

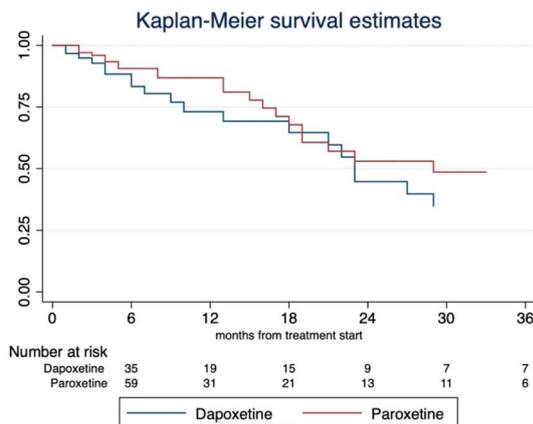


**METHODS:** Data from 4105 patients with sexual dysfunction prospectively collected at a single Sexual Medicine clinic in 2005-2022 were analysed. Overall, 342(8.3%) patients complained of PE and were treated either with dapoxetine 30-60mg prn or paroxetine 20mg OaD according to patients' profile and preference. All completed the Premature Ejaculation Diagnostic Tool (PEDT) and the IIEF before and over the treatment course. Patients were re-assessed at 3 months from treatment start and thereafter every 6 months or as needed. Kaplan-Meier estimated treatment drop-out rates over time. Cox regression analysis assessed predictors of treatment discontinuation.

**RESULTS:** Median (IQR) age was 47(36, 61) years. Median baseline PEDT score was 15 (10,17.5). Of all, 151(44%) and 191(56%) patients were treated with dapoxetine and paroxetine respectively. Patients receiving dapoxetine were younger (40(30,48) vs. 56(41,67);  $p < 0.0001$ ) and depicted worse baseline PEDT (16(14,18) vs. 8(3,14);  $p < 0.0001$ ) as compared with those receiving paroxetine. Overall, 329(96%) discontinued the drugs at some point throughout the treatment course, showing only a slight mean improvement of PEDT from baseline of -0.4(95%CI:-0.8,1.7) and -0.8(95%CI:-0.7,1.3) with dapoxetine and paroxetine, respectively. At Kaplan-Meier (Figure 1) the two groups did not differ in terms of treatment dropout over time ( $p = 0.3$ ), with estimated discontinuation rates of 27%(15,45) and 55%(37,75) at 12 and 24 months for dapoxetine and 13%(7,24) and 47%(32,65) for paroxetine. Younger patients were at higher risk of treatment drop-out (HR:0.95, 95%CI:0.91,0.99;  $p = 0.03$ ) after accounting for PEDT, IIEF-EF and type of treatment.

**CONCLUSIONS:** PE still represents a therapeutic challenge with high treatment drop-out rates and only minor improvements. Younger patients appear at higher risk of oral therapies discontinuation and maybe better candidates for a multimodal treatment.

Figure 1.



Source of Funding: None

**MP79-15**  
**ERECTILE FUNCTION RECOVERY AMONG YOUNG MEN WITH ERECTILE DYSFUNCTION ON OAD TADALAFIL 5 MG: FINDINGS FROM A REAL-LIFE STUDY**

Edoardo Pozzi\*, Federico Belladelli, Giuseppe Fallara, Simone Cilio, Christian Corsini, Alessandro Bertini, Massimiliano Raffo, Fausto Negri, Ludovica Cella, Margherita Fantin, Francesco Lanzaro, Luigi Candela, Milan, Italy; Paolo Capogrosso, Varese, Italy; Luca Boeri, Alessia d'Arma, Francesco Montorsi, Andrea Salonia, Milan, Italy

