



Tehran Darou



Dapoforce®

Dapoxetine



Ensure a superior performance



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Dapoforce[®]

Dapoxetine



Dapoforce[®] is a medication used for the treatment of premature ejaculation (PE) in men 18–64 years old. Dapoforce[®] works by inhibiting the serotonin transporter and as a consequence promoting ejaculatory delay.

Medicinal product

30mg film-coated tablet
60mg film-coated tablet

Pharmacologic category

Short-acting Selective serotonin reuptake inhibitors (SSRIs)

Therapeutic indication

treatment of premature ejaculation (PE) in men 18–64 years old

Mechanism of action

The mechanism of action of Dapoforce[®] in premature ejaculation is presumed to be linked to the inhibition of neuronal reuptake of serotonin and the subsequent potentiation of the neurotransmitter's action at presynaptic and postsynaptic receptors.

Dosing

The recommended starting dose for all patients is 30 mg (can be increased to 60 if needed), taken as needed approximately 1 to 3 hours prior to sexual activity.

Contraindication

Hypersensitivity to the active substance or to any of the excipients. Significant pathological cardiac conditions such as:

- Heart failure (NYHA class II-IV)
- Conduction abnormalities such as AV block or sick sinus syndrome
- Ischemic heart disease
- valvular disease
- syncope
- mania or severe depression.
- Moderate and severe hepatic impairment

Inteaction

- Dapoforce[®] is metabolized by enzymes in the liver and kidneys, CYP2D6 (inhibit) and CYP3A4 (induce) so numerous interactions are expected with drugs that are metabolized by these enzymes.
- Dapoforce[®] should not be taken in combination with recreational drugs such as ketamine, methylenedioxymethamphetamine (MDMA), and lysergic acid diethylamide (LSD).
- Concomitant treatment with MAOIs, thioridazine, SSRIs, SNRIs, TCA, and other medicinal/herbal products with serotonergic effects. (Use within 14 days of discontinuing treatment with them and use these products within 7 days of discontinuing treatment with Dapoforce[®].)
- Avoid drinking alcohol while taking Dapoforce[®]

Efficacy

Most patient-reported outcomes are clearly improved relative to placebo following dapoxetine therapy, indicating greater control over ejaculation, more satisfaction with intercourse, less ejaculation-related distress, and significantly reduced interpersonal difficulties. (7)

Reference:

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3. Guoxiong Liu, MD and others, Efficacy of Dapoxetine in the Treatment of Patients With Lifelong Premature Ejaculation as an Alternative to Sertraline Therapy, *Sexual Medicine*, Volume 10, Issue 1, February 2022, Pages 100473–1, <https://doi.org/10.1016/j.esxm.2021.100473>
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5. McMahon, C. G. (2012). Dapoxetine: a new option in the medical management of premature ejaculation. *Therapeutic Advances in Urology*, 4(5), 233–251. doi:10.1177/1756287212453866
6. Dapoxetine for premature ejaculation. *Aust Prescr* 2013; 36:212-8. First published 2 October 2013. <https://doi.org/10.18773/austprescr.2013.088>
7. Gengo PJ, Giuliano F, McKenna KE, Chester A, Lovenberg T, Bonaventure P, Gupta SK (2005). "Monoaminergic transporter binding and inhibition profile of dapoxetine, a medication for the treatment of premature ejaculation". *Journal of Urology*. 173 (4): 239.
8. Russo, A., Capogrosso, P., Ventimiglia, E., La Croce, G., Boeri, L., Montorsi, F., & Salonia, A. (2016). Efficacy and safety of dapoxetine in treatment of premature ejaculation: an evidence-based review. *International Journal of Clinical Practice*, 70(9), 723-733.

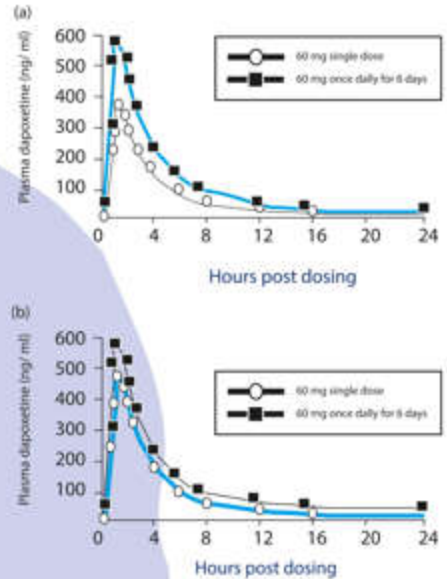


Figure 2. Plasma concentration profiles of dapoxetine after administration of a single dose or multiple doses of dapoxetine 30mg (a) and dapoxetine 60 mg (b). (5)

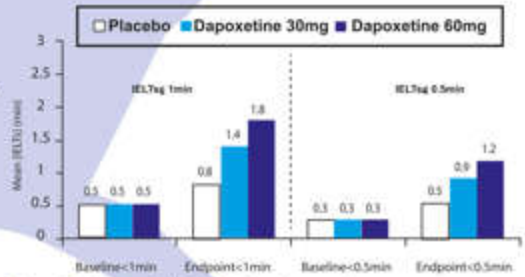


Figure 3. Intravaginal ejaculation latency times (IELTs) at endpoint for baseline IELTs up to 1 min and up to 0.5 min for placebo. (5)



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