STUDIES WITH TRIMIX GEL IN MEN WHO FAILED PHOSPHODIESTERASE INHIBITORS
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INTRODUCTION AND OBJECTIVE: Trimix (papaverine, phentolamine and PGE1) has been prepared by compounding pharmacists and used for intracavernous injections. After mixing, the shelf life is limited and refrigeration is recommended. As an alternative, topical Trimix gel seemed more stable and easier to use, but the results were poor due to limited absorption. Recently, we evaluated a new Trimix gel for administration at the urethral meatus. In this report, Erection Hardness Scores (EHS) and penile rigidity studies were recorded after the gel on 42 men with mixed morbidities who failed with PDE5 oral agents.

METHODS: Sixteen men were on anti hypertensive meds, 12 had type II diabetes, 8 had high cholesterol and 6 were post radical prostatectomy. Ten men had co morbidities. Prior to the gel, an (EHS) was recorded for the experience with oral agents. The Trimix active ingredients and 0.3 ml of gel were maintained in separate interlocking syringes at room temperature until the time of use. The final preparation was completed by vigorous mixing between the interlocking syringes. The mixed gel was inserted painlessly into the urethral meatus, and the patient massaged the outer glans for 2 minutes to promote absorption. There was no other form of stimulation. After the gel, an EHS was recorded for each patient. In addition, 9 had measurement of buckling pressures, and 7 had rigiscans.

RESULTS: For all 42 patients (mean age 55.2 yrs) the EHS was recorded as 1 for the oral agents(penis was larger but not hard), 2.5% had rigiscans. 62% continued to inject at a mean follow-up time-point of 22±7 months. Baseline satisfaction domain scores were: intercourse satisfaction 5±2; overall satisfaction 4±2.5 (Total 9±4.5). These scores rose to 12 (p<0.01) and 7 (p<0.05) respectively (total 19±4) after ICI treatment. Pearson correlation coefficient between EF and total satisfaction scores was 0.66. Predictors of satisfaction included: increased patient age, partner age and greater levels of erectile rigidity (see Table)

CONCLUSIONS: One third of men cease injection therapy within 2 years of initiation. The predictors of continued use included older patient age, young partner age, a clinically meaningful increase in IIEF-EF domain score and obtaining a fully rigid erection.

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IMPROVEMENT IN SEXUAL SATISFACTION OF FEMALE PARTNERS OF MEN WITH PREMATURE EJACULATION (PE) TREATED WITH DAPAPOXETINE (DPX)
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INTRODUCTION AND OBJECTIVE: Improving partner satisfaction with sexual intercourse is essential to men with PE, and was evaluated with DPX, a PE treatment in development.

METHODS: Data were from an integrated analysis of 2 US phase III trials (N = 2,814) and a worldwide phase III trial (N = 1,162). These double-blind, parallel-group studies randomized men ≥18 years of age, diagnosed with PE based on the DSM-IV-TR criteria, with intravaginal ejaculatory latency time ≤2 min in ≥75% of intercourse episodes, to receive placebo, DPX 30 mg, or DPX 60 mg, on-demand for 12 wks (US trials) or 24 wks (worldwide trial). In the US trials, partners reported their perception of the man’s control over ejaculation and their own satisfaction with sexual intercourse at Wks 4, 8, and 12 (5-point scales). In the worldwide trial, partners completed the Premature Ejaculation Profile (PEP) at Wks 4, 8, 12, and 24, including measures of their perception of the man’s control over ejaculation and their own satisfaction with sexual intercourse and ejaculation-related personal distress and interpersonal difficulty (5-point scales).

RESULTS: In the US trials, ≥26% of partners reported “good” or “very good” satisfaction with sexual intercourse at baseline, which increased to 39.1% and 47.4% with DPX 30 mg and 60 mg at Wk 12 (vs 25.3% with placebo; P < 0.001 for both); similar improvements were reported in perception of the man’s control over ejaculation. In the worldwide trial, mean scores on all partner PEP measures were significantly (P < 0.05 for all) improved with DPX 30 mg and 60 mg vs placebo at all time points from Wk 4 through Wk 24. At baseline, 16% of partners reported “good” or “very good” satisfaction with sexual