

The Effectiveness of PVP-I on Male Premature Ejaculation

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Abstract

Introduction: Premature ejaculation (PE) is the most prevalent sexual dysfunction in every country. There are many types of treatment, but the effect was not certain. Here, we introduce a new medicine on PE.

Aim: To assess the effectiveness on PVP-I in treating premature ejaculation.

Cases and Methods: 31 patients (27 ± 5 years old) suffering premature ejaculation were enrolled into three groups. For Group a, sertraline was adopted; for Group b, PVP-I was used; for Group c, sertraline and PVP-I were both taken.

Results: In the contrast of the treatment groups, at 0.05, no statistical discrepancy exists among the groups before treatment, indicating that intra-group statistical discrepancy does not arise. While after treatment, statistical discrepancy emerges between Group a and Group c ($t=2.375$, $P=0.030$), showing that the group taking of the drugs may have better effect than the group adopting sertraline only; no statistical discrepancy exists between Group b and Group c ($t=-0.197$, $P=0.845$), indicating there does not exist discrepancy between the group taking both drugs and the group taking PVP-I only. Thus, it is predicted that, drug combination has an advantage over taking sertraline only, and achieves an effect close to that by taking PVP-I only.

Conclusion: PVP-I separately can increase ILET of patients suffering premature ejaculation.

Keywords: PE, PVP-I, ILET, sertraline, Contraception.

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Introduction

As the most common sexual dysfunction arising in young men, premature ejaculation (PE) takes up an incidence of 21-33% among male adults. Currently, the main therapies include surgical treatment [1] and oral drug [2] which has often been found to appear side effect or adverse reaction. Here, we discussed an external medicine upon PE.

Definition

There was no general agreement on the definition of PE. Based on the DSV-IV and traditional definition, PE was defined as the intercourse time of <1 min. Intra vaginal ejaculation latency time (IELT) is defined as the time between the start of vaginal intromission and the start of intra vaginal ejaculation [3]. If the IELT was below 1 min, the time was designed as 1 min. All the

IELT were assed three times, the mean number was got. The IELT of treatment was assed one month later after operation.

Experimental Subject

31 patients (27 ± 5 years old) suffering PE for 0.5 to 2 years who had abandoned other therapies for at least 1 month before participating in this experiment. With normal sexual desire, and without drug abuse experience, suspected drug use, or contact with radioactive materials, all these patients were composed of 10 with circumcision, 1 with renal insufficiency, 2 with unsatisfactory sexual life after marriage, and 1 with weak erection.

Experimental Method

The experiment was performed by observation of three groups: a, b and c. For Group a, sertraline (Pfizer pharmaceutical Co., Ltd), was adopted, which was of 50 mg and taken QN for 14

days; for Group b, Andoful PVP-I disinfectant (mainly consisting of PVP-I), produced by Shenzhen Andoful Disinfection Hi-Tech Shareholding Co., Ltd., was used for smearing at the locations 1.5 to 2 cm above and below the coronary sulcus, taken QN for 14 days; for Group c, sertraline and PVP-I disinfectant were both taken, including sertraline of 25 mg taken QN and PVP-I disinfectant taken for 14 days by the usage mentioned above. IELT shall be calculated after 1 month of drug taking, respectively.

Statistical Analysis

Statistical analysis was carried out by the t-test using PASW statistics 18.0 software. A level of 0.05 was assumed to indicate significant.

Results

In the contrast (Tables 1-5) of the treatment groups, at 0.05, no statistical discrepancy exists among the groups before treatment, indicating that intra-group statistical discrepancy does not arise. While after treatment, statistical discrepancy emerges between Group a and Group c, showing that the group taking both of the drugs may have better effect than the group adopting sertraline

Table 1: List of IELT before and after treatment, wherein, 1 and 2 represent IELT before and after treatment.

	N	IELT(min)
A1	4	1.25±0.50
A2	4	3.75±0.96
B1	13	1.38±0.65
B2	13	6.54±2.67
C1	14	1.79±0.58
C2	14	6.36±2.10

Table 2: IELT Inspection Results Before and After Treatment to each group.

	N	t	df	Sig.
Group a1 & a2	4	-5	3	0.015
Group b1 & b2	13	-6.797	12	0
Group c1 & c2	14	8	13	0

Table 3: IELT Inspection Results Before and After Treatment to Group a and Group b.

	t	df	Sig.
Before treatment	1.672	16	0.114
After treatment	2.375	16	0.03

Table 4: IELT t Inspection Results Before and After Treatment to Group a and Group c.

	t	df	Sig.
Before treatment	1.695	25	0.102
After treatment	-0.197	25	0.845

Table 5: IELT t Inspection Results Before and After Treatment to Group b and Group c.

	t	df	Sig.
Before treatment	1.695	25	0.102
After treatment	-0.197	25	0.845

only; no statistical discrepancy exists between Group b and Group c, indicating there does not exist discrepancy between the group taking both drugs and the group taking PVP-I only. Thus, it is predicted that, drug combination has an advantage over taking sertraline only, and achieves an effect close to that by taking PVP-I only. As shown in Figures 1-4, the scatter plots are constructed based on the treatment time. From Figure 1, it can be seen that, compared with that before treatment, IELT after treatment moves upwards with only one data point overlapping, namely, among the 31 patients, 30 have prolonged IELT, except for one (who belongs to Group b (taking PVP-I disinfectant only)). While from Figure 2, the IELT of 4 patients of Group a adopting sertraline has been prolonged. From Figure 3, 12 of the 13 patients of Group b taking PVP-I disinfectant have their IELT prolonged. While from Figure 4, all the 14 patients of Group c taking both sertraline and PVP-I disinfectant have prolonged IELT.

