Development of an indigenous manual of cognitive behavior sex therapy for young men

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ABSTRACT

Some studies with Western men have shown promising results for the efficacy of cognitive behavior sex therapy (CBST) in the treatment of erectile dysfunction. The two randomized controlled trials were conducted to assess the efficacy of CBST as a treatment of choice for young men with non-organic erectile dysfunction (NOED). The two randomized controlled trials were run to assess the efficacy of CBST and integrated treatment approaches for the treatment of NOED in young Pakistani men. The two studies were registered with ClinicalTrials.gov vide No. NCT04179747 and NCT04126252. The sex therapy techniques were combined with cognitive behavior therapy and mindfulness to develop an indigenous approach for the treatment of NOED in young Pakistani men. The CBST significantly improved International Index of Erectile Functioning-5 scores in two studies. The CBST also decreased depression scores associated with NOED. The CBST is a treatment of choice for young Pakistani men with NOED. The CBST is also significant in improving the mental health conditions associated with NOED.

Keywords: Cognitive behavior sex therapy, erectile dysfunction, non-organic erectile dysfunction, Pakistani men, young men

Introduction

Recently, around 21% of males have been reported to visit primary health care with complaints of erectile dysfunction (ED).¹ This figure is similar to one reported by Capogrosso et al.² that every fourth male visiting primary health care is diagnosed with ED. This cohort of young men has been found to present with ED due to non-organic causes.³⁴ Such causes include relationship and intrapsychic factors⁵⁶ coupled with the belief in sexuality related myths.⁷ The current management approach for such patients is to integrate both PDE5i and psychotherapy.⁸ In developing countries like Pakistan where modern PDE5i are still not licensed and registered by the Drug Regulatory Authorities (DRAP),⁹ the common approach is to integrate non PDE5i with psychotherapy or use non-PDE5i alone.¹⁰ The current guidelines for the management of ED can not be fully implemented in Pakistan due to such hurdles. Some pharmacies in Pakistan do sell PDE5i illegally but there is always doubt about the use of such compounds.

Recently, the European Society for Sexual Medicine (ESSM) issued a position statement on the psychosocial approach to conceptualizing, evaluating and managing ED.¹¹ This position statement emphasizes the need to develop a psychosocial approach to diagnosis and management of ED in consultation with the patient, his partner, and health care provider. As the primary care physicians (PCPs) are the first ones to see the patients of ED¹² the need to impart training on the psychosocial management of ED to PCPs is of primary importance.¹³ The majority of the PCPs feel that they are unable to address these issues due to non-training and treatment management ends in discontinuation by the patients.¹⁴

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How to cite this article: Bilal A, Abbasi N Ul H. Development of an indigenous manual of cognitive behavior sex therapy for young men. J Family Med Prim Care 2022;11:4127-30.
Without this training, psychosocial and cultural factors relevant to the understanding of ED in young men go unexamined.\textsuperscript{[13]}

**The Need for Indigenous Treatment Protocol Manual**

The young men have been found to display sexual myths, lack of sexuality related knowledge, and other psychological difficulties.\textsuperscript{[14,18]} Given the current scenario, there has been a felt need to devise a treatment protocol that may address the lack of sexuality-related knowledge, correct sexual myths, and equip men with techniques that may reduce erectile difficulties. The integration of psychosocial and cultural factors into the medical management of ED in young men warrants better clinical outcomes.\textsuperscript{[22]}

Therefore, an indigenous manual was developed for the treatment of non-organic erectile dysfunction (NOED) for young men based on principles of sex therapy combined with now popular cognitive behavior therapy and mindfulness. This new treatment approach is known as cognitive behavior sex therapy (CBST).\textsuperscript{[14]} The treatment manual was developed as part of two randomized controlled studies that were registered with ClinicalTrials.gov vide No. NCT04179747 and NCT04126252. The two studies were also registered with WHO and Universal Trial Numbers were issued vide No. U1111-1244-3834 and U1111-1241-5531. The two studies recruited 144 heterosexual active men from the sexual health clinics in South Punjab, Pakistan. These men were recruited after obtaining written informed consent from them. The Departmental Research Ethics Committee (DREC) of the Department of Psychology at International Islamic University, Islamabad, Pakistan granted ethical approval for the studies vide No. DREC/IIU-PHDPSY/2017/8203.

**Components of Indigenous Treatment Manual**

1. **Psychosexual Education**

Often, the men are presented with a lack of sexuality related knowledge and belief in sexuality myths.\textsuperscript{[7]} The majority of the men in two studies showed a lack of love communication and love making skills and showed belief in sexual myths. One of the leading myths was a belief in the macho concept of masculinity. The men presenting with erectile difficulties are assessed for their knowledge, attitudes, beliefs, and skills. In case the men lack in any of these areas, the therapist works to explore the current knowledge and understanding of sexual processes. Then, the therapist guides the client by educating him. The education is provided in the form of books, videos, lectures by the therapist, and self-help material. These psychosexual educational aids help the client overcome the lack of sexuality knowledge, and replace their sexual myths with scientific knowledge.

2. **Cognitive Conceptualization of the sexual problem**

This is the cornerstone step of CBST. The therapist tries to develop a diagrammatical framework for understanding sexual problem like ED. The role of cognitive conceptualization is to understand the causes of ED as the client perceives. The therapist tries to uncover the core beliefs and assumptions related to sexual activity, automatic thoughts related to sexual activity and the client’s coping with the problem. The client's current emotions and beliefs and his reaction to the failure situation (erectile failure) are documented. The cognitive conceptualization is different for each client.\textsuperscript{[16]} The conceptualization of the problem is an essential step towards resolving that problem.

