

Highlights of the 8th Congress of the European Society for Sexual Medicine Copenhagen, December 4-7, 2005

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The 8th Congress of the ESSM deals with the different aspects of male and female sexual dysfunction. However, erectile dysfunction and premature ejaculations are the two important topics at this moment.

The influence of the pharmaceutical industry on **erectile dysfunction** is very strong. During satellite symposia, organized by the leading companies in the field of erectile dysfunction, the advantages of each phosphodiesterase-5-inhibitor (PDE5-I) were underlined.

Sildenafil and partner satisfaction was studied. 92% of the women seem happy with their partner's PDE5-I intake. Further, a high dose of sildenafil (100 mg) provides a harder erection, which is an important base for maintaining the erection.

Tadalafil and vardenafil are as effective as sildenafil. Differences are made in the time of onset and duration of the erection. Chronic treatment with Tadalafil 5 or 10 mg seems as effective as the on-demand use. Furthermore, chronic intake has a positive effect on the endothelium of the corpora and the systemic blood vessels. Vardenafil, on the other hand, has the highest sensitivity for the phosphodiesterase – 5 enzymes. In a few patients, erections can still be achieved 8 to 12 hours after an intake of vardenafil.

A strategy for non-responders to PDE5-I was proposed. A non-responder should be re-educated in the first place. The maximal dose, at least 4 attempts and a sexual intercourse at the optimal time interval without distractions are recommended. Switching from one to another PDE5-I is only successful in 5-12%. The following solutions are better:

- treating concomitant diseases as diabetes, hypogonadism, arterial hypertension and lipid imbalance. This turns a non-responder in a responder in most of the cases,
- a daily dose of PDE5-I.

Premature ejaculation (PE) is another hot topic today. The treatment opportunities are both cognitive

therapy and medical therapy. Dapoxetine, a new SSRI, seems well suited for on-demand treatment of PE. Dapoxetine 30 mg and 60 mg increase the intravaginal ejaculatory latency time (IELT) by 3.0-fold and 3.7-fold, respectively.

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