

THE ROLE OF (SILDENAFIL)DRUG IN THE MANAGEMENT OF WEDDING NIGHT IMPOTENCE

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Abstract

Background and Aims: Wedding night impotence or first night erectile dysfunction (ED) is one kind of psychogenic ED which is not uncommon. Prevalence of this kind of ED is higher in conservative communities especially the Muslim population. The study aims to assess the role of Sildenafil, a phosphodiesterase inhibitor (PDE-5) in the management of wedding night (psychogenic) impotence.

Methods:The study was conducted at private clinic. All patients having erectile dysfunction (ED) after marriage with normal nocturnal erections were enrolled in this prospective study for two years(2008-2009). They were visiting private clinic either directly or referred from dermatologist colleague in Nassirya city. Reassurance & Sildenafil 100 mg at bed time was given to every patient and dose reduced to 50 mg after 3 successful intercourses. Patients who did not respond to PDE-5 inhibitor (3 doses), were given sex therapy(Master and Johnson technique)and shifted to. Sildenafil after successful intercourse.

Results: Total number of patients was 45 with age range of 20-39 years. Mean duration elapsed before seeking medical advice was 10±14 days. Eighty percent patients had successful intercourse on first dose of Sildenafil with 95% confidence interval (CI) and 13% patients responded to 2nd dose of Sildenafil. Twelve percent patients suffered mild, well tolerable complications.

Conclusions: Wedding night impotence is not an uncommon condition in some special population. Sildenafil proved to be effective, with high success rate and few tolerable complications.

Keywords: wedding night Impotence, Erectile Dysfunction, Sildenafil.

Introduction

To achieve a normal erection, adequate function of four organ systems must be present. These are vascular, neural, psychogenic and endocrine system. Erectile dysfunction (ED)/impotence is a common problem that affects 10-15% of adult men (1, 2). ED is either organic or psychogenic (3). Psychogenic ED is defined as persistent inability to achieve and or maintain an erection satisfactory for sexual performance predominantly or exclusively to psychological or interpersonal factors (4). Wedding night impotence or first night ED is one kind of psychogenic ED which is not uncommon. Prevalence of this kind of ED

is higher in conservative communities like Middle East, Fareast and especially the Muslim population (5). 10-15% of patients, who suffer ED, are of honeymoon impotence. As a form of psychogenic ED, first night failure in most instances is due to performance anxiety setting the vicious circle of fear and failure (6). These males not only fear embracement with their wives but also possible humiliation with the bride's family (7). anti-anxiety medications are various types of treatment modalities for this first night ED, with variable success (8, 9). Sex therapy requires a level of understanding, cognitive ability to conceptualize the problem and

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challenge its basis. The central acceptance of joint couple therapy, which is the mainstay of sex therapy, is greatly compromised in our population and for many in developing Muslim world.

A prospective study was planned to evaluate the first night impotence and role of PDE-5 inhibitor (Sildenafil) in its management with the objectives of evaluating the efficacy and safety of PDE-5 inhibitor (Sildenafil) in the management of wedding night impotence.

Methods: The study was conducted at private clinic. All patients having erectile dysfunction (ED) after marriage with normal nocturnal erections were enrolled in this prospective study for two years (2008-2009). They were visiting private clinic either directly or referred from dermatologist colleague in Nassirya city. Reassurance & Sildenafil 100 mg at bed time was given to every patient and dose reduced to 50 mg after 3 successful intercourses. Patients who did not respond to PDE-5 inhibitor (3 doses), were given sex therapy (Master and Johnson technique) and shifted to Sildenafil after successful intercourse. Follow-up of patients was carried out by regular program of visits or through telephone contact to reveal the result of treatment.

