

13<sup>th</sup> Congress of the European Federation of Sexology  
Dubrovnik, 25-28<sup>th</sup> May 2016

# A study evaluating the effectiveness of bibliotherapy for premature ejaculation (BibliothEP)

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# Treating Premature Ejaculation (PE)

## Clinical Trials

### Sex therapy

- *Demonstrated effectiveness* (Cormio et al., 2015; De Carufel & Trudel, 2006; De Sutter et al., 2002; Kempeneers et al., 2014; Jern, 2013; Melnik et al., 2009, 2011; Saint Lawrence & Madakasira, 1992; Rowland, 2011)
- *Limitations*: few controlled studies, relative complexity of the treatments, lack of theoretical clarity, require substantial personal and financial input on the patient's part.

### Drug treatments (e.g. SSRIs – Dapoxetine)

- *Efficacy demonstrated* by numerous controlled studies (Althof et al., 2010; McMahon et al., 2011; Porst, 2011)
- *Limitations*: Delaying ≠ controlling ejaculation, purely symptomatic action, possible unwanted side effects

# Treating PE in Real Life

## What Surveys Say

- PE is a very common complaint, but only *a small proportion of men suffering from it seek professional help* (Levinson, 2008; Porst et al., 2007)
- On the other hand, men suffering from PE are likely to gather *written or online information* about the problem, and they attempt a number of *self-help interventions* themselves, often with limited SUCCESS (Porst, 2012)
- Even in case of meeting with a professional, the latter is *infrequently a specialist in sexual health* (Kempeneers et al., 2013; Levinson, 2008; Porst et al., 2007)
- Professional meeting often *does not lead to a satisfying outcomes* (Perelman, 2006; Porst et al., 2007).

➤ PE is a common problem, but insufficiently treated

# Treating PE in Real Life

## What Surveys Say

PE is a common problem, but insufficiently treated

Possible reasons

- Feeling uncomfortable talking about the issue (Porst et al., 2007; Rowland, 2011; Symonds et al., 2003)
- Lack of awareness in the general population about effective treatments for PE (Ibid.)
- Treatments limitations
  - *Sex therapy* can be a complex intervention and requires a specialist practitioner. In several countries, this form of treatment is not reimbursed by social security. This intervention requires substantial input on the patient's part, often at significant financial cost, for results that are not guaranteed.
  - *Pharmacological interventions* can be effective in prolonging sexual intercourse, but delaying ejaculation is not the same as controlling it: penetration duration might remain too short... or become too long. Thus, sexual satisfaction is not always optimised. Moreover the pharmacological agents can sometimes have undesirable side effects.

**A challenge :**

- How to improve the affordability of efficient treatments ?
- How to improve the effectiveness of first-line interventions ?

➤ [BibliothEP study](#)

# BibliothEP study (Bibliotherapy for PE)

Aim: to develop an intervention for PE that would be simple, effective, affordable and easy to access, safe, and possibly to be used without professional guidance, or at least, without support from a specialist in sex therapy.



## Steps

- *Hypothesis I*: sex therapy for PE could be simplified by reducing it to some main active ingredients. (Kempeneers, Bauwens & De Sutter, *RFCCC*, 2004)
- *Hypothesis II*: This simplified model of treatment could be efficiently presented in a concise self-help manual (< 16,500 words in French, see cover above). (Kempeneers, Bauwens & Andrienne, *De Boeck*, 2015)
  - **BibliothEP-1**: bibliotherapy vs. waiting-list (Kempeneers et al., *JSM*, 2012)
- *Hypothesis III*: The bibliotherapy could be optimized as a first-line treatment with brief support from a professional not specialized in sex therapy but specifically trained (5-hour training module) to facilitate the self-help process (e.g. by providing further information, providing motivational support, helping patients to adapt the material to their own situation and demonstrating some exercises).
  - **BibliothEP-2**: assisted bibliotherapy vs. bibliotherapy alone (Kempeneers et al., submitted)

# Fighting against Premature Ejaculation (Practical Guide)

Kempeneers, Bauwens, & Andrianne (2015)

## CONTENTS



### INTRODUCTION

#### I. DEFINITION

1. A subjective landmark: the person's wish
2. Minimal stimulation of the penis
3. Frequency of the difficulty
4. Frequency of sexual activities with ejaculations
5. Newness of the sexual experience, newness of the partner

Conclusion: the « official definition »

#### II. THE CAUSES OF PREMATURE EJACULATION

##### Preamble

1. In general
2. Special cases
3. In detail
  - 3.1. *Nature factor*
  - 3.2. *Culture factor*

#### III. A TWO-STAGES BEHAVIOURAL TREATMENT

1. To look at the coitus in perspective and to enlarge the range of erotic behaviours
2. To thwart the reflexes contributing to a rapid growth of excitation
  - 2.1. *Masturbation "fixed wrist – mobile body"*
  - 2.2. *"Abdominal" respiration*
  - 2.3. *To synchronize the breathing with the copulating movement*
  - 2.4. *To have breaks*
  - 2.5. *Application in coital situations*
  - 2.6. *In the end*

