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ASSESSMENT OF SEXUAL SATISFACTION, CONTROL AND DISTRESS DOMAINS IN PREMATURE EJACULATION PATIENTS PRE AND POST TREATMENT WITH SSRI'S

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ABSTRACT The aim of this study was to assess sexual satisfaction, control & distress domains in patients presenting with premature ejaculation [PME] pre and post treatment.

First PME was diagnosed by using ICD -10 criteria, and then sexual satisfaction, control & distress domains were assessed using the INDEX OF PREMATURE EJACULATION[IPE] [1], a self report questionnaire, both at baseline and after 4 weeks treatment with, selective serotonin reuptake inhibitors [SSRI'S].

KEYWORDS : PREMATURE EJACULATION, SEXUAL SATISFACTION, INDEX OF PREMATURE EJACULATION

INTRODUCTION

Premature ejaculation affects both the quality and quantity of sexual life, leading to sexual dissatisfaction between couples. PME also leads to secondary symptoms like embarrassment, guilt, mental distress , anxiety and depression , which further leads to interpersonal problems and marital dis harmony[2,3,4,5,6]

The secondary problems due to PME both in the affected individual, and in the couple as a whole is documented since long. But now there is a greater understanding of PME as a multifactorial dysfunction including components, like "control,""satisfaction," and "distress."[2,5]

The self report questionnaire used in this study addresses all these three components [IPE][1]

PME affects the couples in both emotional and physical ways. Shame and self-hatred become dominant emotions and lack of confidence often gets transmitted to other areas of life completely unrelated to sex.[7,8,9,10]

Further if the PME is severe, the patient may ejaculate before coitus if it happens then conception will be difficult, and the couple may need artificial insemination.[11,12]

As ssri's are the preferred treatment in PME, there are numerous studies that concentrate on the improvement of intravaginal ejac ulation latency time [IELT] after treatment with ssri's. [13,14,15,16]

But there are very few studies about the usefulness of ssri's in all three aspects of PME,[sexual satisfaction ,control over ejaculation &distress about the condition]. this study is a foray into that direction

MATERIALS AND METHODS

107 patients who presented to a psychiatric outpatient clinic with PME between december 2016 and april 2017 participated in this study. The diagnosis of PME was made based on ICD-10 criteria.

All participants gave a written informed consent to be part of this study.

INCLUSION CRITERIA

1.Male patients
2. Patients compliant to icd-10 criteria for PME
3.Patients presenting for the first time for treatment
4.Patients in the age group of 25 -45

EXCLUSION CRITERIA

1.Patients with erectile dysfunction
2. Patients with medical problems
3 Patients with substance abuse
4 Patients with comorbid psychiatric disorders

Patients were administered the index of premature ejaculation[IPE] at baseline , scoring done in all three domains, and results were recorded.

All these patients were started on commonly used ssri's for premature ejaculation [paroxetine, fluoxetine&sertraline] based on patients individualised needs, sideeffect profile and clinicians discretion.

Of the total 107 patients 40 patients were started on paroxetine, 35 on fluoxetine and 32 on sertraline respectively. The tablets were continued for 4 weeks. During this period 1patient each from paroxetine and fluoxetine groups dropped out from the study.

After 4 weeks the INDEX OF PREMATURE EJACULATION[IPE] was reapplied to these patients and the results recorded in all three domains .difference between pre and post treatment values were recorded and results tabulated

RESULTS AND DISCUSSION

Out of 107 patients 105 completed the study . IPE questionnairre was applied to these patients at baseline and after 4 weeks treatment with ssri's and results tabulated.

TABLE -1 PRE AND POST TREATMENT VALUES IN SEXUA L SATISFACTION DOMAIN

SEXUAL SATISFACTION DOMAIN	BASELINE IPE SCORE MEAN	MEAN IPE AFTER 4WEEKS TREATMENT	P VALUE
PATIENTS ON PAROXETINE	13	57	<0.001
PATIENTS ON FLUOXETINE	13	54	<0.001
PATIENTS ON SERTRALINE	13	53	<0.001

The baseline mean IPE scores in sexual satisfaction domain in all 105 patients was 13. after 4 weeks treatment the IPE scores increased to 57, 54 and 53 in patients on paroxetine fluoxetine and sertraline respectively and the difference was statistically significant in all three groups [p<0.001]

TABLE -2 PRE AND POST TREATMENT VALUES IN CONTR OL DOMAIN

CONTROL DOMAIN	BASELINE IPE SCORE MEAN	MEAN IPE AFTER 4WEEKS TREATMENT	P VALUE
PATIENTS ON PAROXETINE	11	68	<0.001
PATIENTS ON FLUOXETINE	11	65	<0.001
PATIENTS ON SERTRALINE	11	63	<0.001

The baseline IPE scores in control domain was 11. After treatment for 4 weeks the IPE scores improved to 68,65,and 63 in patients on paroxetine ,fluoxetine and sertraline respectively, and the difference

was statistically significant.[p value <0.001]

TABLE -3 PRE AND POST TREATMENT VALUES IN DISTRE SS DOMAIN

DISTRESS DOMAIN	BASELINE IPE SCORE MEAN	MEAN IPE AFTER 4 WEEKS TREATMENT	P VALUE
PATIENTS ON PAROXETINE	87	37	<0.001
PATIENTS ON FLUOXETINE	87	50	<0.001
PATIENTS ON SERTRALINE	87	50	<0.001

The baseline IPE scores in distress domain was 87 at baseline. it reduced to 37, 50 and 50 in patients on paroxetine , fluoxetine and sertraline respectively and the results were statistically significant [pvalue< 0.001]

CONCLUSION

All three drugs helped the patient to improve in all three domains of PME. The improvement was most significant in the control domain compared to others. Further in the distress domain paroxetine significantly reduced distress compared to other drugs. Even though there is improvement using ssri's in all domains, it cannot be deemed that the improvement is full. There is still a significant gap to fill as the scores indicate. The best option in this scenario would be to include both psychological and pharmacological treatment in the mana gement of premature ejaculation to aid the patient to better recovery.

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