Discussion

As a disinfectant commonly used clinically, PVP-I is widely applied in the disinfection of skin and mucosa and have been found to be effective in treating premature ejaculation through this research. From scatter plots 1 to 4, comparing with that before treatment, IELT of the patients after treatment is enhanced, and among the 31 patients, only one person's IELT keeps unchanged, which indicates unobvious therapeutic effect. In terms of intra-group

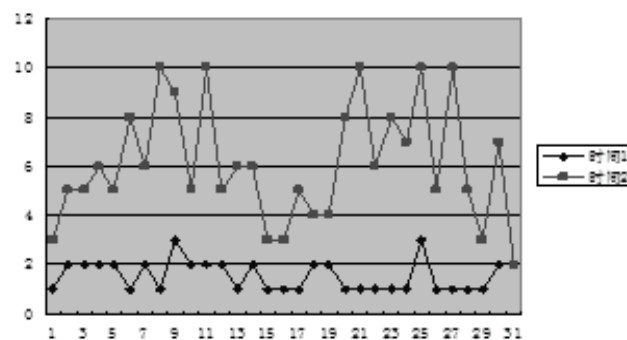


Figure 1 IELT of all the 31 patients before and after treatment.

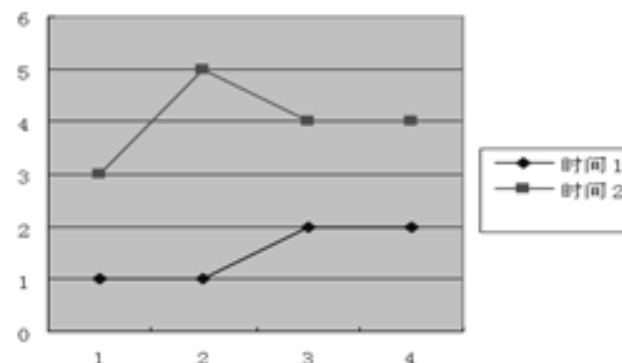


Figure 2 IELT of the Group a before and after treatment.

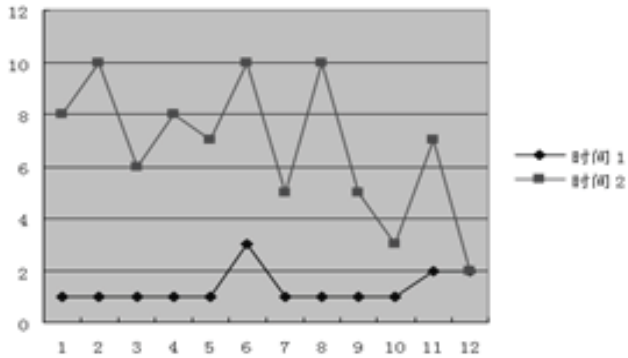


Figure 3 IELT of the Group b before and after treatment.

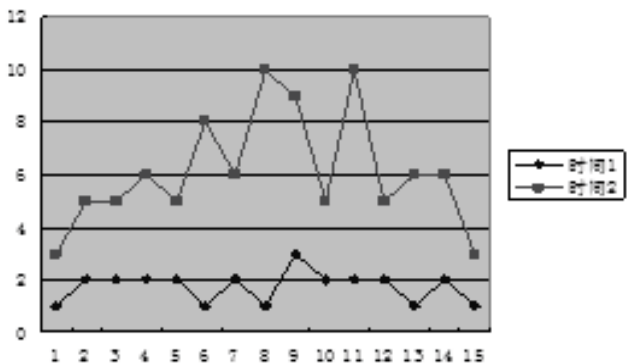


Figure 4 IELT of the Group c before and after treatment.

statistical results (Table 2), before and after treatment, IELT of Group a, b and c at 0.05 differs statistically, showing obviously prolonged IELT comparing with that before treatment. As the most common sexual dysfunction arising in men, PE takes up an incidence of 21-33% among male adults. Currently, to cure the disease, it is recommended to use SSRIs, represented by sertraline and paroxetine [2]. This research selects sertraline for a discussion in terms of its therapeutic effect and price. The corresponding mechanism of action is that, inhibiting the reuptake position of presynaptic membrane 5-HT to increase the synaptic space 5-HT concentration, so as to delay ejaculation. From clinical studies, such drugs have certain effects in curing premature ejaculation, but with extremely obvious side effects. In this research, 5 patients exhibited side effects of different levels, including lethargy, dysphoria, bruxism and nausea, which disappeared 2 to 3 days later after drug withdrawal [3-5]. For patients suffering renal failure, there is still no report about whether these drugs can be used. For this, PVP-I is properly prevented from the disadvantages of such drugs, and with respect to the drug use at present, no patient has been found to have side effect or adverse reaction.

Conclusion

In view of the experimental data of this research, drug combination has an advantage over taking sertraline only, and achieves an effect close to that by taking PVP-I only, indicating that PVP-I can effectively reduce sertraline dosage, and applying PVP-I separately can increase ILET of patients with effect, which has significant therapeutic effect for those suffering premature ejaculation.

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