#### VI. EPILOGUE

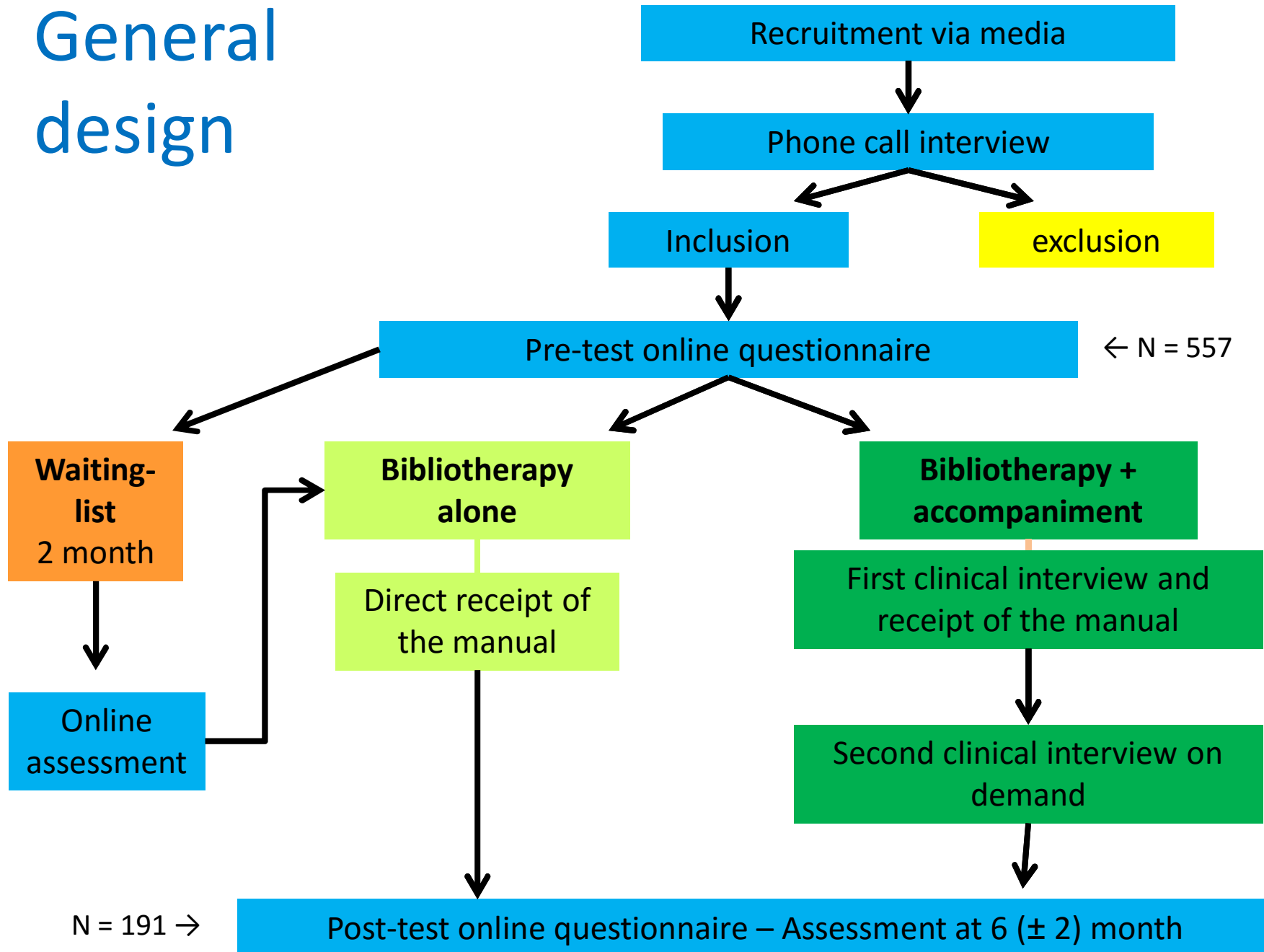
1. The advantages of the booklet
2. Its limits
3. Do efficacious medications for premature ejaculation exist?

