Premature Ejaculation

The Couple’s Perspective

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by European Sexual Health Alliance
“Premature ejaculation is a sexual health problem like any other and can be overcome successfully.”

This brochure aims to provide helpful information on premature (or rapid) ejaculation (PE) and the treatment options available. It also explores the significant burden that PE places on couple’s relationships and why men are reluctant to seek help, advice and solutions for the condition.

We the European Sexual Health Alliance, we encourage any man who has PE, or their partner to speak to either a doctor or their local sexual health support group, who can provide trustworthy information, the right advice, support and solutions. The first step in dealing with PE is talking about it, and the advice we would give men to overcome the hurdle of any type of sexual disorder is to talk about it, particularly with their partner. This can often be the first step in being able to find a solution about a sensitive and often awkward topic in order to help improve the couples’ sex lives and the strength of their relationships.”

Irem Hattat, President of the European Sexual Health Alliance
Premature Ejaculation (PE) Facts

PE is believed to be the most common sexual disorder in men (1). It is a distressing medical condition that is estimated to affect one in five men (20-25%) at some point in their lives, regardless of where they live (2).

PE is recognised as a medical condition by leading health organisations, including the World Health Organization (WHO), the International Society for Sexual Medicine (ISSM), the American Urological Association (AUA) and the American Psychiatric Association (APA).

PE is defined by the ISSM as “a male sexual dysfunction characterised by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration; and an inability to delay ejaculation on all or nearly all vaginal penetrations; and negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy.” (3).

The condition consists of three major components: a short time to ejaculation, lack of control over ejaculation and negative or personal distress related to ejaculation. PE has similar prevalence across all age groups (3).

What causes PE?

PE is a distressing sexual dysfunction that can be present from the first sexual encounter, termed ‘lifelong’ PE, or can develop later in life, termed ‘acquired’ PE. A combination of physiological and psychological factors is believed to influence the mechanism of ejaculation (4, 5). Research suggests serotonin plays a central role in the timing of ejaculation (4-6). Serotonin is a neurotransmitter that also helps regulate sleep and appetite, mediate moods and inhibit pain.

Psychosocial events that may contribute to premature ejaculation include:

- Partner’s illness
- Occupational stress/financial stress/shift work
- Family problems/elderly relatives/bereavement/children
- Guilt/sexual orientation
- Lack of experience/opportunity
- Poor housing/overcrowding
- Performance anxiety/fear of failure/expectations
- Lack of sexual/interpersonal skills

A common reason for PE is relationship disorders. Some of the components of relationship distress are: sexually demanding partners, unrealistic expectations, discrepant needs and desires in a relationship, dissatisfaction, lack of communication and trust, affairs, partners who also have a sexual dysfunction, and an excessive desire to please a partner. Derogatory remarks made at the time tend to make matters worse and can lead to a cycle of failure and anxiety.

Men with PE appear to go through the same process of ejaculation as other men, but it happens more quickly and with a reduced feeling of control (2). Some men may mistake PE for erectile dysfunction (ED), since it is not possible to maintain an erection in the resolution phase of sexual response.
What is the impact of PE?
PE has a significant impact on a man, his partner and their overall relationship, potentially impacting on sexual satisfaction, sexual relationships, self-image, and overall quality of life (2, 3).

In addition to its impact on the man, PE often has a negative effect on the partner and on the couple’s sexual relationship as a whole (7). Partners are not only distressed by the quality of the man’s sexual performance, but they are also upset because it often leads to a rapid and unwanted interruption of intimacy (8).

How is PE diagnosed?
To ensure appropriate treatment, it is important to recognise that PE is distinct from ED (9). ED is characterised by the inability to achieve or sustain an erection and tends to affect older men (10). It is entirely possible for a man to be affected by both PE and ED simultaneously.

PE remains under-detected and under-treated (11), and many men do not seek medical treatment for this condition. Studies show that men do not seek treatment for a number of reasons, including embarrassment and stigma, lack of awareness about the condition, or because they are reluctant to discuss sexual issues with physicians (9, 11). This situation is exacerbated by the difficulty that many physicians find in initiating discussions around sexual health with their patients (9, 11).

