

AB060. The effect of buspirone on refractory neurogenic retrograde ejaculation to pseudoephedrine

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Background: The use of sympathomimetics for the treatment of retrograde ejaculation (RE) is well-known, however the overall success rate does not exceed 50%. The aim of the present study is to evaluate the efficacy of buspirone (non-benzodiazepine anxiolytics) in neu.

Methods: Total 26 complete RE patients who were refractory to previous pseudoephedrine treatment included in the study. RE was diagnosed in patients who complained absence of ejaculated after orgasm and identified sperm in a post-ejaculatory urine sample. The patients who were taking alpha-adrenergic blocker and psychotropic medication, and who were taken the bladder neck or transurethral resection of the prostate, were excluded in this study. All patients

were given buspirone 5 mg twice/day for 4 weeks. We evaluated the efficacy of buspirone by the establishment of antegrade ejaculate after 4 weeks of treatment.

Results: Five of 26 were excluded due to previous history of bladder neck surgery and psychotropic medication. The most common etiologies were diabetes mellitus (42.9%) and idiopathic (28.6%). Other etiologies were identified as follows: spinal cord injury (19.0%), Parkinson's disease (4.8%) and multiple sclerosis (4.8%). Twelve of 21 patients (57.1%) were achieved antegrade ejaculation. One patient discontinued the study due to adverse events (developing dizziness) and one patient had mild dyspepsia; the remaining patients had no adverse drug-related events.

Conclusions: In patients with neurogenic RE, buspirone was effective for inducing antegrade ejaculation in more than 50% of patients. We suggest that if the first line treatments such as pseudoephedrine or imipramine are not effective, buspirone may be warranted.

Keywords: Retrograde ejaculation (RE); buspirone; pseudoephedrine

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