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Male masturbation device for the treatment of premature ejaculation

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ABSTRACT

Objective: To determine the efficiency as a treatment of the first line masturbator aid device for patients with premature ejaculation (PE).

Methods: A whole of 18 cases with lifelong PE used a masturbator TENGA, 5 times per week for 6 weeks and a minimum of 5 min for every use. Premature Ejaculation Profile (PEP) was used to measure the effects of its use. As a main outcome measure was used the proportion of patients who achieved criteria for clinical benefit, defined as achieving a two-category or greater increase in the change in control over ejaculation and level of satisfaction with intercourse, and a one-category or greater increase in the change in ejaculation-related distress and degree of interpersonal difficulty.

Results: The proportion of man who achieved the criteria for clinical benefit were 83% in control over ejaculation during sexual intercourse, 72% in ejaculation distress and interpersonal difficulties and men's lower proportion met criteria was in satisfaction with sexual intercourse (33%).

Conclusions: The patients who used the device Flip Hole increased of significant form the control grade on the ejaculation, and its interpersonal ejaculation distress and they reduced difficulties. To further evaluate the validity of these claims, randomized controlled trials should occur.

1. Introduction

The premature ejaculation is the most frequent sexual malfunction in the world, the predominance valuations has changed a lot, nevertheless it is believed that 15% of men would present symptoms compatible with PE [1–5].

Different subtypes have been postulated and aetiologist for the PE, from the first explanations of psychological cut based on inadequate learning associated at high levels of anxiety, up to the last hypotheses neurobiological that postulate a possible hypo-sensibility of the recipients 5-HT_{2C} and hypersensitivity of 5-HT_{1A} like cause of the PE. The true thing is that there is today none of these explanations has assembled sufficiently empirical support.

As for the available treatments it is undoubtedly the pharmacotherapy that I support empirically has until now emphasizing the use of selective serotonin reuptake inhibitors (SSRI's) [6,7], and tramadol [8], and in a background the use of topical

local anaesthetics [9], phosphodiesterase type 5 inhibitors (PDE5i) [10], and alpha-adrenergic blockers [11]. For his part the psychological treatments of cognitive cut – behavioural keep on being used and turn out to be effective in spite of the scarce empirical support [12–14].

In general, the patients with PE would obtain the biggest clinical benefit with the combination of ISRS and a cognitive-behavioural therapy [7,15]. This combination corrects certain limitations that present both treatments separately. Nevertheless the accessibility to this treatment is very limited, also, the cost, the side effects and the need for collaboration on the part of the couple does that many men could not benefit from the same one. New treatment lines are necessary therefore for these men that they complement the arsenal therapeutic available.

In this sense, at least two independent groups in Japan have put TENGA products to clinical usage. One of them has applied TENGA for ejaculatory disorders [16] and the other has used TENGA on to number of patients suffering from intravaginal anejaculation or post-prostatectomy dysfunction [17].

TENGA is a Japanese brand of masturbation aids produced by the company of the same name. Masturbation aids (masturbators), personal lubricants, and other related products are sold

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under this brand. The hypothesis is that, if an organ is hypersensitive, an increase rather than a decrease in the intensity and frequency of stimulation should result in habituation. This cases series examines the possible clinical benefit of using device Flip Hole in PE patients in the absence of therapeutic contact and couple collaboration.

In Spain, concretely in the Region of Murcia, we have found studies that use a device masturbation aid as treatment for the PE. The aim of this study was to assess the efficacy of a masturbator aid device for the treatment of patients with PE in an individual format and answer Jan Wise, Watson's study [18] and J.E. Rodríguez, A. López study [19].