#### GLOSSARY

#### FOR FURTHER READING

#### USEFUL ADDRESSES

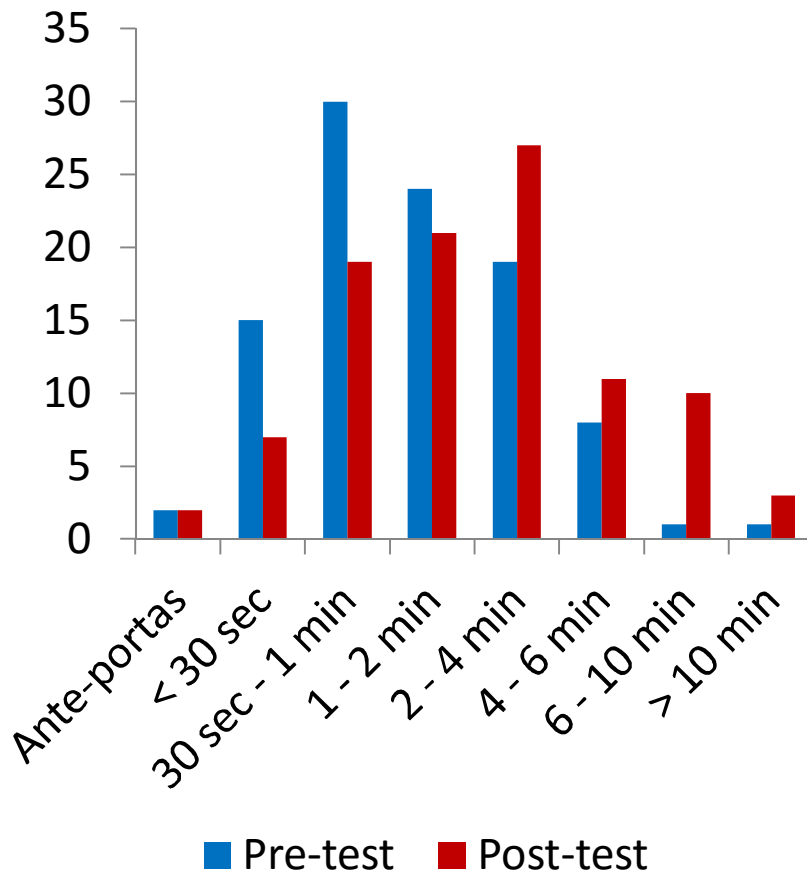
# General design



# Clinical Results: *Perceived latency time*

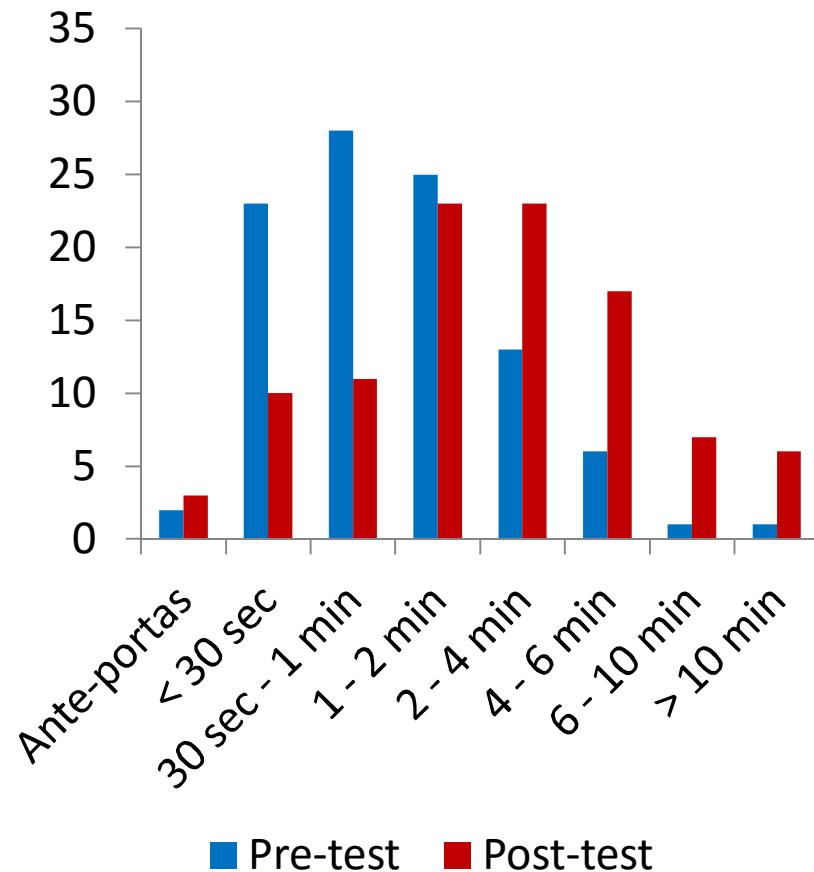
## BibliothEP-1 (N = 120)

- Outcome significantly different from baseline at  $p < .001$  either at 6 and 12 month F-up
- No significant change in waiting-list condition



## BibliothEP-2 (N = 71)

- Outcome significantly different from baseline at  $p < .001$
- No significant difference between conditions (bibliotherapy + accompaniment vs. bibliotherapy alone)

