

16<sup>th</sup> World meeting of sexual medicine 2014

# Silodosin as a new treatment option for Premature Ejaculation -Silodosin vs naftopidil-

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Oct 11<sup>th</sup> 2014 Sao Paulo

# Effects of $\alpha_1$ -Blocker on sexual function

$\alpha_1$ -Blocker

Suppression of Ejaculation



Treatment for PE  
Is Hero  
in sexual function?

or

Eja-Dysfunction  
Is Dark side  
in sexual function?

Silodosin

A highly selective  $\alpha_{1A}$ -adrenoceptor antagonist.



# Goal: Effects of silodosin on PE

## -Silodosin vs naftopidil-

### Why do we use silodosin for PE ?

- 1) Highest rate of Eja-D (Highest potential)
- 2) Safety (large clinical data for LUTS)
- 3) Clear mechanism (seminal emission↓)
- 4) Orgasm is preserved

Drug	Rate of Eja-D
Silodosin	14.2-28.1%
Tamulosin	4.2-18.1%
Naftopidil	0-3%

Strong

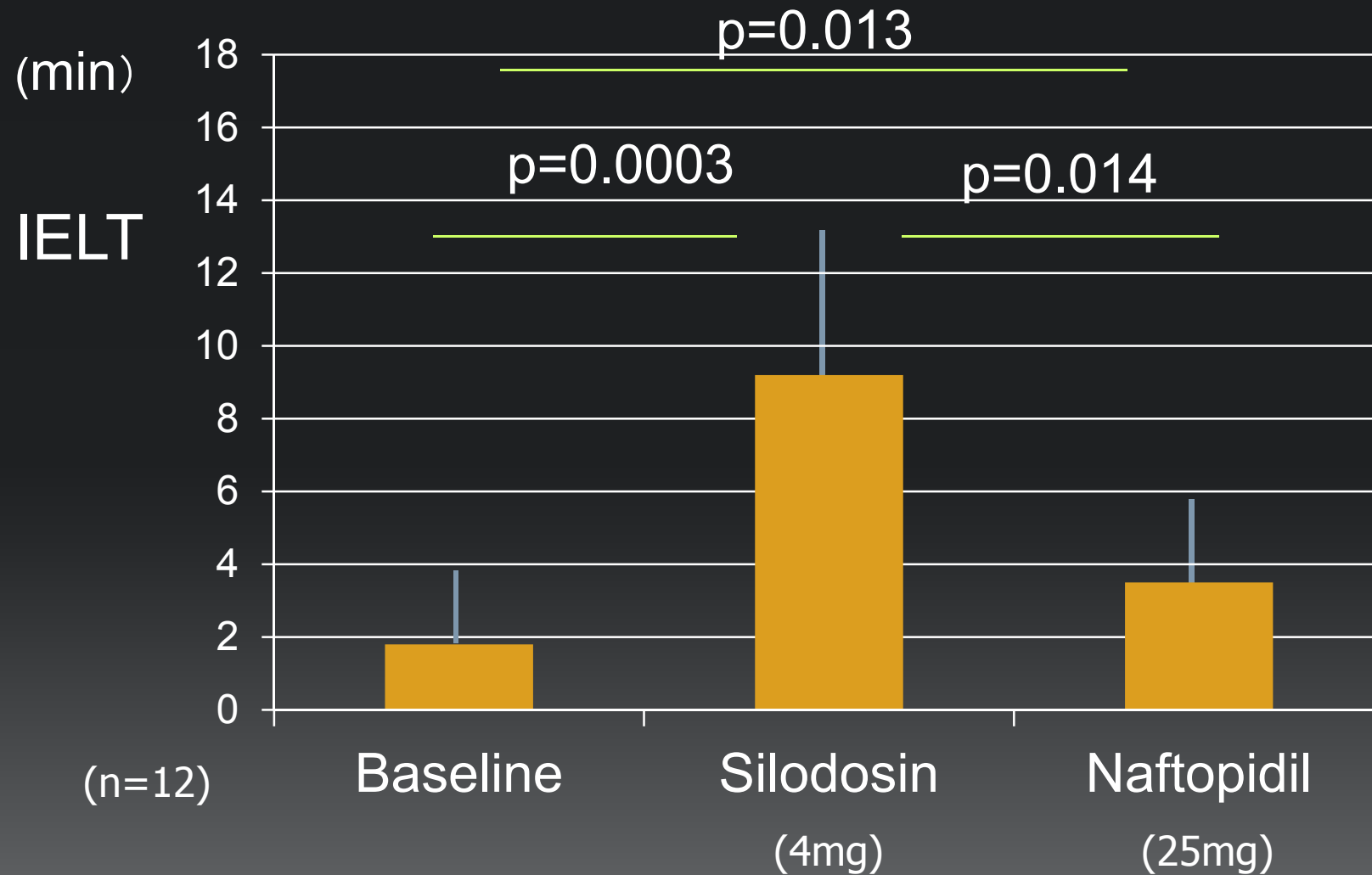


Weak

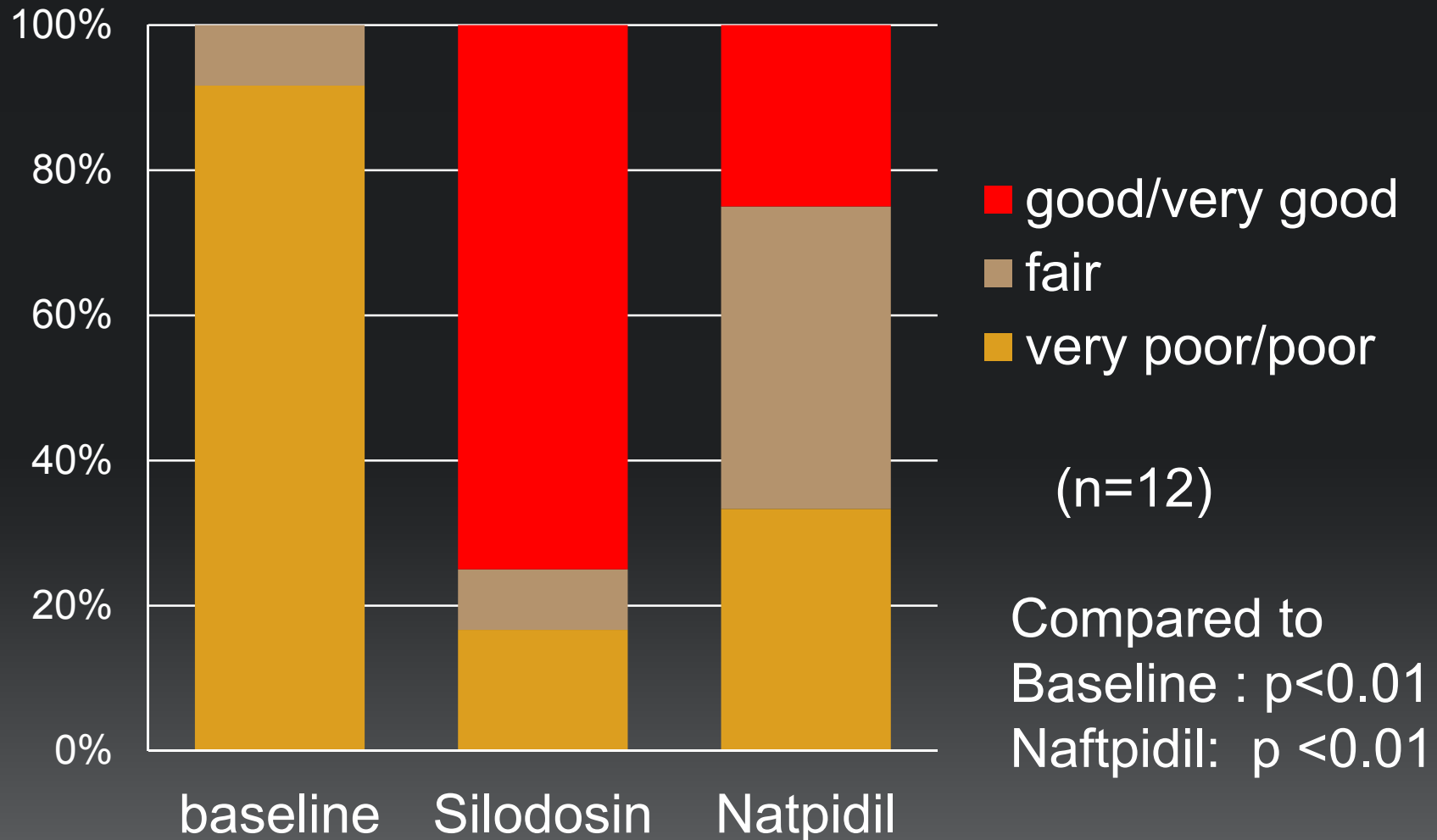
## Patients and Method:

- Twelve patients/ Mean age 43y.o./Mean length of PE 7ys
- Definition of PE : persistent or recurrent ejaculation with minimal stimulation before the person wishes it. (Life long PE, Acquired PE ).
- Patients administrated silodosin 4 mg and naftopidil 25 mg (1 hours before intercourse) in turn at least 3 times each.
- End points: Intravaginal ejaculatory latency time (IELT), Satisfaction of S.I. Systemic adverse events.