2. Material and methods

After several weeks of announcements in press, radio and social networks, we had received 30 requests of participation in the study. After the first interview in which there was applied to them Premature Ejaculation Diagnostic Tool (PEDT), 10 patients were pushed back because they were not fulfilling the criteria (to come at least to a punctuation of 11), to the rest they were called for the second time and I request them a battery of analytical tests, after they are examined the same an autorecord of the estimated intravaginal ejaculatory latency was delivered to him steal (IELT) that they had to refill for two weeks, also the MCMI-III is administered to them and they signed an informed assent.

The inclusion criteria were: participants must be heterosexual males and in a stable monogamous, sexual relationship with a female partner for at least 6 months, must score = 11 in the Premature Ejaculation Diagnostic Tool (PEDT), must have a self-estimated average intravaginal ejaculatory latency time (IELT) of <2 min, must be in good general health with no clinically significant abnormalities as determined by medical history, and clinical lab results.

The exclusion criteria were: to suffer an alteration or mental disorder according to the criteria of the DSM-IV, history of alcohol abuse and dependence, do not to consume medication, drugs of recreative use or alcohol (except for caffeine or nicotine/tobacco).

Spent two weeks there was a third interview in which the averages of the IELT were verified, 20 patients were fulfilling

the criteria established for the IELT, then they completed the Premature Ejaculation Profile (PEP), then, it was time when device Flip Hole is delivered to them (Figure 1) and to high quality lubricant called TENGA hole lotion really, after realizing a demonstration of how it was used, one gave them the following use rules for 6 weeks. "During the next six weeks you will use this devices without partner and at least 5 times per week, in every use you will be at least 5 min masturbating with the lubricated device, if you see that you are going to ejaculate earlier, for and one waits moments until you could continue up to 5 min". In this moment, they signed a new informed assent.

During the following 6 weeks there was maintained contact by e-mail and by phone, at least once for week to verify that the instructions were following and to solve doubts or any incidence with the use of the device.

Spent 6 weeks they were called for another interview, of 20 patients 18 had used the device a minimum of 5 occasions per week and they respected the minimal use times, 2 patients did not come at the interview. Is applied to them again Premature Ejaculation Profile (PEP).

The PEP is a validated self-report questionnaire used to assess the four measures of PE defined by the DSM-IV-TR: satisfaction with sexual intercourse, control over ejaculation, ejaculation-related distress, and interpersonal difficulty. Each measure regarding ejaculation is scored on a 5-point scale.

As a main outcome measure was used the proportion of patients who achieved criteria for clinical benefit. Criteria for clinical benefit were defined as achieving a two-category or greater increase in the change in control over ejaculation and level of satisfaction with intercourse, and a one-category or greater increase in the change in ejaculation-related distress and degree of interpersonal difficulty, at the study end point compared with baseline values [20–22].

3. Results

Of the whole of 20 patients that overcame the first phase only 18 patients completed the study. The median age at the study end point was 27 (range 20–42). Lifelong PE was diagnosed in 18 men (100%). Men who had been in a stable, monogamous, heterosexual relationship with the same partner for at least 6