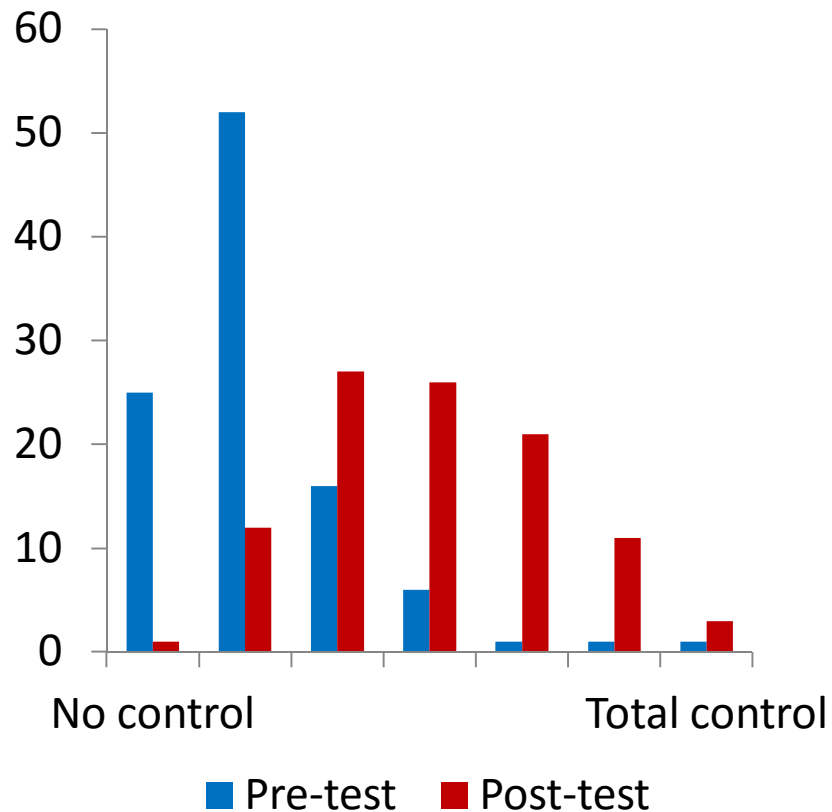




# Clinical Results: *Control*

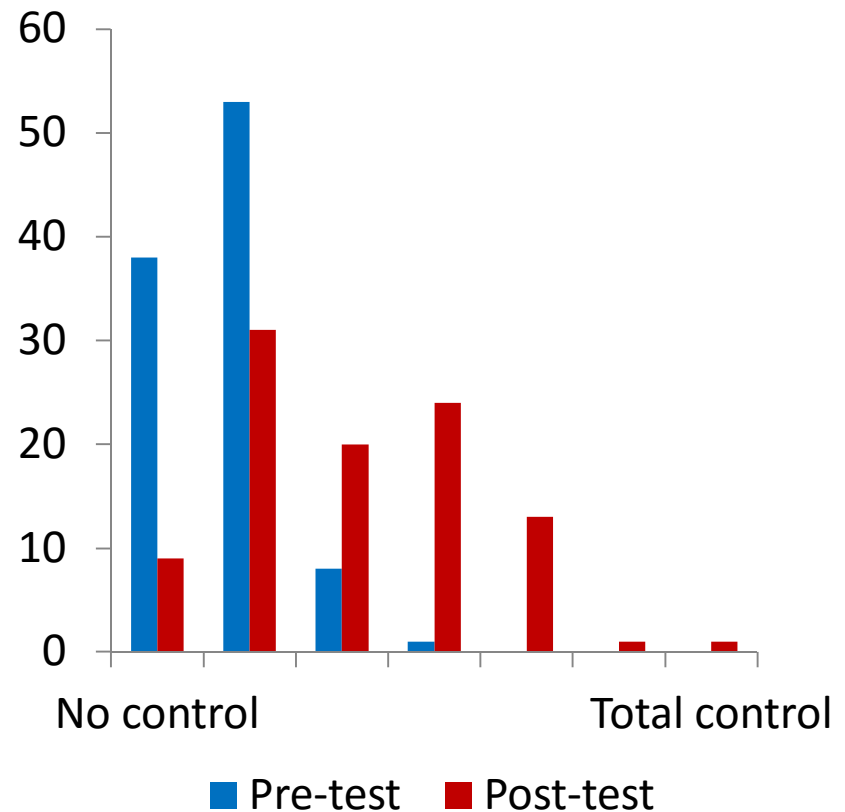
## BibliothEP-1 (N = 120)

- Outcome significantly different from baseline at  $p < .001$  either at 6 and 12 month F-up
- Waiting-list condition (2 month) different from baseline at  $p < .05$



## BibliothEP-2 (N = 71)

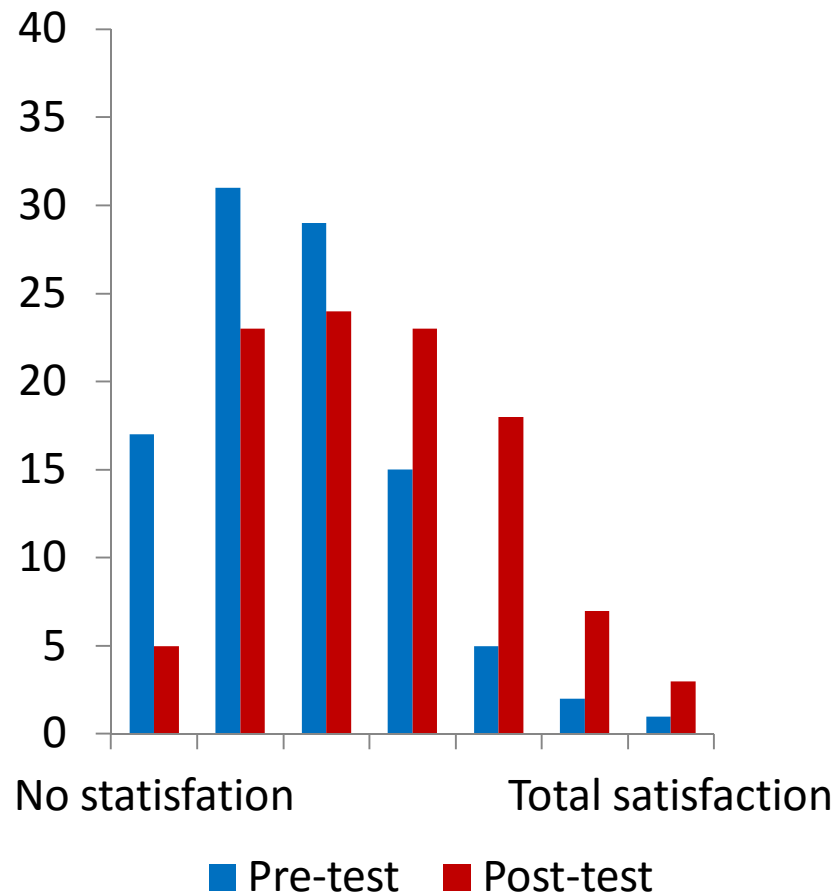
- Outcome significantly different from baseline at  $p < .001$
- No significant difference between conditions (bibliotherapy + accompaniment vs. bibliotherapy alone)



