SEXUAL MEDICINE REVIEW

Complementary and Alternative Medicine for Management of Premature Ejaculation: A Systematic Review

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ABSTRACT

Introduction: Premature ejaculation (PE) is defined as ejaculation within 1 minute (lifelong PE) or 3 minutes (acquired PE), inability to delay ejaculation, and negative personal consequences. Management includes behavioral and pharmacologic approaches.

Aim: To systematically review effectiveness, safety, and robustness of evidence for complementary and alternative medicine in managing PE.

Methods: Nine databases including Medline were searched through September 2015. Randomized controlled trials evaluating complementary and alternative medicine for PE were included.

Main Outcome Measures: Studies were included if they reported on intravaginal ejaculatory latency time (IELT) and/or another validated PE measurement. Adverse effects were summarized.

Results: Ten randomized controlled trials were included. Two assessed acupuncture, five assessed Chinese herbal medicine, one assessed Ayurvedic herbal medicine, and two assessed topical "severance secret" cream. Risk of bias was unclear in all studies because of unclear allocation concealment or blinding, and only five studies reported stopwatch-measured IELT. Acupuncture slightly increased IELT over placebo in one study (mean difference [MD] = 0.55 minute, $P = .001$). In another study, Ayurvedic herbal medicine slightly increased IELT over placebo (MD = 0.80 minute, $P = .001$). Topical severance secret cream increased IELT over placebo in two studies (MD = 8.60 minutes, $P < .001$), although inclusion criteria were broad (IELT < 3 minutes). Three studies comparing Chinese herbal medicine with selective serotonin reuptake inhibitors (SSRIs) favored SSRIs (MD = 1.01 minutes, $P = .02$). However, combination treatment with Chinese medicine plus SSRIs improved IELT over SSRIs alone (two studies; MD = 1.92 minutes, $P < .00001$) and over Chinese medicine alone (two studies; MD = 2.52 minutes, $P < .00001$). Adverse effects were not consistently assessed but where reported were generally mild.

Conclusion: There is preliminary evidence for the effectiveness of acupuncture, Chinese herbal medicine, Ayurvedic herbal medicine, and topical severance secret cream in improving IELT and other outcomes. However, results are based on clinically heterogeneous studies of unclear quality. There are sparse data on adverse effects or potential for drug interactions. Further well-conducted randomized controlled trials would be valuable.

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Key Words: Review; Systematic; Premature Ejaculation; Complementary Therapies; Complementary Medicine

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INTRODUCTION

Premature ejaculation (PE) in men is characterized by short ejaculatory latency during intercourse. PE can be lifelong (primary; present since first sexual experiences) or acquired (secondary; beginning later).[1] The International Society for Sexual Medicine (ISSM; 2014) defines PE as a combination of (i) ejaculation usually occurring within approximately 1 minute of vaginal penetration (for lifelong PE) or a clinically significant decrease in latency time, often to no longer than approximately 3 minutes (for acquired PE); (ii) inability to delay ejaculation; and (iii) negative personal

consequences such as distress, bother, frustration, and/or avoidance of sexual intimacy.[1] PE also has been defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (2013) as ejaculation usually occurring within approximately 1 minute of vaginal penetration and before the individual wishes it and causing clinically significant distress.[2] Estimating the prevalence of PE is not straightforward because of the difficulty in defining what constitutes clinically relevant PE. Surveys have estimated the prevalence of self-reported early ejaculation as 20% to 30%[3–5]; however, these estimates are likely to include men who have some concern about their ejaculatory function but do not meet the current diagnostic criteria for PE.[6] It has been suggested that the prevalence of lifelong PE according to the ISSM and the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* definitions (with an ejaculatory latency of approximately 1 minute) is unlikely to exceed 4%.[6] Men with PE are more likely to report lower levels of sexual functioning and satisfaction and higher levels of personal distress and interpersonal difficulty than men without PE.[7] They also might rate their overall quality of life as lower than that of men without PE.[7] In addition, their partner's satisfaction with the sexual relationship has been reported to decrease with increasing severity of the condition.[8]

Management of PE can involve a range of interventions. These include systemic drug treatments such as selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, phosphodiesterase type 5 inhibitors, and analgesics and topical anesthetic creams and sprays that are applied directly to the penis shortly before intercourse.[9,10] Behavioral therapies also can be useful.[6,9,11,12] These can include psychosexual or relationship counseling for men and/or couples to address psychological and interpersonal issues that could be contributing to PE. Behavioral therapies also can include physical techniques to help men develop sexual skills to delay ejaculation and improve sexual self-confidence, such as the "stop-start" technique, "squeeze" technique, and sensate focus.[6,9,11,12] There are sparse data on whether and for how long effectiveness is maintained after cessation of treatment (drug or behavioral) and whether repeat treatments are effective.

Many interventions currently used for PE are not approved for this use, and men might choose to self-treat, with several remedies being available through the internet. Some complementary and alternative medicines (CAMs) have been evaluated in randomized controlled trials (RCTs) for the management of PE. However, there are no existing systematic reviews evaluating CAMs for management of PE. Our aim was to systematically review the effectiveness, safety, and robustness of evidence for CAM therapies in the management of PE.

METHODS

Review Methods

This work was undertaken as part of a systematic review for the UK National Institute for Health Research Health Technology Assessment Programme, which assessed a wide range of interventions for management of PE.[13] The review followed the general principles recommended in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (http://www.prisma-statement.org/).[14] The review protocol is available from the Health Technology Assessment Programme website (http://www.nets.nihr.ac.uk/projects/hta/131201) and is registered on the PROSPERO database (registration number CRD42013005289). The PRISMA checklist is provided in Supplementary Appendix 3.

Definition of CAM

CAM has been defined by the Cochrane Collaboration as "a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period."[15] In addition, many CAM therapies are based on a traditional model of health and well-being, and many (although not all) are designed to treat the whole patient as opposed to a specific condition, whereas some (although not all) involve the use of traditional or natural therapies. Therefore, CAM is defined in this study as therapies for PE that have typically not been provided within conventional Western health care systems and that appear on the list of CAM therapies collated by the Cochrane Collaboration.[15]

Literature Searches

The following databases were searched from inception to September 2015: Medline; Embase; Cumulative Index to Nursing and Allied Health Literature (CINAHL); the Cochrane Library including the Cochrane Systematic Reviews Database (CDSR), the Cochrane Controlled Trials Register (CCRT), the Database of Abstracts of Reviews of Effects (DARE), and the Health Technology Assessment database; the ISI Web of Science including the Science Citation Index and the Conference Proceedings Citation Index—Science. The Medline search strategy is provided in Appendix 1. The search strategy was designed to identify any articles tagged with the Medical Subject Headings *ejaculation* or *premature ejaculation* plus articles whose title or abstract included one of the terms *premature, early,* or *rapid* within three words of *ejaculation* or *climax* or the term *ejaculation praecox/precox*. These were combined with search filters to identify RCTs, reviews, and guidelines. It should be noted that the search was undertaken as part of a wider project assessing different treatments for PE,[13] and for this reason the search was not specific to complementary therapies. The US Food and Drug Administration website and the European Medicines Agency website also were searched. Existing systematic reviews and relevant studies also were checked for eligible studies.

Eligibility Criteria

RCTs were eligible for inclusion if they compared CAM therapies for management of PE against placebo, waitlist, no treatment, or another therapy or assessed combination treatment.

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