

## AB087. Discontinuation of dapoxetine treatment in patients with premature ejaculation: a 2-year prospective observational study

Nam Cheol Park<sup>1</sup>, Tae Nam Kim<sup>1</sup>, Seung Ryong Baek<sup>1</sup>, Kyung Min Lee<sup>1</sup>, Sangmin Choe<sup>2</sup>, Hyun Jun Park<sup>1</sup>

<sup>1</sup>Department of Urology, Medical Research Institute of Pusan National University Hospital, Pusan National University School of Medicine, Busan, Korea; <sup>2</sup>Department of Clinical Pharmacology and Therapeutics, Pusan National University Hospital, Busan, Korea

**Background:** Although dapoxetine is the only oral pharmacological agent approved for the treatment of premature ejaculation (PE), and is very effective, the discontinuation rate is high. We assessed the discontinuation rate in patients with PE, and the reasons for discontinuation, in real-world practice.

**Methods:** A total of 182 consecutive patients [mean age 38.2 (range, 19–63) years] were enrolled. The type of PE (lifelong or acquired), the self-estimated intravaginal ejaculation latency time (IELT), and medical history were evaluated in all patients, who also completed the International Index of Erectile Function-Erectile Function Domain (IIEF-EFD) questionnaire. Visits were scheduled 1, 3, 6, 12, and 24 months after initiation of therapy; we checked treatment status and the reasons for discontinuation in those who did in fact discontinue. We

compared the relationships of discontinuation rates with various parameters and the time to discontinuation after treatment commencement.

**Results:** Of all patients, 9.9% continued treatment to 2 years. The discontinuation rates at 1, 3, 6, 12, and 24 months were 26.4%, 35.2%, 17.6%, 8.2%, and 2.7%, respectively. Cumulatively, 79.1% of all patients discontinued treatment within 6 months. After 12 months, however, the discontinuation rate fell sharply. The reasons for discontinuation were cost (29.9%), disappointment that PE was not curable and that dapoxetine was required every time sexual intercourse was contemplated (25%), side effects (11.6%), perceived poor efficacy (9.8%), a search for other treatment options (5.5%), and unknown (18.3%). Patients with acquired PE (compared to lifelong PE), with IELT >2 min prior to treatment, on PDE-5 inhibitors, and with IIEF-EF scores <26 tended to discontinue early and thus exhibited high drop-out rates.

**Conclusions:** Only 9.9% of patients continued treatment to 24 months; 79.1% discontinued within 6 months. The main reasons for discontinuation were the cost and disappointment that treatment was required every time adequate sexual function was required, followed by side effects and perceived poor efficacy. These results indicate that a better strategy is required to manage PE patients.

**Keywords:** Premature ejaculation (PE); serotonin uptake inhibitors; compliance

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