

International Society for Sexual Medicine - www.issm.info



ISSM PATIENT INFORMATION SHEET ON PREMATURE EJACULATION

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Premature Ejaculation

Advice for Men from the International Society for Sexual Medicine

Concerns about sex are a common experience and most people will have them from time to time. Concerns about premature ejaculation (PE) are reported by around one-third of men, although only around one in ten will be bothered enough by it to seek professional advice or treatment. This leaflet is intended to provide men with evidence-based information about PE, so that they can make informed choices about their options to improve their sexual well-being. If you are concerned that you might have PE, you may wish to complete the self-assessment questionnaire at the end of this leaflet and discuss the results with your physician.

What is Premature Ejaculation?

There is a considerable amount of misunderstanding about what premature ejaculation actually is and how it can be treated. It isn't just a problem of young, sexually inexperienced men, but can affect older men who have not previously been affected, particularly those with co-existing problems with erection. It is often the subject of humour and ridicule, making it even more difficult for those men affected to seek help. It is probably best understood as a man's inability to delay

orgasm and ejaculation so that both partners are able to enjoy a satisfying sexual experience, in the absence of other sexual problems.

Television and films are unhelpful in their portrayal of sex, with beautiful but exhausted couples pounding away for fifteen uninterrupted minutes, the man looking quietly confident and the woman in raptures with multiple orgasms. Life isn't usually like that. Most couples are quite surprised to know that the average duration of intercourse, from penetration to orgasm, is around five minutes. Indeed, it can vary very considerably over time in a single sexual relationship; sometimes orgasm may occur within seconds, sometimes after five or more minutes, or sometimes after a much longer period. Provided that this is satisfactory to both partners, and it often is, it should not be seen as a problem. Both thirty seconds and ten minutes can be "great sex". Longer is not always better; thirty seconds of intense excitement and intimacy is better than ten minutes of routine and boredom. If PE is a problem, then professional help should be sought; the results of treatment are often very good.

Defining Premature Ejaculation

Premature ejaculation is a term used to describe the experience by men of a sense that (i) the period of time from vaginal penetration to ejaculation is too short, (ii) that they are

unable to control when they ejaculate and (iii) that the men are distressed from this experience. Although PE is a reasonably well-known sexual concern, until recently, it has not been the subject of much scientific research and even lacked a widely accepted, evidence-based definition. This leaflet discusses PE with reference to vaginal intercourse but we know that PE-like symptoms are also experienced by gay men. The reason they are not included is that there has, to date, been very little research on their experiences. However, much of what is written here might reasonably be applied to gay men too.

PE can be divided into two main subtypes, “lifelong”, with PE symptoms having been present since the man’s first sexual intercourse, and “acquired”, with PE symptoms developing after a period of previously satisfactory experience of ejaculation. In multi-national studies, the most frequently experienced time from vaginal penetration to ejaculation was around 5.4 minutes; this value may differ between countries, although current research suggests that the differences are unlikely to be great. Despite much speculation, the causes of premature ejaculation are not known. There is evidence that genetic factors are relevant in some men but, to date, no biological factor has been shown to be causative in the majority of men.

ISSM Definition of Lifelong PE: A male sexual dysfunction characterized by (i) ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration, and (ii) the inability to delay ejaculation on all or nearly all vaginal penetrations, and (iii) negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy.

A Definition of Acquired PE: A clinically significant reduction in latency time, often to about 3 minutes or less (acquired premature ejaculation), and negative personal consequences, such as distress, bother frustration and/or the avoidance of sexual intimacy.

Ejaculation before Penetration: *Ante portas* (Latin: “before the gates”) *ejaculation* is the term used to describe ejaculation that occurs before vaginal penetration; it is considered the most severe form of PE.

Other PE-like Sexual Concerns: Two other experiences of ejaculation have been described that are sometimes mistaken for PE, which have been termed **Natural Variable PE** and **Subjective PE**; neither is a sexual dysfunction. Natural Variable PE is characterized by early ejaculations which occur irregularly and inconsistently with some subjective sense of diminished

control of ejaculation. This subtype is considered a variant of normal experience. Subjective PE is characterized by preoccupation with an imagined early ejaculation or lack of control of ejaculation when, in reality, the period of time from vaginal penetration to ejaculation is five minutes or longer.

Who is affected by PE?

Reliable information on the proportion of men affected by PE in the general population is lacking and the experience of PE may be affected by one's relationship, and socio-cultural influences. PE is often described as the most common male sexual problem, affecting between 3% and 30% of men. If men who ejaculate after about one minute of penetration are excluded, the proportion affected by PE is probably less than 3%. Men who ejaculate between one and five minutes after penetration may experience the negative psychological consequences that are characteristic of PE. Men should have the right to have their concerns sympathetically and respectfully assessed by a health professional and, where appropriate, choose to receive treatment.

