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Premature ejaculation

Ejaculation précoce : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Leisegang 2023

Leisegang K, Opuwari CS, Moichela F, Finelli R. Traditional, Complementary and Alternative Medicines in the Treatment of Ejaculatory Disorders: A Systematic Review. Medicina (Kaunas). 2023 Sep 6;59(9):1607. https://doi.org/10.3390/medicina59091607.

Background and Objectives	Ejaculatory dysfunction (EjD) is a common male sexual disorder that includes premature ejaculation, delayed ejaculation, retrograde ejaculation, and anejaculation. Although psychological and pharmacological treatments are available, traditional, complementary, and alternative medicine (TCAM) is reportedly used. However, the clinical evidence for TCAM in EjD remains unclear. Therefore, this study aims to systematically review human clinical trials investigating the use of TCAM to treat EjD.
Materials and Methods	A systematic review of the literature following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines was conducted by searching Scopus and PubMed databases. Controlled clinical trials investigating a cohort of male patients diagnosed primarily with EjD and undergoing any TCAM intervention compared to any comparison group were included. Quality of the studies was assessed using the Cochrane Risk of Bias tool for randomized controlled trials.
Results	Following article screening, 22 articles were included. Of these, 21 investigated TCAM in premature ejaculation, and only 1 investigated TCAM in retrograde ejaculation. Different TCAM categories included studies that investigated lifestyle, exercise and/or physical activities (n = 7); herbal medicine supplements (n = 5); topical herbal applications (n = 4); **acupuncture or electroacupuncture (n = 3)**; vitamin, mineral and/or nutraceutical supplements (n = 1); hyaluronic acid penile injection (n = 1); and music therapy (n = 1). Only 31.8% (n = 7) of the included studies were found to have a low risk of bias. The available studies were widely heterogenous in the TCAM intervention investigated and comparison groups used. However, the included studies generally showed improved outcomes intra-group and when compared to placebo.
Conclusions	Different TCAM interventions may have an important role particularly in the management of PE. However, more studies using standardized interventions are needed.

1.1.2. Zhang 2023

Zhang H, Colonnello E, Sansone A, Wang F, Guo J, Wang C, Zhang Y, Jannini EA. Acupuncture for premature ejaculation: a systematic review and meta-analysis. Sex Med. 2023 Jun 29;11(3):qfad034. doi

Background	Although acupuncture is widely used to treat premature ejaculation (PE), its effectiveness remains highly controversial.*Aim*: To evaluate the efficacy and safety of acupuncture on PE.
Methods	According to the relevant keywords, 11 major English and Chinese databases were searched for randomized controlled trials (RCTs) of acupuncture alone or in combination with other treatments for PE. The quality of evidence across studies was assessed by the GRADEpro tool. Outcomes: Study outcome measures included the intravaginal ejaculation latency time (IELT), the Premature Ejaculation Diagnostic Tool (PEDT), the Chinese Index of Premature Ejaculation-5 (CIPE-5), treatment success rate, and adverse events.
Results	Seven trials were included in this review for a total of 603 participants. A low quality of evidence suggests that it is not possible to determine whether acupuncture, as compared with a selective serotonin reuptake inhibitor, has an advantage in improving the IELT (standardized mean difference [SMD], -1.75; 95% CI, -6.12 to 2.63; P = .43, I2 = 98%), PEDT scores (SMD, 0.32; 95% CI, -0.68 to 1.32; P = .53, I2 = 85%), and treatment success rate (risk ratio, 0.69; 95% CI, 0.41-1.14; P = .15). However, participants receiving acupuncture had a lower CIPE-5 (SMD, -1.06; 95% CI, -1.68 to -0.44; P < .01). As compared with sham acupuncture, acupuncture significantly improved the IELT (SMD, 1.47; 95% CI, 1.01-1.92; P < .01, I2 = 0%) and PEDT scores (SMD, -1.23; 95% CI, -1.78 to -0.67; P < .01, I2 = 37%). When compared with other treatments alone, a combined treatment with acupuncture can significantly improve the IELT (SMD, 7.06; 95% CI, 2.53-11.59; P < .01, I2 = 97%), CIPE-5 (SMD, 0.84; 95% CI, 0.45-1.22; P < .01, I2 = 0%), and treatment success rate (SMD, 1.60; 95% CI, 1.18-2.16; P < .01, I2 = 53). Clinical implications: The results suggest a significant effect of acupuncture in the treatment of certain important indicators of PE; however, this finding needs to be treated with caution because of the quality of the RCTs included. Strengths and limitations: Comprehensive inclusion of available RCTs has been performed. However, limitations include a low number of studies and a lack of detailed information to allow subgroup analysis.
Conclusions	The present systematic review and meta-analysis show that acupuncture has a significant effect on several subjective PE parameters, such as improving the feeling of control over ejaculation and distress, particularly when used in an integrated way. However, due to the low quality of evidence, acupuncture still needs larger well-designed RCTs to be confirmed.

