

AB150. The impact of intravaginal ejaculatory latency time and erectile function on anxiety and depression in the four types of premature ejaculation: a large cross-sectional study in a Chinese population

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Aim: The aim of this study was to evaluate the impact of intravaginal ejaculation latency time (IELT) and erectile function on anxiety and depression among patients with PE in general and according to the four types of PE.

Methods: Between September 2011 and September 2012, we conducted a cross-sectional study in the Anhui province of China. We enrolled 4,000 men aged over 18 years, each of whom had been in a stable, monogamous, heterosexual relationship with the same partner for at least 6 months.

Main outcome measurements: Self-estimated IELT, the international index of erectile function-5 (IIEF-5) and the Zung self-rating anxiety and depression scales (SAS/SDS) were used to measure PE, erectile dysfunction (ED), anxiety, and depression, respectively, among the entire study population.

Results: Of the 3,016 men evaluated, 25.80% complained of PE. Distribution of the four types of PE among men with PE was as follows: LPE, 12.34%; APE, 18.77%; NVPE, 44.09%; PLED, 24.81%. Men with PE presented lower IIEF-5 scores and higher SAS and SDS scores *vs.* men without PE ($P < 0.001$ for all). Similar findings were observed in men with APE when compared with other PE syndromes. After adjustment for age in men with PE, IELT was negatively associated with SAS and SDS scores (SAS, adjusted $r = -0.42$, $P < 0.001$; SDS, adjusted $r = -0.45$, $P < 0.001$). IIEF-5 score was negatively associated with SAS and SDS scores (SAS, adjusted $r = -0.54$, $P < 0.001$; SDS, adjusted $r = -0.50$, $P < 0.001$). These negative relationships were strongest in men with PLED (IELT *vs.* SAS: adjusted $r = -0.63$, $P < 0.001$; IELT *vs.* SDS, adjusted $r = -0.60$, $P < 0.001$; IIEF-5 *vs.* SAS: adjusted $r = -0.57$, $P < 0.001$; IELT *vs.* SDS, adjusted $r = -0.55$, $P < 0.001$).

Conclusions: APE patients reported higher rates of ED,

anxiety, and depression than men with other types of PE. The negative relationships between IELT/IIEF-5 and SAS/SDS were strongest in men with PLED.

Keywords: Cross-sectional study; premature ejaculation; psychological burden; sexual dysfunction

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AB151. Clinical study on the treatment of lifelong premature ejaculation with paroxetine hydrochloride and tamsulosin

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Background and objective: There are some methods for the treatment of primary premature ejaculation (PE) at present, but its efficacy and safety is not very good and the effectiveness of some treatment method remains to be further confirmed. Psychotherapy and behavior training therapy has a poor adherence for patients. The surgical treatment to PE has not been widely recognized by experts because its effect of uncertainty and may cause irreversible damage. So, pharmaceutical drug therapy is usually recommended as the first priority selection for the treatment of PE. At present, only the dapoxetine was specifically developed for the treatment of PE worldwide. Other off-label selective serum reuptake inhibitor substance (SSRIs) such as paroxetine, fluoxetine; local anesthetics such as lidocaine, prilocaine cream; PDE5 inhibitor such as tadalafil, sildenafil and vardenafil; selective alpha-adrenergic receptor blockers such as tamsulosin, silodosin was also used for the treatment of PE. Owing to the individual differences