# Clinical Results: *Sexual Satisfaction*

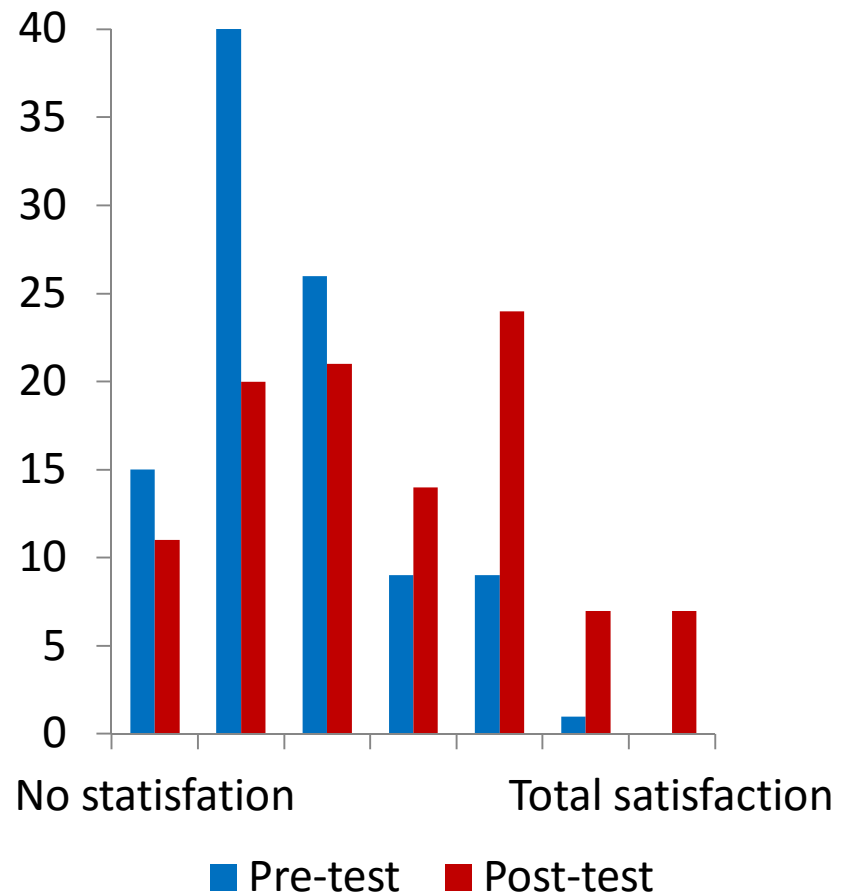
## BibliothEP-1 (N = 120)

- Outcome significantly different from baseline at  $p < .001$  either at 6 and 12 month F-up
- No significant change in waiting-list condition



## BibliothEP-2 (N = 71)

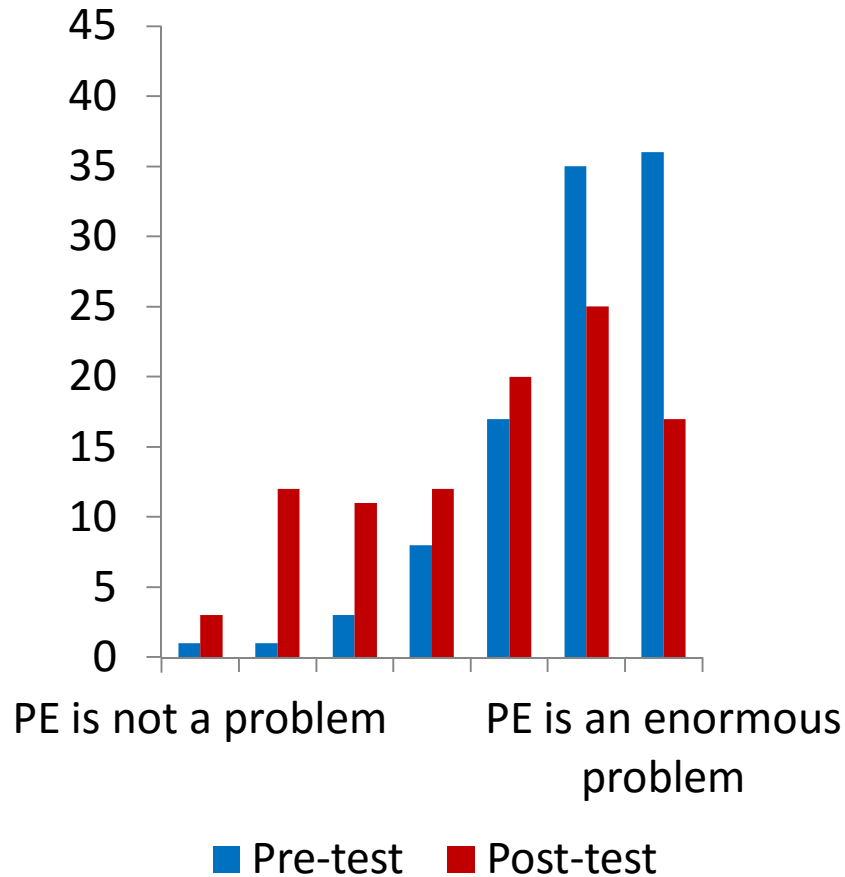
- Outcome significantly different from baseline at  $p < .001$
- No significant difference between conditions (bibliotherapy + accompaniment vs. bibliotherapy alone)