1.1.3. Cooper 2016

Cooper K, Martyn-St James M, Kaltenthaler E, Dickinson K, Cantrell A, Ren S, Wylie K, Frodsham L, Hood C. Complementary and Alternative Medicine for Management of Premature Ejaculation: A Systematic Review. Sex Med. 2016. [190567].

Objectives	Premature ejaculation (PE) is defined as ejaculation within 1 minute (lifelong PE) or 3 minutes (acquired PE), inability to delay ejaculation, and negative personal consequences. Management includes behavioral and pharmacologic approaches. AIM: To systematically review effectiveness, safety, and robustness of evidence for complementary and alternative medicine in managing PE.

Methods	Nine databases including Medline were searched through September 2015. Randomized controlled trials evaluating complementary and alternative medicine for PE were included. MAIN OUTCOME MEASURES: Studies were included if they reported on intravaginal ejaculatory latency time (IELT) and/or another validated PE measurement. Adverse effects were summarized.
Results	Ten randomized controlled trials were included. **Two assessed acupuncture**, five assessed Chinese herbal medicine, one assessed Ayurvedic herbal medicine, and two assessed topical “severance secret” cream. Risk of bias was unclear in all studies because of unclear allocation concealment or blinding, and only five studies reported stopwatch-measured IELT. Acupuncture slightly increased IELT over placebo in one study (mean difference [MD] = 0.55 minute, P = .001). In another study, Ayurvedic herbal medicine slightly increased IELT over placebo (MD = 0.80 minute, P = .001). Topical severance secret cream increased IELT over placebo in two studies (MD = 8.60 minutes, P < .001), although inclusion criteria were broad (IELT < 3 minutes). Three studies comparing Chinese herbal medicine with selective serotonin reuptake inhibitors (SSRIs) favored SSRIs (MD = 1.01 minutes, P = .02). However, combination treatment with Chinese medicine plus SSRIs improved IELT over SSRIs alone (two studies; MD = 1.92 minutes, P < .00001) and over Chinese medicine alone (two studies; MD = 2.52 minutes, P < .00001). Adverse effects were not consistently assessed but where reported were generally mild.
Conclusions	There is **preliminary evidence for the effectiveness of acupuncture**, Chinese herbal medicine, Ayurvedic herbal medicine, and topical severance secret cream in improving IELT and other outcomes. However, results are based on clinically heterogeneous studies of unclear quality. There are sparse data on adverse effects or potential for drug interactions. Further well-conducted randomized controlled trials would be valuable.

1.1.4. Cooper 2015

Cooper K, Martyn-St James M, Kaltenthaler E, Dickinson K, Cantrell A. Interventions to treat premature ejaculation: a systematic review short report. Health Technol Assess. 2015;19(21):1-180. [178963].