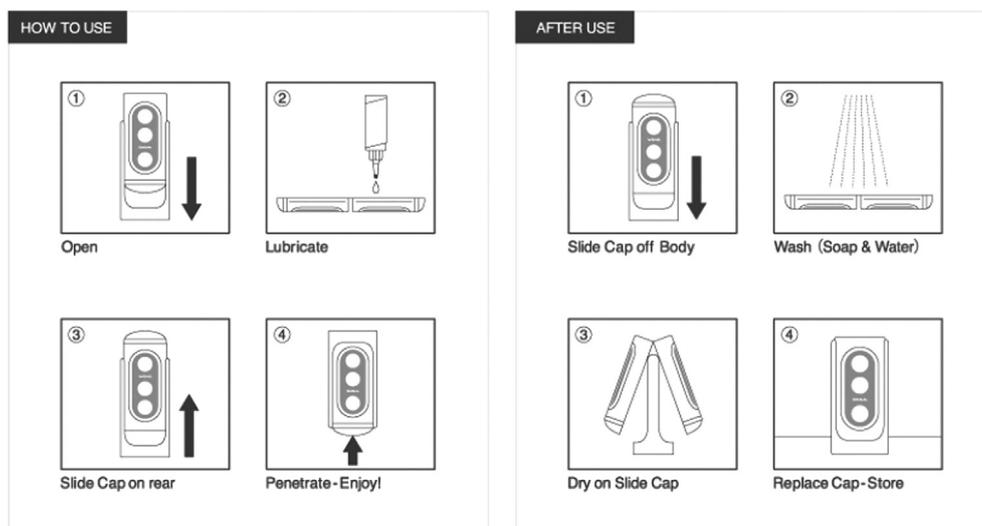


Figure 1. Flip Hole device. Size 85 × 68 × 175 mm/558 g.

The Flip Hole features a hard case with flexible front face and buttons. Inside soft elastomer shapes hypoallergenic.

months represented 100% whereas those married comprised 33.3%. All participants came from Murcia city.

Criteria for clinical benefit were defined as achieving a two-category or greater increase in the change in control and satisfaction and a one-category or greater increase in the change in distress and interpersonal difficulty.

A significantly higher proportion of men met the criteria for clinical benefit with the use of the device, the higher proportion of man who achieved the criteria was in control over ejaculation during sexual intercourse (15, 83%). The proportion of man who achieved the criteria in ejaculation distress and interpersonal difficulty were both 72% (13), and men's lower proportion met criteria was in satisfaction with sexual intercourse (6, 33%). No side effect, no pains was reported associated with use of the device.

4. Discussion

The results of this study of series of cases demonstrate that the ruled use of the device Flip Hole might be used like a treatment of the first effective line of the PE, since it generated a significant increase of the control ejaculatory, and interpersonal distress and reduced clearly the personal ejaculation-related difficulty in the men who used it.

This clear progress might owe to the combination of the physical characteristics of the device Flip Hole associated with the rules of masturbation that the patients continued. Although the theories that PE and hypersensitivity defends association between are in the low hours. The sensitivity of the glans penis, the organ triggering ejaculatory reflex, undoubtedly has an important role in the ejaculatory mechanism. The physical characteristics of the Flip Hole device produces to stimulation of glans penis very intense, continue and with similarities to the vaginal introit, this stimulation you prop it would happen in conditions where the man is not sexual performance anxiety being able to identify better the sensations that precede the orgasm, at the same time we believe that it was possible to generate a desensitization effect in the Nervous System for the use repeated given the intense of the stimulus.

In relation to the treatments of the first line that we arrange the use of this device it presents three big advantages, the first one who does not need the collaboration on the part of the couple, the second one who lacks side effects and the third one that it is not necessary to come to the consultation of a specialist for its use. This device would represent a good therapeutic option for those men without stable couple or who cannot gain access to costly therapies, or are recover to take an ISRS, or the side effects of the same are not tolerated, and especially for this majority group of men who are opposite to coming to the specialist [3].

The device for the treatment of PE described in this article appears like to promising new first line treatment for Premature Ejaculation, with clear advantages on the available treatments up to the date as regards costs, accessibility, facility of use and rapidity in the progress, and it would not have side effects.

The main limitation of the study is the number of cases; it is very small to draw a solid conclusion for such to common sexual problem (PE). Also the lack of control group and long term follow up are limitations of the study since we cannot know how long the progress stays obtained once it stops being used.

The ruled use of the device Flip Hole for 6 weeks has collaborated with a significant increase of the control ejaculatory

as well as to a reduction of the ejaculation-related personal distress levels and interpersonal difficulty for PE in the men who took part in the study. These facts make us consider being the use of the device Flip Hole a possible new treatment of the first for the Premature Ejaculation. To further evaluate the validity of these claims, randomized controlled trials should occur.

Conflict of interest statement

The authors report no conflicts of interest.

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