Exclusion Criteria: Patients reporting no spontaneous night time erections for more than 3 months, penile anatomical defects, major psychiatric disorders, history of chronic alcohol intake or other substances abuse, poorly controlled Diabetic Mellitus (DM), hepatic or renal insufficiency, premature ejaculation (primary) or other sex problems, and having any contraindication for sex, were excluded from the study. All patients were subjected to history of previous marriage or sexual intercourse, trauma to penis or genitalia, erection status before marriage, history of psychogenic trauma or illness and general debilitating disease or drug intake. Physical examination of patient with special emphasis on external genitalia and hair distribution in face, beard and suprapubic area was performed. All patients were reassured and oral PDE-5

inhibitor, Sildenafil 100 mg at night was given. Dose of Sildenafil, was reduced to 50 mg after 3 successful intercourses. Those patients who did not respond to Sildenafil sex therapy (Master and Johnson technique) were used and after two successful intercourse were shifted to Sildenafil. Success or failure was recorded along with any Unwanted effect like headache, palpitation, myalgia, backache, dyspepsia, hematoma. Data were tabulated and analysed by applying Z-test and confidence interval (CI) were given.

Results

Total number of patients was 45. Mean age of patients was 27 (\pm 4) years with a range of 20 years to 39 years. Majority of patients (82%) were in the age range of 20-30 years.

Mean duration elapsed before seeking medical advice was 10 (\pm 14) days with a range

1-75 days (Table 1). Fifty three percent patients belonged to urban area and 46% to rural area. Five patients (11%) were very strict and over religious. These patients were in the habit of avoiding Television, Cinema and audiovisual media. Strangely enough, although majority (n=43) patients have ED in their first marriage, 2 patients suffered wedding night ED in their 2nd marriage with normal past sexual history. Thirty six (80%) passed obstacle on taking first dose of Sildenafil, with 95% CI (0.683, 0.917) (Table 2). Six patients performed satisfactory intercourse on 2nd dose with 95% CI (0.359, 0.975). Sex therapy were given for 3 patients and after satisfactory intercourse were shifted to Sildenafil. Twelve percent complained of complications which were mild and well tolerable. These were headache, palpitation, myalgia and backache.

Discussion

Wedding night impotence is common problem of conservative developing world communities (5, 6). Actually most western newlyweds have little to fear, because their

first sexual encounter is probably. the wedding night impotence is apparently common among males who are less expert in sex practice . The religious and cultural traditions of conservative societies discourage sex before marriage (5). Virginity until marriage is still a matter of honor on part of the bride and groom. Most couples expect to have their first sexual experience on their, wedding night. Although this makes their wedding night a special memorable event, but this causes heavy psychological stress on both parties. Males at their failure not only fear embarrassment with their wives but also possible humiliation with bride's family. The cultural acceptance of couple therapy, the mainstay of sex therapy treatment is greatly compromised in our population like other Muslim communities of the East. however people started to accept sex therapy some body doesnot wants to hear that he is psychogenic and problem is psychological. If physician tell them this way, they will run not walk to another physician to find out "what is wrong actually". In Iraq like other Muslim conservative countries men, who get married for the first time, are exposed to marked stress and severe anxiety due to fear of sexual failure. There are several reasons; firstly their wives have intact hymen. Secondly society wants them to have sexual intercourse as early as possible mostly on the first or second day. Thirdly sexual education is deficient. Reassurance and use of PDE-5 inhibitor (Sildenafil) proved in our study to be very effective in the management of wedding night impotence like other studies in the various Muslim communities of the East (11, 12). Sildenafil citrate a PDE type-5 inhibitor is an effective and well tolerable oral erectogenic medication. Its mechanism of action is mediated via cyclic guanosine monophosphate (cGMP), the 2nd