Background	Premature ejaculation (PE) is commonly defined as ejaculation with minimal sexual stimulation before, on or shortly after penetration and before the person wishes it. PE can be either lifelong and present since first sexual experiences (primary), or acquired (secondary), beginning later (Godpodinoff ML. Premature ejaculation: clinical subgroups and etiology. J Sex Marital Ther 1989;15:130-4). Treatments include behavioural and pharmacological interventions.
Objective	To systematically review evidence for clinical effectiveness of behavioural, topical and systemic treatments for PE.
Data sources	The following databases were searched from inception to 6 August 2013 for published and unpublished research evidence: MEDLINE; EMBASE; Cumulative Index to Nursing and Allied Health Literature; The Cochrane Library including the Cochrane Systematic Reviews Database, Cochrane Controlled Trials Register, Database of Abstracts of Reviews of Effects and the Health Technology Assessment database; ISI Web of Science, including Science Citation Index, and the Conference Proceedings Citation Index-Science. The US Food and Drug Administration website and the European Medicines Agency (EMA) website were also searched.
Methods	Randomised controlled trials (RCTs) in adult men with PE were eligible (or non-RCTs in the absence of RCTs). RCT data were extrapolated from review articles when available. The primary outcome was intravaginal ejaculatory latency time (IELT). Data were meta-analysed when possible. Other outcomes included sexual satisfaction, control over ejaculation, relationship satisfaction, self-esteem, quality of life, treatment acceptability and adverse events (Aes).

Results	A total of 103 studies (102 RCTs, 65 from reviews) were included. RCTs were available for all interventions except yoga. The following interventions demonstrated significant improvements ($p < 0.05$) in arithmetic mean difference in IELT compared with placebo: topical anaesthetics - eutectic mixture of local anaesthetics (EMLA(®), AstraZeneca), topical eutectic mixture for PE (Plethora Solutions Ltd) spray; selective serotonin reuptake inhibitors (SSRIs) - citalopram (Cipramil(®), Lundbeck), escitalopram (Cipralex(®), Lundbeck), fluoxetine, paroxetine, sertraline, dapoxetine (Priligy(®), Menarini), 30 mg or 60 mg; serotonin-noradrenaline reuptake inhibitors - duloxetine (Cymbalta(®), Eli Lilly & Co Ltd); tricyclic antidepressants - inhaled clomipramine 4 mg; phosphodiesterase-5 (PDE5) inhibitors - vardenafil (Levitra(®), Bayer), tadalafil (Cialis(®), Eli Lilly & Co Ltd); opioid analgesics - tramadol (Zydol SR(®), Grünenthal). Improvements in sexual satisfaction and other outcomes compared with placebo were evident for SSRIs, PDE5 inhibitors and tramadol. Outcomes for interventions not compared with placebo were as follows: behavioural therapies - improvements over wait list control in IELT and other outcomes, behavioural therapy plus pharmacotherapy better than either therapy alone; alpha blockers - terazosin (Hytrin(®), AMCO) not significantly different to antidepressants in ejaculation control; **acupuncture - improvements over sham acupuncture in IELT, conflicting results for comparisons with SSRIs;** Chinese medicine - improvements over treatment as usual; delay device - improvements in IELT when added to stop-start technique; yoga - improved IELT over baseline, fluoxetine better than yoga. Treatment-related Aes were evident with most pharmacological interventions. Limitations: Although data extraction from reviews was optimised when more than one review reported data for the same RCT, the reliability of the data extraction within these reviews cannot be guaranteed by this assessment report.
Conclusions	Several interventions significantly improved IELT. Many interventions also improved sexual satisfaction and other outcomes. However, assessment of longer-term safety and effectiveness is required to evaluate whether or not initial treatment effects are maintained long term, whether or not dose escalation is required, how soon treatment effects end following treatment cessation and whether or not treatments can be stopped and resumed at a later time. In addition, assessment of the Aes associated with long-term treatment and whether or not different doses have differing AE profiles is required.

1.1.5. Bai 2012

Bai Min, Wang Qiang-Ping. [Effectiveness of acupuncture in treatment of premature ejaculation: A Meta-analysis]. Medical Journal of West China. 2012;2:261-264. [187047].

Objective	To evaluate the efficacy of acupuncture in patients with premature ejaculation.
Methods	We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 4 of 12, Apr 2011), MEDLINE (1998 to April 2011), EMBASE (1998 to April 2011), the Chinese Biomedical Database (CBM) (1998 to April 2011), Chinese National Knowledge Infrastructure (CNKI) (1998 to 2010) and WanFang Database (1998 to April 2011), and We manually searched the relevant journals. All the RCTs confirmed to treat premature ejaculation with acupuncture and other methods were enrolled. The Cochrane Collaboration’s software RevMan 5. 1 was used for meta-analysis.