# Clinical Results: *Distress*

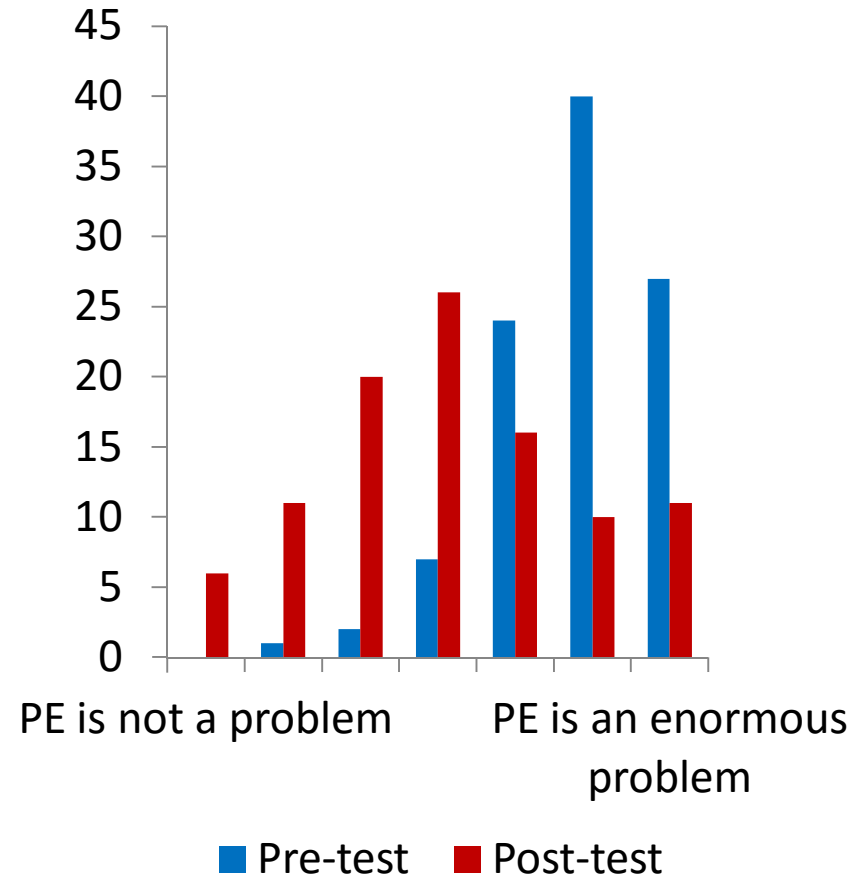
## BibliothEP-1 (N = 120)

- Outcome significantly different from baseline at  $p < .001$  either at 6 and 12 month F-up
- No significant change in waiting-list condition



## BibliothEP-2 (N = 71)

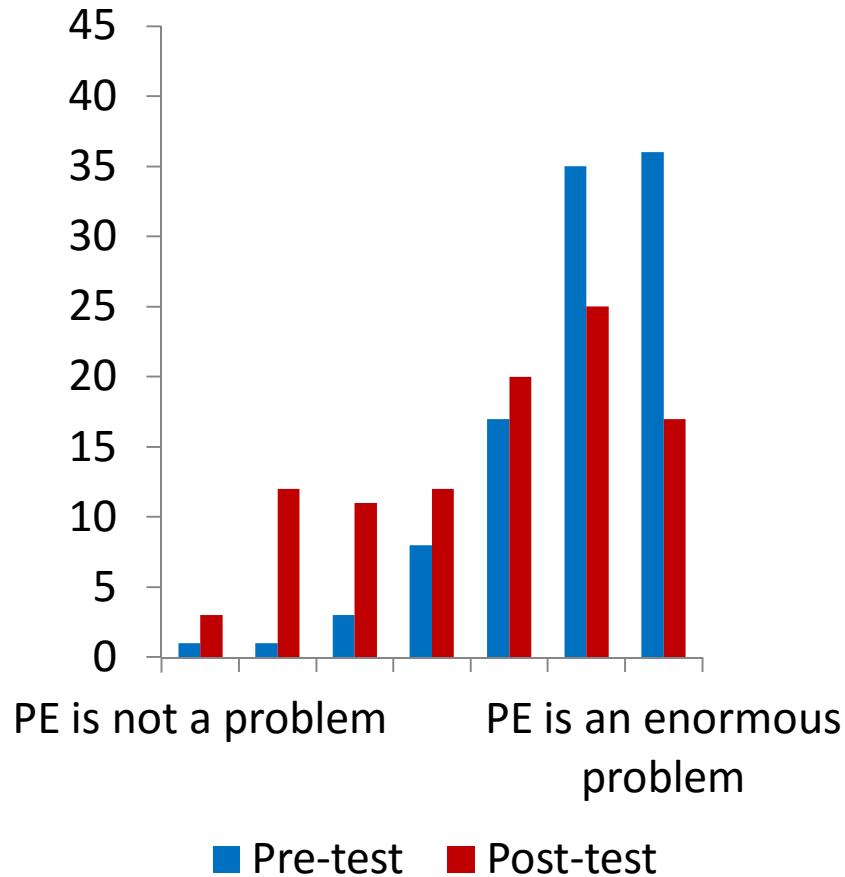
- Outcome significantly different from baseline at  $p < .001$
- More important change in bibliotherapy + accompaniment than in bibliotherapy alone condition at  $p < .05$