What impact does PE have on men and their partners?

Research suggests that those affected by PE and their partners have concerns about the abrupt break in intimacy, control over ejaculation, satisfaction with intercourse, emotional impact on both partners, relationship problems, and partner specific reactions. A sense of absence of control over ejaculation is often the principal problem identified by men and their partners. Short duration of intercourse, the time between penetration and ejaculation is associated with this sense of lack of control. They are related to a reduction in satisfaction with sexual intercourse, and personal distress associated with sexual activity. These problems result in interpersonal difficulty and problems with intimacy between the man and his partner, and increased emotional distress among the men.

High levels of personal distress are consistently reported both by men with PE and by their woman partners; they were also more likely to report relationship problems and an overall reduction in their quality of life as a consequence of PE. The negative impact on single men may be greater than on men in relationships as it can form a barrier to them seeking out and becoming involved in new relationships.

PE is a Couple's Problem

Men and women often have different attitudes towards and experiences of sex, and although generalisations are not always helpful, the following information might help us to understand each other a little better.

Men's Experiences of Sex: for many men, sex means penetration, intercourse and orgasm, preferably for both partners. Sex is "doing" something either with or to their partner, so that they can both get relief from sexual tension. Feeling turned on, through kissing, cuddling and stroking each other, is often not considered adequate on its own and men with PE may particularly avoid it because they fear that it will result in their ejaculating even more quickly than usual after penetration. Men with PE often focus on the duration of intercourse to the exclusion of all else and assume that their partner has the same focus; they must remember that their partner may not understand their preoccupation with this and be more interested in other aspects of sex. If this is not understood, the man risks being perceived as selfish and self-centred.

Women's Experiences of Sex: For many women, sex means sharing intimacy, being close to their partner, and achieving a lasting emotional and physical connection with each other.

This isn't just about romantic love, but about sharing a special physical and emotional union. The reward women seek from sex is usually more than just the physical pleasure associated with intercourse; the positive longer-term emotional and relationship benefits of sex for both partners may be appreciated more than the immediacy of the act itself. Both partners may appreciate the improvement in mood and their sense of general well-being that can last for hours, days or weeks after a positive, shared sexual experience.

Kissing, cuddling, holding and stroking each other are important to many women and can be enjoyed without intercourse; indeed, some women find foreplay more pleasurable and important than intercourse. They may find it frustrating if foreplay is avoided by their partner, whose only interest seems to be intercourse. Penetration and intercourse can be nice, but they aren't always essential for a woman to enjoy a sexual experience.

Talking and Sharing: These two different viewpoints can be accommodated within a relationship, but misunderstanding a partner's needs may lead to a further reduction in sexual enjoyment, ill-feeling or even conflict. Talking about sexual concerns with your partner will help each of you to understand the others needs and concerns, and to agree on what you must do to change your situation for the better. This will often

involve consulting a health professional. Your family physician may be able to offer advice and treatment; if not, they should refer you to an appropriate specialist.

Treatments for PE

PE may be treated with sex therapy, drug therapy or a combination of both. Whatever treatment is chosen, it is important that proper attention is given to the emotional and relationship factors rather than focusing solely on extending time to ejaculation. As PE treatments affect both partners, both should be involved in making choices about treatment.

Sex therapy: Sex therapy may be provided by an appropriately experienced psychotherapist or physician. A range of techniques have been used for PE but probably the most common approach is a form of cognitive-behavioural therapy. This involves education about ejaculation, an exploration of how the affected man's PE experience compares with that of most other men, and a programme of exercises (often called "stop-start") designed to help him increase his ejaculatory control and enjoyment of sexual intimacy. It typically requires six to ten consultations with the therapist, and regular practice of the prescribed exercises at home with a partner. It may also include addressing issues in the relationship that may have worsened the sexual problem or be the result of the problem.

Drug therapy: Drug therapy should only be prescribed by a physician after you have had a medical assessment. Drugs obtained through the Internet without a physician medical assessment or through other unregulated sources may be very dangerous. There are two types of drug therapy recommended in ISSM's clinical guidance on PE, topical anaesthetics and oral serotonergic drugs. Prescription of these drugs should always be accompanied by education about PE and promoting sexual well-being, as well as instructions for the use of the drug. Not all drug therapies for PE are approved by national regulatory authorities; your physician should discuss this with you before prescribing a drug that has not been approved. Topical anaesthetics are applied to the penis immediately before sex and are intended to reduce its sensitivity to such a degree that ejaculation is delayed without a bothersome loss of pleasurable sexual sensation. Oral serotonergic drugs affect nerve signalling within the brain and elsewhere in the nervous system, with the intention of delaying ejaculation. There are currently several clinical trials in progress to test the safety and efficacy of new drugs for PE.