Results	A total of **4 RCTs involving 411 patients** with premature ejaculation were included. The results of meta-analysis showed that: ① The effective rate of acupuncture plus herbs was higher than herbs alone in treatment of premature ejaculation, but without statistically difference (P=0. 06); ② One study demonstrated that the effective rate of acupuncture was significantly higher than paroxetine, however, two studies found that the two methods had no difference in improving sexual function between two groups (Meta-analysis could not be conducted due to the missing data). ③One study conformed than acupuncture was more effective than sham-acupuncture (P<0. 05).
Conclusion	**The present study showed that acupuncture was effective in treatment of premature ejaculation**. Multi-factors which lead to bias affected the authenticity of our review, such as few-studies, low-quality and difference between outcome estimating, so further large-scale trials are required.

1.2. Special Acupuncture Techniques

1.2.1. Electroacupuncture

1.2.1.1. Tahmasbi 2025

Tahmasbi F, Rahimi-Mamaghani A, Soleimanzadeh F, Sedigh O, Sanaie S, Mohammad-Rahimi M. Peripheral electrical stimulation for premature ejaculation: a systematic review of clinical studies. Ther Adv Urol. 2025 Sep 28;17:17562872251382317. https://doi.org/10.1177/17562872251382317

Background	Premature ejaculation (PE) is a common sexual disorder characterized by a lack of voluntary control over ejaculation. Current treatments often fail to produce consistently satisfactory outcomes. Peripheral electrical stimulation (PES) is an emerging neuromodulation technique that applies electrical currents to targeted body areas and has shown promise across various conditions.
Objectives	Although the use of PES for PE is relatively underexplored, this study aimed to synthesize existing research to better understand its potential as a treatment option.
Design	Systematic review.
Methods	A systematic search was conducted in PubMed, Embase, Scopus, Web of Science, and Google Scholar using relevant keywords. Studies were included if they investigated PES as a treatment for PE and reported outcomes such as intravaginal ejaculatory latency time (IELT) or other clinical measures.
Results	Ten studies met the eligibility criteria. Due to the limited number and heterogeneity of studies, a meta-analysis was not feasible, and a narrative synthesis was performed. Stimulation was applied transcutaneously in various ways, **including at acupuncture points**, the dorsal penile nerve, and the posterior tibial nerve. Protocols varied considerably, though commonly reported parameters included a pulse frequency of 20 Hz and a pulse width of 200 µs, typically administered in 30-min sessions. Some studies lacked detailed descriptions of stimulation settings. Overall, the studies demonstrated a positive trend in favor of PES for prolonging IELT, and no consistent or significant adverse events were reported.
Conclusion	The findings suggest that PES may be a promising adjunctive therapy for men with PE by prolonging IELT. Further high-quality research using validated patient-reported outcomes is needed to clarify the impact of PES on perceived ejaculatory control and sexual satisfaction.

2. Recommandation de bonne pratique

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation, (or lack of evidence)

2.1. European Association of Urology (EAU, Europe) 2024 Ø

EAU Guidelines on Sexual and Reproductive Health. European Association of Urology . 2024. https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Sexual-and-Reproductive-Health-2024_2024-05-23-101205_nmbi.pdf

The role of other proposed treatment modalities for the treatment of PE, such as penis-root masturbation, vibrator-assisted start-stop exercises, transcutaneous functional electric stimulation, transcutaneous posterior tibial nerve stimulation, **acupuncture** and practising yoga need more evidence to be considered in the clinical setting.

2.2. European Association of Urology (EAU) 2019

Male Sexual Dysfunction. European Association of Urology. 2019. 196861

Some authors compared the efficacy of acupuncture and dapoxetine for the treatment of PE [407]. Although the authors demonstrated that acupuncture had a significant ejaculation-delaying effect, this was less effective compared with that of dapoxetine.

2.3. International Society for Sexual Medicine (ISSM) 2014

Althof SE, McMahon CG, Waldinger MD, Serefoglu EC, Shindel AW, Adaikan PG et al. An update of the International Society of Sexual Medicine's guidelines for the diagnosis and treatment of premature ejaculation (PE). J Sex Med. 2014;11(6):1392-422. [168740].

There are limited positive data regarding the effectiveness of acupuncture therapy. (LOE 3b)