determine the safety and therapeutic utility of a specifically designed portable vibrating device to improve lubrication and increase blood flow in the vaginal area among women diagnosed with Female Sexual Arousal Disorder (FSAD).













### Methods

#### Inclusion criteria:

Premenopausal women between 18 and 50 years of age.

Diagnosed with FSAD.

Stable monogamous relationship

#### Exclusion criteria:

Pregnant or nursing

Diagnosis of or being treated for depression, anxiety, psychosis disorder

Substance abuse within the last 6 months.

#### Main outcome measure:

Female Sexual Function Index (FSFI)
Lubrication and Arousal domain

#### Secondary measure:

Patient Global Impression of Change (PGIC)

n=14 patients between 28 - 50 years







# Methods



Used a portable vibration device over **8 weeks** during sexual intercourse

FMV on the genital area in intervals of 10 sec on vibration 5 sec of pause

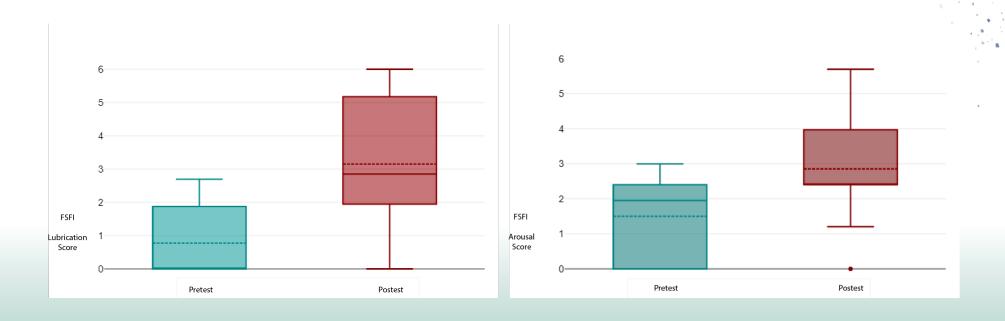
Controlled through an app. Frequency of **50Hz** amplitude of **2mm**.







## Results



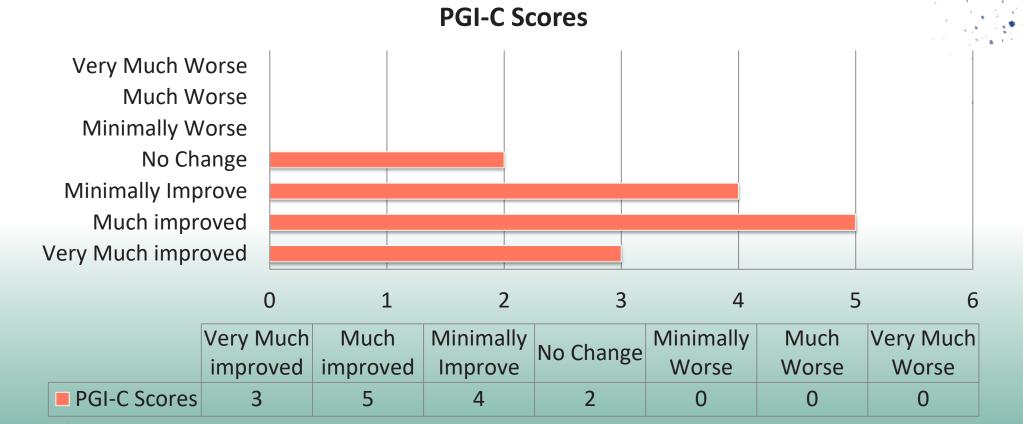
There was a <u>significant improvement score</u> in the domain **Lubrication** (mean pre = 0.77 (SD) = 1.12, mean post = 3.15 (SD) = 2.03 Wilcoxon test pre vs. post p-value = .001) and **Arousal** (mean pre = 1.56 (SD) = 1.25, mean post = 2.85 (SD) = 1.78, Wilcoxon test pre vs. post p-value = .005) on the **FSFI**.







## Results









#### Conclusions

The application of FMV in the genital area using this vibrating device during sexual intercourse may improve symptoms in women suffering from arousal and lubrication issues.

interest

The frequency of use and the technical amplitude, frequency, and acceleration or, force of vibration, should follow proven principles of focal vibration therapy in female sexual dysfunctions since this can provoke different neurovascular effects.













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