# Clinical Results: *Distress*

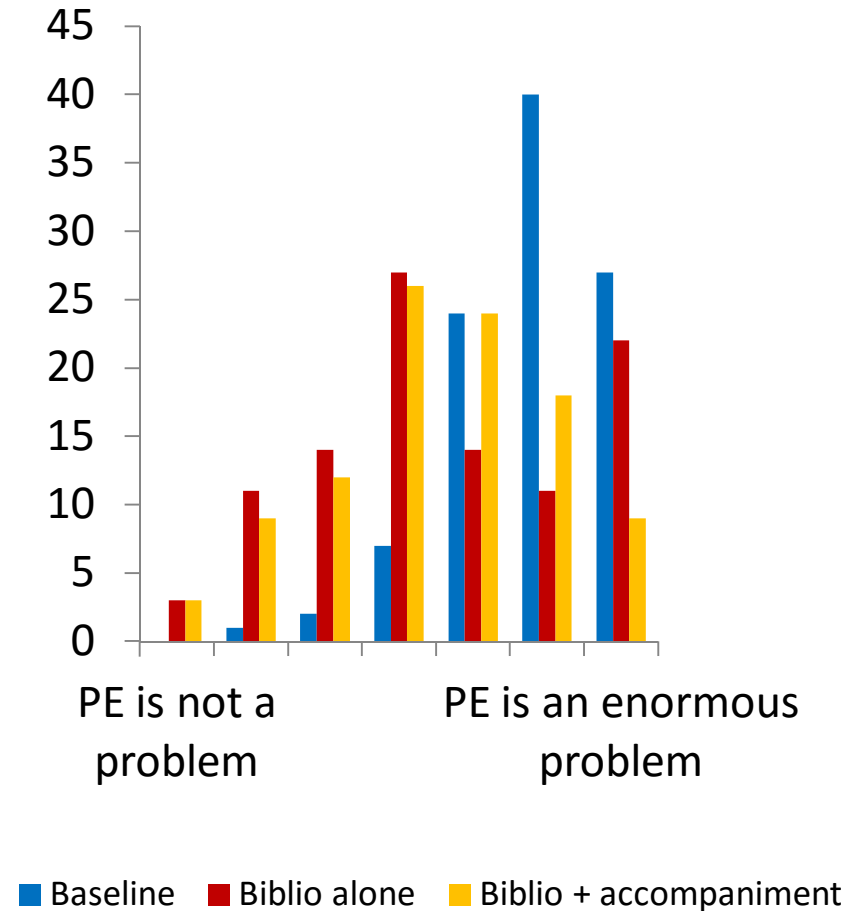
## BibliothEP-1 (N = 120)

- Outcome significantly different from baseline at  $p < .001$  either at 6 and 12 month F-up
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## BibliothEP-2 (N = 71)

- Outcome significantly different from baseline at  $p < .001$
- More important change in bibliotherapy + accompaniment than in bibliotherapy alone condition at  $p < .05$



# Dysfunctional sexual cognitions

(Sexual Irrationality Questionnaire)

	<b>Pre-test</b>	<b>Post-test</b>
<b>BibliothEP-1</b>	108 (13.3)	<b>99*</b> (14.6)
<b>BibliothEP-2</b>	106 (12.54)	<b>99*</b> (17.15)