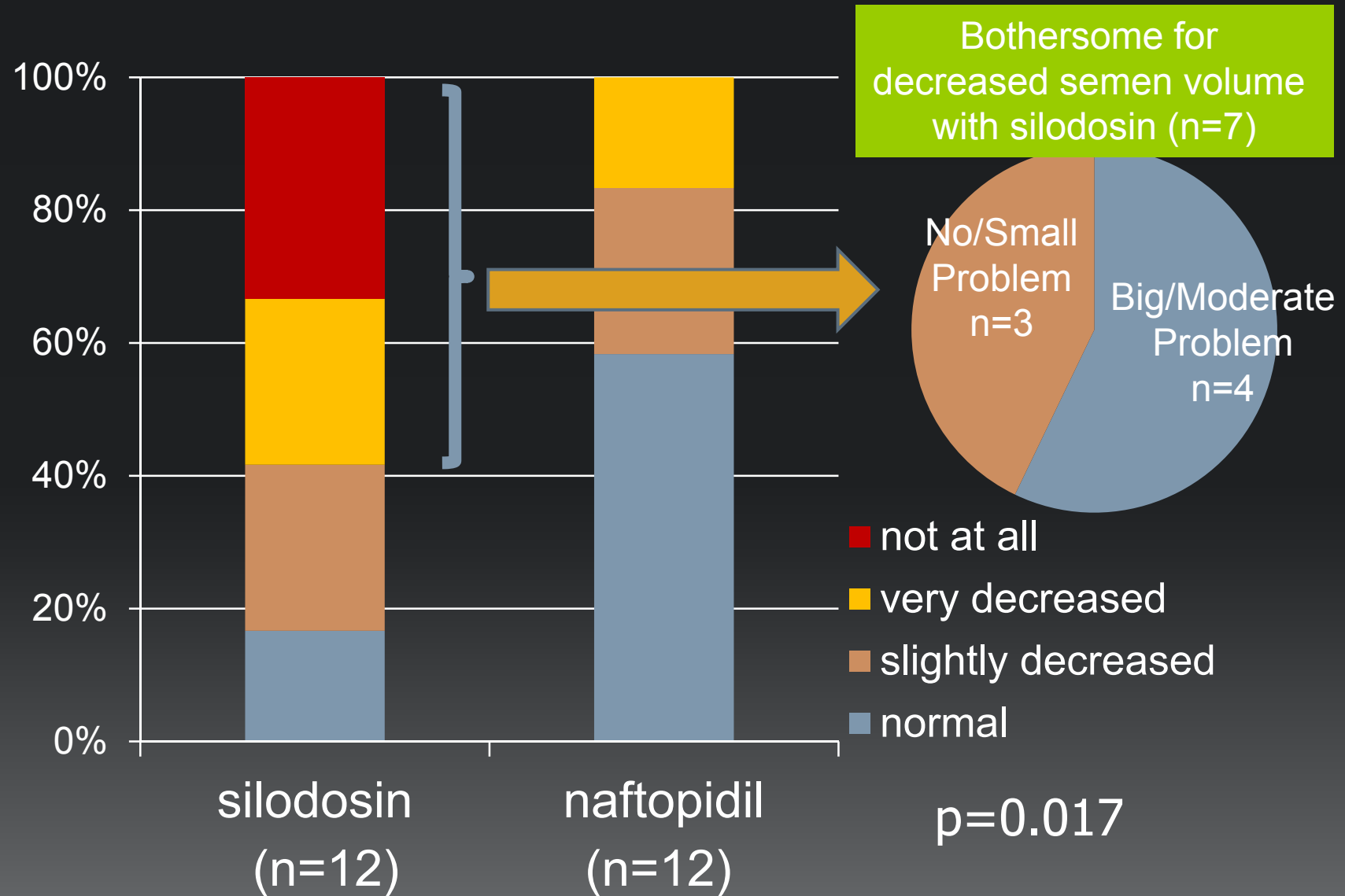
# Change of intravaginal ejaculation latency time (IELT)



# Change of Satisfaction with intercourse



# Changes of semen volume and its bothersome



# Effects of Dose reduction for reduced semen volume

Patients felt bother for reduced semen volume with 4mg silodosin



Dose reduction of silodosin  
4mg → 2mg



Normal semen volume  
Enough IELT  
Good satisfaction



# Conclusion



- Silodosin significantly improved PE and related problems than naftpidil.
- Reduced semen volume with silodosin was able to manage by dose reduction.
- Our current results suggested the potential of silodosin as a new treatment option for PE.

Suppressive actions  $\alpha$ 1-blocker for Ejaculation is not dark side. It can be a hero in the men's health.

