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ADVANCES IN MALE AND FEMALE SEX THERAPY: EXPECTATIONS AND DISAPPOINTMENTS

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The introduction of the PDE-5 inhibitors for male erectile dysfunction (ED) evolved expectations for 70-80% of efficacy as has been shown in short term studies. Ten years later, we are aware of their limitation: PDE-5 inhibitors are not efficient when desire is lacking, as well as in severe ED. Also, long term studies showed a lesser degree of efficacy.

The new pharmacological treatment for premature ejaculation, Dapoxetine, has been developed as a short acting SSRI. It has been shown to increase the time for ejaculation by three folds but has some adverse effects including nausea and fainting (due to hypotension).

Low desire is the most common sexual complaint in females. New pharmacological treatments include Bupropion 150 mg/day and Flibanserin 150 mg/day, although the evidence for efficacy is not conclusive. Their proposed mechanism is an increase in dopamine and norepinephrine activity. Flibanserin is an antagonist at the serotonin 2A receptor and an agonist of the serotonin 1A and dopamine D4 receptors.

Estrogen and/or testosterone replacement may be beneficial in appropriate cases.

There is a growing awareness in the last decade that low sexual desire in women is associated with age, relationship duration, relationship distress and complaints of anxiety and depression. Those psycho-social factors might limit the role of pharmacological agents.

Sex therapy should always consider and relate to these key issues