Vardenafil Better Choice for Premature Ejaculation

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SAN ANTONIO — Vardenafil improved premature ejaculation more than sertraline, Frank Sommer, M.D., reported at the annual meeting of the American Urological Association.

Both vardenafil (Levitra), a phosphodiesterase-5 inhibitor, and sertraline (Zoloft), a selective serotonin reuptake inhibitor, resulted in significant improvements in several measures of premature ejaculation (PE) over baseline, but vardenafil proved significantly better than sertraline on all measures.

The relatively small, crossover study involved 34 heterosexual men who reported PE more than half the time and who had intravaginal ejaculatory latency times (IVELT) of less than 1.5 minutes at baseline.

PE was the primary complaint in 8 (24%) of the men and was secondary (in most cases to erectile dysfunction) in the remaining 26 men (77%).

After a 4-week run-in period, 17 men were given 10-mg vardenafil 10 minutes before intercourse for 6 weeks. The other 17 received 50 mg of sertraline 4 hours before intercourse.

After a 1-week washout period, the men who had been receiving sertraline switched to vardenafil and vice versa for an additional 6 weeks.

On a self-rating scale of 0-8, where 0 means PE almost never, 4 means PE about half the time, and 8 means PE almost always, the mean score was 6.14 at baseline, 4.28 with sertraline, and 3.2 with vardenafil.

IVELT, as measured by a stopwatch, averaged 0.54 minutes at baseline, 2.87 minutes with sertraline, and 5.23 minutes with vardenafil, reported Dr. Sommer, who conducted the research at the Cologne (Germany) University Medical Center but is now at the University of Hamburg.

Self-ratings of sexual satisfaction, on a 0-5 scale, where 0 means not at all satisfied and 5 means extremely satisfied, averaged 1.4 at baseline, 3.2 with sertraline, and 4.2 with vardenafil. In addition, the partners' sexual satisfaction showed significant increases for sertraline and even more so for vardenafil.

Dr. Sommer stated that he had no conflicts of interest related to his study. ■

FDA: Vision Loss Reported With ED Drug Use

The Food and Drug Administration has approved revised labeling for Cialis (tadalafil), Levitra (vardenafil), and Viagra (sildenafil) to reflect a small number of postmarketing reports of sudden vision loss.

The sudden loss of eyesight is attributed to nonarteritic ischemic optic neuropathy, in which blood flow is blocked to the optic nerve. It's not known if these erectile dysfunction medications cause this condition. People with a higher chance of developing this condition include those who:

- Have heart disease.
- Are older than 50 years.
- Have diabetes.
- Have high blood pressure.
- Have high cholesterol.
- Smoke.
- Have certain eye problems.

Patients taking these medications are advised to discontinue use and contact their physician immediately if they experience sudden vision loss or decreased vision in one or both eyes. In addition, patients taking or considering these products should inform their physician if they have ever had severe loss of vision, which could reflect a prior episode of nonarteritic ischemic optic neuropathy. Such patients have an increased risk of developing the condition again.

For additional information about labeling changes to Cialis, visit www.fda.gov/cder/drug/infopage/cialis/default.htm.

For additional information about labeling changes to Levitra, visit www.fda.gov/cder/drug/infopage/vardenafil/default.htm.

For additional information about labeling changes to Viagra, visit www.fda.gov/cder/consumerinfo/Viagra/Viagra.htm.

—Kerri Wachter