messenger that mediates smooth muscle relaxation in response to nitric oxide release by nitrergic nerve endings and endothelial cells (13). Age range in our study was 20-39 years with a mean of 27 (± 4) years. This is comparable to another study from Jedah Saudi Arabia which reported mean age of 27 years (14). Prevalence of this problem is also reported to be similar as in other studies (14, 15). Mean duration elapsed before seeking medical advice in our study was 10 (± 14) days with a range of 1-75 days. This period is shorter than reported in another study (15). Oral PDE-5 inhibitor (Sildenafil) was successful in 93% patients as compared to 77% reported in another study (14). Adverse events like headache, myalgia, palpitation and backache are also comparable to other series (14, 15). The occurrence of this problem is 2nd or 3rd marriage denote that it is not mare a matter of experience but multifactorial. Anxiety of performance is not only met with one's first partner but also can be a random failure at any other occasions setting vicious circle of fear & failure. In our small series 2 (4.45%) men failed in their 2nd marriage.

Conclusions

First night ED is not an uncommon condition in some special population. PDE-5 inhibitor, Sildenafil is highly effective and safe treatment for this condition, with ease of administration, rapidity of response, long duration of action, high success rate and with mild tolerable complication.

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TABES

Table1.Duration elapsed before getting medical treatment(days)

sr percentage	No.of days	No.of patients
1 53.3	1-5	24
2 20.0	6-10	9
3 15.6	11-20	7
4 6.7	21-30	3
5 4.4	31-75	2

Table2.success of (sildenafil)

P value	Frequency	95%CI*
Success of first dose <0.001	36	(0.654,0.904)
Success of second dose 0.508	6	(0.299,0.925)
Failure after second dose ---	3	----
And success with sex therapy		
Total	45	

*CI,confidence Interval, based on exact binomial distribution

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دور عقار ال(سيلدينافيل) في علاج عنة ليلة الزفاف

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الملخص:

الخلفية والاهداف:

عنة ليلة الزفاف او فشل الانتصاب في الليله الاولى من الزواج هو احد انواع العنة النفسية و التي لم تكن غير شائعة الحدوث.معدل انتشارها يكون عالياً في المجتمعات المحافظه و خصوصاً الشعوب الإسلاميه. تهدف الدراسة إلى تقييم مدى تأثير علاج السيلدينافيل(مثبط فوسفوليبيد داي أستريز) في علاج عنة ليلة الزفاف (العنة النفسية)

الطرق:

تم شمول جميع المرضى المصابين بفشل الانتصاب بعد الزواج والذين لديهم انتصاب ليلي طبيعي. في هذه الدراسة التمهيدية التي استمرت لمدته سنتين(٢٠٠٨-٢٠٠٩).لمن راجعوا وأحيلو الى العيادة الخاصة.

تمت طمأنت كل مريض وإعطائه ١٠٠ ملغم من السيلدينافيل خلال وقت النوم.كما خُفضت الجرعة إلى ٥٠ ملغم بعد(٣)جماعات جنسيه ناجحة.

أما المرضى الذين لم يستجيبو إلى السيلدينافيل تم التعامل معهم بالعلاج النفسي الجنسي(تقنية ماستر وجونسون).ثم تم تحويلهم إلى السيلدينافيل بنجاح

النتائج:

العدد الكلي للمرضى هو ٤٥ مريض تتراوح أعمارهم بين ٢٠-٣٩ سنة. معدل الفترة السابقة للاستشاره الطبية كانت تتراوح بين ١٠±٤ ايووم. ثمانون بالمئة من المرضى تمكنوا من أداء جماع جنسي ناجح خلال الجرعة الأولى من السيلدينافيل بمقدار ٩٥% ائتمان إحصائي و١٣% من المرضى أستجابو للجرعة الثانية من السيلدينافيل، ١٢% من المرضى عانو من مضاعفات علاجيه بسيطة قابله للتحمل.

الاستنتاج:

عنة ليلة الزفاف حاله ليست بقليلة الشيع لدى بعض الشعوب لاسيما المحافظه منهما. أثبت علاج السيلدينافيل فعاليه مع معدل نجاح عالي ومضاعفات بسيطة.

* أخصائي طب نفسي(بور د طب نفسي) كلية الطب-جامعة ذي قار