3. **Cognitive Restructuring**

Cognitive restructuring is an umbrella technique to restructure and replace faulty assumptions, attitudes, and beliefs with scientific and rational beliefs regarding sexual expression. The most commonly employed technique is Socratic Dialogue which involves examining the thoughts and beliefs of the client critically, and to work in close collaboration with the client by discussing and exploring further questions and solutions. By engaging in Socratic Dialogue, the client finds realistic assumptions and develops rational attitudes towards erectile functioning. Thus, a therapeutic goal is achieved.\textsuperscript{[14,16]}

4. **Relaxation and Mindfulness**

Mindfulness has recently been shown to bring effective changes in erectile responses in cases of ED.\textsuperscript{[17]} Mindfulness is a non-judgmental approach that is based on here and now. Mindfulness allows a client to get rid of automatic thoughts and anxiety surrounding erectile functioning. The added advantage of the mindfulness technique is its integration with CBT for treating ED.\textsuperscript{[14,16]}

5. **Behavioral Skills Training**

The two studies revealed that the young men often exhibited a lack of effective communication and love making skills, thereby, they were not be able to form a bond with their sexual partner for achieve sexual satisfaction. The therapist encourages such clients to talk about love things with their sexual partner, to spend romantic time with the partners, to remember together the past beautiful and intimate moments, and to share gifts with the partner.\textsuperscript{[14,18]} The clients can role play and/or love talk with the therapist as well.

Moreover, the clients are taught communication skills so that they may communicate their sexual matters with their partners. The clients are encouraged to communicate what pleases them and what turns them off during the sexual moments. Communication about sexual likes and dislikes increases sexual acceptance and enhances sexual satisfaction.\textsuperscript{[18]}

6. **Sensate Focus I and II**

The sensate focus technique has been described by Masters and Johnson.\textsuperscript{[19]} The man is instructed to engage with his partner...
sensually by exploring her body and giving each other sensual messages and caressing. The man should repeat this activity with his partner 2-3 times a week for a couple of weeks. The focus is to learn to give and receive sensuality by engaging in mutual touch and caressing. The part II of sensate focus involves touching of genitals and breasts of his partner. But the couple is not allowed to have a sexual activity together. The man should talk about this new sexual experience with his partner.

7. Start-Stop Technique

This technique had also been described by Masters and Johnson.[19] This technique can also be practiced with the partner at home. The partner of the man stimulates the penis of the man until it becomes erect, then she stops stimulating the penis until it becomes flaccid again, then she again stimulates the penis till it gets erect. The couple should repeat this exercise 2-3 times a week. The idea is to take control of erections. The man can learn that erection can be lost and it can be regained too. Hence, the man restructures his sexuality related belief and modifies his myth. This start-stop exercise can be repeated by using a lubricant. In that case, both the partners are allowed to have undemanding sexual intercourse. The partner of the man inserts the erect penis into her vagina but after making a few movements, she stops doing this. Again, the man is shown that erection could be gained or lost at will. This exercise helps the man to put off the pressure to perform sexual activity off his mind.

8. Home Assignments

The completion of Homework assignments is an integral part of cognitive behavior therapy.[18] The man with NOED is instructed to rehearse love talk and communication with his partner at home.[14] Moreover, the sensate focus and start and stop techniques are for practice at home with the partner as a homework assignment. The therapist reviews the completion of homework assignments done by the man with NOED.

Critical Appraisal & Discussion

The results of the pilot study were significant in improving the symptoms of NOED in young men.[16] The improvement in NOED symptoms remained significant during follow up as well. The CBST was significant as it improved the associated depression scores at post-treatment and follow up. The CBST approach is flexible enough to be adjusted according to the severity of the NOED. Its length can span from a minimum of 4 sessions to 12 sessions for mild, and severe forms of NOED as determined by the International Index of Erectile Functioning-5.[14,18]

The efficacy of CBST makes it a culture fair treatment approach for treating NOED in young men.[14,15] The cognitive restructuring of the core beliefs and challenging of automatic thoughts make this approach long lasting in its effects.[8,14] The efficacy of CBST underscores the importance and efficacy of psychosocial approaches in the management of ED in young men.[12]

The efficacy of CBST for improving NOED in Pakistani young men makes it a treatment of choice.[14] The CBST may be considered a superior form of treatment given the fact that the Pakistani market does not have the prescription drugs known as PDE5i.[21] Sexual health physicians have to rely solely on nutraceuticals[16,20] and other complementary treatment approaches including dietary modification. The nutraceuticals do not improve the associated mental health symptoms, therefore, the CBST is superior to non-PDE5i drugs like nutraceuticals.

Besides, finding a CBT-certified therapist is relatively easy as Pakistan produces hundreds of qualified therapists annually[20] but the non-licensing of PDE5i makes the situation worse for both physicians and male clients suffering from ED. Additionally, the CBST can be administered in an individual format too making it an acceptable form of treatment in the conservative culture of Pakistan.[14,15]

Conclusion

The CBST is an effective and culture fair approach that can be used as a treatment of choice for NOED in young men. The CBST significantly improves associated depressive symptoms as well and its effects are long lasting as compared to other treatment approaches like nutraceuticals and PDE5i. It is recommended that CBST training be integrated into the curriculum of primary care medicine as PCPs are the first health care providers to be contacted by the patients for the treatment of ED.

Key Message

The CBST is an evidence based and culture fair treatment approach for treating NOED in young men. The CBST can be integrated with the medical management of ED as well.

Contribution to the knowledge

The indigenous treatment manual consisting of psychosocial approaches for the management of non-organic ED in young men was developed and validated by two registered clinical trials. The two clinical trials validated CBST as an efficacious treatment program consisting of psychoeducational, behavioral, and relational components thus conforming to the position statement issued by ESSM on the psychosocial management of ED.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/their consent for his/their clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.
Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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