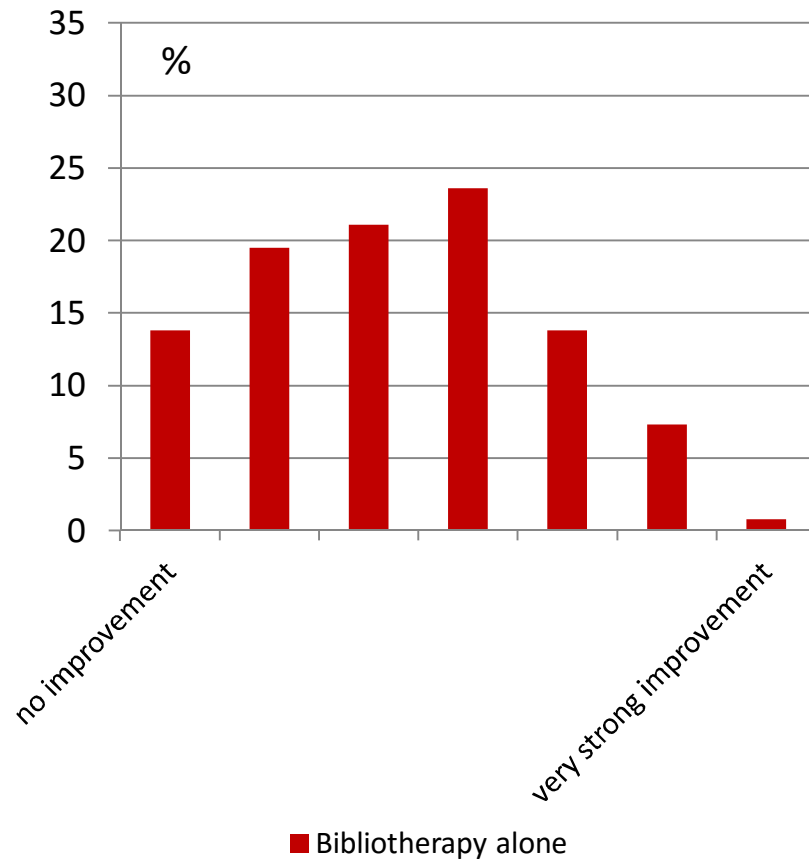
\* Significant at .001

The sexual improvement appeared to be accompanied by a better adjustment of sexual cognitions

# Feeling of improvement

## BibliothEP-1

➤ 86% at least « slightly improved »

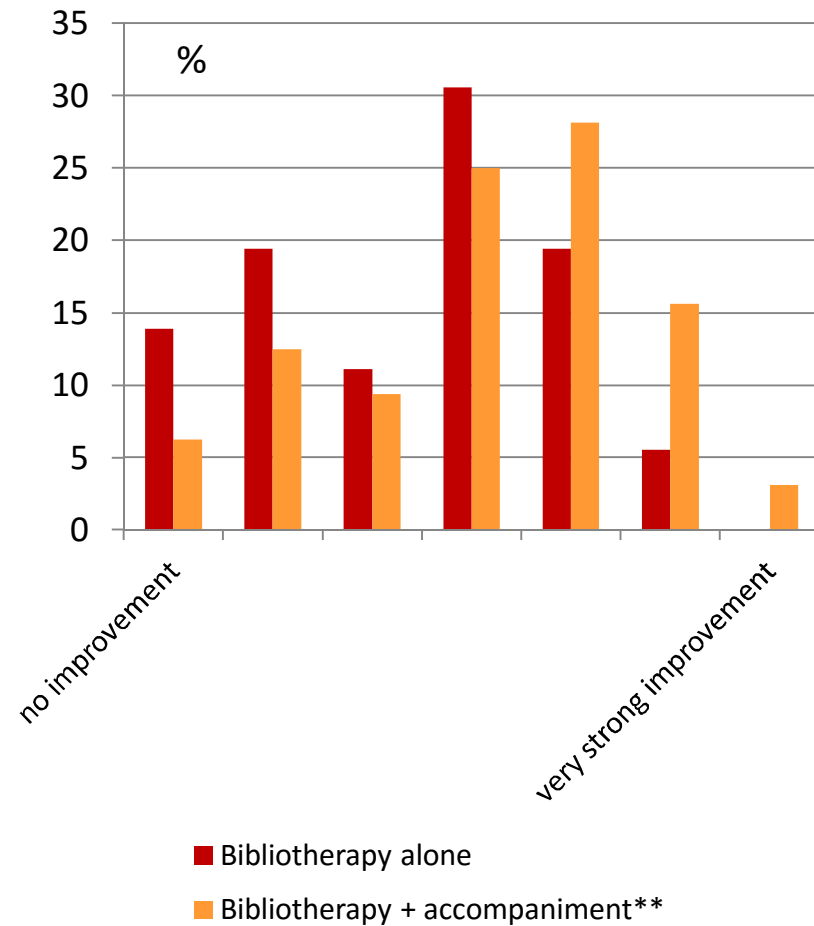


## BibliothEP-2

➤ Bibliotherapy alone : 86% at least « slightly improved »

➤ Bibliotherapy + accompagnement : 94% at least « slightly improved »

\*\* conditions different at  $p < .05$



# Conclusions and prospects (1)

- Bibliotherapy produces significant improvements in PE problems
- Mainly if the PE is of moderate severity, but this is not exclusive
- The indication for bibliotherapy cannot be determined on the basis of a specific profile (e.g. lifelong, acquired, subjective, severe or less severe forms of PE)
- Behavioural and cognitive factors targeted in the bibliotherapy appear to be involved in several forms of PE.
- Limitations: a possible recruitment bias and important dropout rates (50-70%) question the generality of the results.
- The cost/benefit ratio of the bibliotherapy makes it an ideal tool as a first-line intervention
- Some clinical pictures have complexities that exceed the therapeutic capacities of the bibliotherapy.
- To some extent, additional therapist support can facilitate the assimilation of bibliotherapy and thus enhance the treatment effect. However, the benefit of such an accompaniment remains statistically modest.
  - Improving the outcome by increasing the amount of therapist support?
  - Ceiling effect?

## Conclusions and prospects (2)

- Future research is needed to compare the relative effectiveness of bibliotherapy with pharmacotherapy and combined treatments.
- However, bibliotherapy could compete with pharmacotherapy to become the first-line intervention in severe forms of PE



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