Practical Advice

Treatment for PE may help to increase the duration of intercourse and improve self-esteem and self-confidence. However, this alone is often not adequate to allow the couple to enjoy a satisfying sexual relationship. Caring about each other's feelings and pleasure, sharing intimacy (both physical and emotional) and being happy and relaxed with other aspects of your relationship is usually necessary for a couple to enjoy good sex. Environment plays a part, as undisturbed privacy, warmth, comfort and allowance of adequate time are very important. Time of day may also be an issue. Lovemaking late at night, when one or both partners are tired, is often not the best option. Some couples find that they prefer morning or daytime sex; this can be particularly good for couples who are retired and have no children at home.

Being relaxed also helps. A bath or shower together before lovemaking can be both physically relaxing and sexually arousing. Take time in cuddling and pleasuring each other before trying penetration. Whatever form of pleasuring is acceptable to you both is OK. Do talk to your partner about what you like and don't like; don't make them try and guess! Ask your partner what they like and dislike, too. Don't rush; it can take longer for a man to get an erection and for a woman to become lubricated and sensitive as they get older, so take

time and build up your sexual excitement gradually.

It's not usually a good idea to try making love unless you are both in the mood, but do try and set aside time for sex as frequently as you both can manage. This is particularly important when you are recovering from a sexual problem. If you haven't been able to enjoy love making for a long time, you will have to re-learn together those things that you first discovered when your relationship began. It is okay to make love as frequently as you both desire. If you are using medication, it can be helpful to make love two or three times a week. Don't worry if things aren't perfect to begin with; things often improve as you develop more experience in using medication and re-learn what each other finds exciting and pleasurable – some of these things may have changed since you first made love together! Be adventurous, try something new – defy convention! With time, patience, and the support and help of a loving partner (and, perhaps, that of a helpful health professional), you will rediscover the pleasure and fulfilment of sexual intimacy.

Finally...

Sex is a healthy, natural activity and central to most loving relationships. It is important to both men and women, whatever their age, their race, creed, colour or their sexual orientation. Our cultural and religious background may affect the way we perceive sex, but it will always be an important part of the human experience. Sexual health is just as important as other aspects of health and if you have a problem, you should not be afraid or embarrassed about seeking professional help.

Contact Information

For further information please visit the ISSM website or contact the ISSM Executive Office:

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NEXT PAGE:

Questionnaire: Premature Ejaculation Diagnostic Tool

QUESTIONNAIRE:

Premature Ejaculation Diagnostic Tool*

The Premature Ejaculation Diagnostic Tool (PEDT) is a useful aid to the diagnosis of PE. You may wish to complete this questionnaire, calculate your score and compare it with the reference values that follow it. However, it is very important to remember that all sexual concerns, including concerns about PE, frequently have multiple causes, which may include behavioural, partner, relationship, cultural, social and economic factors. The use of questionnaire instruments alone is not adequate for self-diagnosis. Men who are concerned about their sexual life and experience should consult a healthcare professional and request their assessment and advice.

* Symonds T, Perelman MA, Althof S, et al. Development and Validation of a Premature Ejaculation Diagnostic Tool. *European Urology* 52 (2007) 565 - 573

This is a questionnaire to help identify men who have a problem with ejaculating too soon during sexual activity. Even if you do not have difficulties, please answer all the questions.

- Please mark the box that best represents your answer for each of the questions to the right.
- Please mark only one box for each question.
- Remember there are no right or wrong answers to these questions.
- While your experiences may change from time to time, what we're interested in here is your general experience with intercourse.

Definition:

Ejaculation here refers to ejaculation (release of semen) after penetration (when your penis enters your partner).

	Not difficult at all	Somewhat difficult	Moderately difficult	Very difficult	Extremely difficult
1. How difficult is it for you to delay ejaculation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Almost never or never 0%	Less than half the time 25%	About half the time 50%	More than half the time 75%	Almost always or always 100%
2. Do you ejaculate before you want to?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Do you ejaculate with very little stimulation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Not at all	Slightly	Moderately	Very	Extremely
4. Do you feel frustrated because of ejaculating before you want to?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. How concerned are you that your time to ejaculation leaves your partner sexually unfulfilled?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- A score of 11 or more is commonly found in men with PE; whilst this score is not, on its own, adequate to diagnose PE without a clinical assessment from of healthcare professional, it is highly suggestive of PE
- A score of 9 or 10 may be found in men with PE; it is a “borderline” score
- A score of 8 or less suggests that a man does not have PE



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