

LETTER TO THE EDITOR

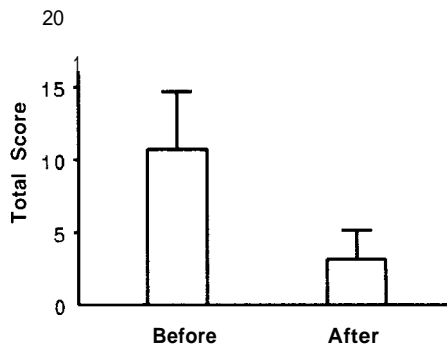
EVALUATION OF FLUOXETINE IN PREMATURE EJACULATION

Sexual disorders are a source of severe marital and family discord. Premature ejaculation is estimated to be present in at least 25% of clinical cases¹. So far, treatment approaches include physical, psychological and pharmacological methods, where drugs such as clomipramine (anti-depressant); propranolol (beta blocker); intrathecal opioids and intracavernosal papaverine are used. Local anaesthetic sprays, vacuum condoms, penile prosthesis and vascular surgery were all tried with varying results. Recently introduced antidepressant, fluoxetine, was found to be effective in cases of premature ejaculation². The present investigation was thus armed to evaluate fluoxetine in the management of premature ejaculation.

Forty four male patients with mean age (SD) of 31(6) years with marital life of 6(5) years were included in this open study. Patients gave written informed consent for participation in this study approved by the institute ethics committee. All patients complaining of sexual dysfunction without any clinically detectable organic etiology and rapid ejaculation were further interrogated. Only the patients who complained of extremely rapid ejaculation, that is, prior to penetration or within 10-20 strokes after intromission, usually in less than one minute, were included in the present study. Patients already on fluoxetine, those with history of epilepsy or liver impairment were excluded from the study. Patients were asked to take one capsule of fluoxetine (20 mgs) in the morning. Patients were evaluated before and at the end of each week, for four weeks, with the help of subscale for premature ejaculation from the Golombok Rust.

Inventory of sexual satisfaction (GRISS) questionnaire for assessing the existence and severity of sexual problems³. Five point scale where 0 = Never, 1 = Hardly ever, 2 = occasionally, 3 = usually and 4 = always, was used to evaluate the individual GRISS questionnaire. Patients were enquired for overall percentage improvement of symptoms and occurrence of any adverse reactions at the end of four weeks. All data from patients were kept confidential. Statistical analysis was done using Wilcoxon's rank sum test. P values < 0.05 were considered significant.

Figure 1. Showing the overall response in total score before and after treatment with fluoxetine.



In the present study, fluoxetine treatment produced significant improvement in premature ejaculation. There was a significant reduction in the scores of all the four questionnaires evaluated. There was significant reduction in overall total scores from 10.7 ± 4 to 3.2 ± 2 ($P < 0.01$) (Figure 1). Percentage improvement in the total symptomatology was significant ($82 \pm 10\%$). All patients reported marked subjective improvement of time from penetration to ejaculation for two to four minutes. Except mild and transient side effects like glossitis, lack of concentration and vague headache, all patients tolerated the drug very well. In a prospective study the best response was seen with anti-anxiety and antidepressant drugs as compared to placebo, counselling of psychotherapy in premature ejaculation. Fluoxetine, a new antidepressant, which selectively inhibits uptake of 5-HT, has shown to delay the onset of ejaculation in patients⁴. In the present study, 20 mg fluoxetine orally significantly improved the symptoms of premature ejaculation.

In a double blind clinical trial, clomipramine showed a significantly higher percentage of satisfactory performance with drug than placebo⁵. The possible mechanism of action of fluoxetine in premature ejaculation, may be through its inhibition of 5-HT reuptake, similar to clomipramine. However, with the latter drug many anticholinergic side effects like dryness of mouth have been observed. Use of fluoxetine in the present study did not produce any significant side effects like dry mouth.

It can thus be concluded that fluoxetine 20 mg once daily is effective in the management of premature

ejaculation. The results of the present study are based on subjective evaluation, hence further studies are warranted to confirm its therapeutic value.

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REFERENCES

1. Williams W. Secondary premature ejaculation. *Australian and New Zealand J Psychiat* 1990;18:333-40.
2. Smith P. Beneficial sexual side effects from fluoxetine. *Br J Psychiat* 1994;164:249-50.
3. Rust J, Golombok S. The GRISS: a psychometric instrument for the assessment of sexual dysfunction. *Arch Sexual Behaviour* 1986;15:157-65.
4. Forster P, King J. Fluoxetine and premature ejaculation. *Am J Psychiat* 1994;151:1523.
5. Gilgis SM, El-Hagger S. A double blind trial of clomipramine in premature ejaculation. *Andrologia* 1982;14:364-8.

E R R A T A

Indian Journal of Pharmacology 1997, Vol.29,

Pages 100 and 101 in Figures 1 and 4: The legend for y-axis should be read as "Mean blood pressure" instead of "Mean A blood pressure"

IJP in INTERNET

Web pages have been created in internet to provide information about Indian Journal of Pharmacology and Indian Pharmacological Society. The contents of all the issues of IJP published in 1997 (including the current Issue) are available in internet. Information about IPS and the forthcoming IPS conference in Jammu is also available. Many interesting links to websites like MEDLINE, IUPHAR and Pharmacokinetics have been provided.

The above internet site is maintained by Prof. C. Adithan and its Uniform Resource Locator (URL) is: ,

<http://www.geocities.com/Athens/Delphi/2038>

Any feedback or comments regarding the web pages are welcome.

Member of IPS may send information about their research achievements/other activities which they want to include in this web site.

We thank Geocities, USA for providing free web space.

Chief Editor
Indian Journal of Pharmacology