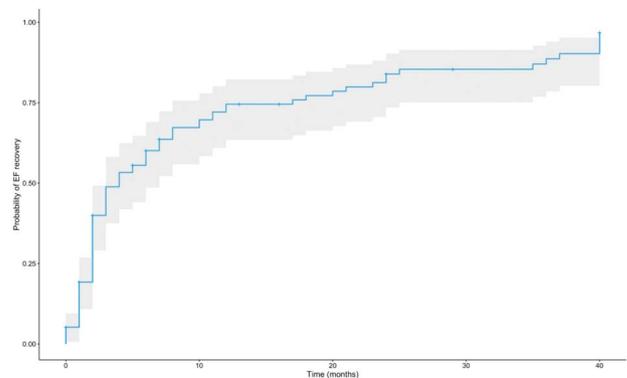
**INTRODUCTION AND OBJECTIVE:** Daily tadalafil 5 mg provides a valuable alternative to on-demand tadalafil for men who prefer spontaneous to scheduled sexual attempts. We investigated the rate of and the clinical factors associated with erectile function

recovery after discontinuation of 5 mg tadalafil OaD in a cohort of young men seeking medical help for ED as primary complaint.

**METHODS:** Data from 96 consecutive young patients (<50 yr) with ED and prescribed with 5 mg tadalafil OaD were analysed. All patients were diagnosed with psychogenic ED after a comprehensive clinical evaluation including penile duplex ultrasound and hormonal profile assessment. All completed the International IIEF at baseline. Length of treatment varied from 1 to 12 months according to clinical judgement. EF recovery was assessed after 2 weeks from treatment discontinuation and defined as IIEF-EF >21 after daily 5 mg tadalafil discontinuation. Patients without EF recovery were classified as tadalafil OaD non-responders. Cox-regression models tested the association between patients' baseline characteristics and the probability of EF recovery after treatment discontinuation. Kaplan-Meier analyses estimated the probability of EF recovery over time.

**RESULTS:** Median (IQR) age was 39 (32-45) yr. Of all, 82 (85.4%) achieved EF recovery at treatment discontinuation, whilst 14 (14.6%) were identified as non-responders. Median treatment length was 3 (2-11) months. Most common treatment-related adverse effect was headache in 9 (9.4%) patients. Non-responders were older (43 vs. 38,  $p = 0.03$ ), with higher BMI (25.54 vs. 23.6,  $p = 0.04$ ) and depicted lower IIEF-EF scores at baseline (12 vs. 15,  $p = 0.02$ ) than responders. No differences in terms of comorbidities ( $CC \geq 1$ ), smoking, alcohol consumption and regular physical exercise were detected. Kaplan Meier estimates of EF recovery at 3, 6 and 12 months, were 43% (95%CI: 41-62), 60% (95%CI: 49-69) and 75% (95%CI: 64-83), respectively (Figure 1). Younger age (HR: 0.95; 95% CI: 0.92-0.99,  $p = 0.01$ ) was associated with EF recovery after adjusting for baseline EF, BMI, smoking and  $CC \geq 1$ .

**CONCLUSIONS:** Almost one out of two young ED patients prescribed with tadalafil OaD achieved full EF recovery within 3 months of treatment. Younger patients have higher probability of EF recovery with daily 5 mg tadalafil therapy.



Source of Funding: NA

**MP79-16**  
**ANALYSIS OF THE EFFECT OF TESTOSTERONE REPLACEMENT ON BODY COMPOSITION, PHYSICAL FITNESS AND THE CORRELATION WITH HYPOGONADAL SYMPTOMS IN THE TESTOSTERONE DEFICIENCY**

Tae Yong Park, Uijeongbu, Korea, Republic of; Dong Su Kim, Jeong Kyun Yeo, Min Gu Park\*, Seoul, Korea, Republic of

**INTRODUCTION AND OBJECTIVE:** This study aimed to investigate how testosterone replacement therapy (TRT) change body composition and physical fitness, and which those changes correlate with serum testosterone level and hypogonadal symptoms.

**METHODS:** Seventy patients with testosterone deficiency (TD) were divided into group I (n: 23) and group II (n: 47). Only group II was given testosterone enanthate intramuscularly for 6 months. Both groups were investigated following items at the beginning and end of the study: Baseline demographics and serologic test; questionnaires of aging