PE may be diagnosed as a result of a direct complaint from a man or his partner, or may be identified when the man or his partner report relationship difficulties. Clinical examinations are rarely needed in younger patients with lifelong PE (PE continuously present from the first act of intercourse). However, older men with acquired PE (PE following years of normal sexual function) should undergo an examination for relevant risk factors, such as cardiovascular disease, hypertension, hyperlipidaemia, diabetes, obesity, obstructive sleep apnoea, Peyronie’s disease, lower urinary tract symptoms and hyperthyroidism (6).
Current treatments for premature ejaculation

The key aim of therapies for PE should be to improve control over ejaculation. Improvement in control over ejaculation may be associated with improved sexual satisfaction for the man and his partner and/or a reduction in feelings of personal distress or interpersonal difficulty, due to timing of ejaculation.

Currently available treatments for PE include behavioural therapy, topical treatments, condoms and medications. Currently one of the most common treatments for PE is the use of behavioural techniques, which are practical exercises designed to teach the patient to control ejaculation, based on the idea that responses to sexual excitement and the ejaculatory reflex can be modified (6, 12). However, there is limited evidence about the long-term effectiveness of these behavioural approaches (12). Topical creams or sprays that have an anaesthetic effect are also used and are effective in some men (12, 13), but impair sensation and may decrease satisfaction with the sexual experience.

A number of potential new treatments, both oral and topical, are currently under investigation and may offer new options for men with PE (6, 13). Dapoxetine (PRILIGY®) is the first oral prescription medication approved in several European countries, including Austria, Finland, Germany, Italy, Portugal, Spain and Sweden, for the treatment of PE. It is a short-acting, selective serotonin reuptake inhibitor (SSRI), designed to be taken when needed, i.e. 1-3 hours before sexual intercourse is anticipated, rather than every day (14). It is available in two doses: 30 mg and 60 mg. Dapoxetine was shown to significantly increase the intravaginal ejaculatory latency time (IELT), compared with placebo, in men with PE (p≤0.001 vs placebo). Men with PE had an improved sense of control of ejaculation and increased sexual satisfaction following dapoxetine (15, 16, 17, 18).

Dapoxetine is a prescription only medicine; therefore, patients wishing to take it need to obtain a prescription from their doctor. It can interact with some medications, including antidepressants and certain painkillers such as aspirin and non-steroidal anti-inflammatory drugs. Infrequently, syncope (fainting) and orthostatic hypotension (a fall in blood pressure when a person stands up), which may lead to a feeling of light-headedness, are observed as side effects. Patients with conditions including mental health problems, bleeding disorders, liver or kidney problems, or epilepsy, should discuss these with their physician before taking dapoxetine. Only a doctor can ensure that dapoxetine is appropriate for an individual patient and that it is prescribed in a safe and effective manner.
Men Slow to Talk About Fast Sex

‘PE Confidential’ surveyed over 4,500 men and women from nine countries (Spain, Italy, Portugal, Germany, Austria, UK, France, Finland and Sweden) on the impact of, and attitudes, towards PE. Results from ‘PE Confidential’ revealed that one in three men suffering from PE feel angry, ashamed or depressed because of their PE. Half of men with PE disclosed that they feel guilty that the condition is their fault and feel like a failure because of it. A quarter of men with PE admitted they even feel less confident outside the bedroom. Over half of men with PE and 44% of partners whose men have PE reported they are not satisfied with their sex life. With relationships, a third of men feel that they are growing apart from their partner because of the impact of PE.

However, over half of men surveyed admitted that they have never spoken to anyone about their condition, not even to their partners. This silence surrounding PE was found to last over 25 years in some cases. When partners of men with PE were surveyed, the majority (70%) said they have never spoken to anyone about their partner’s PE, not even with their partner. A significant number of men and partners have never even looked for information on PE from sources such as websites.

“Even in the 21st century where sex is often openly discussed, particularly in Europe, PE remains a taboo subject. As this survey reveals, there is still very much a stigma associated with having PE. The negative impact of PE, not just on sex life, but also on a person’s self-esteem, self-confidence and the consequent disruption within their relationship, can certainly prevent people from talking – and ultimately taking action about PE, as this survey clearly demonstrates.”

Dr Ian Banks, President of the European Men’s Health Forum

When it comes to doing something about PE, only one in ten men have spoken to a healthcare professional about the condition. Of those that have not spoken to a healthcare professional, almost half say it is because they are too embarrassed, whilst 28% of men do not think PE is a medical condition that a doctor can do anything about.

The ‘PE Confidential’ Survey was conducted between February and March 2010. The Survey was developed by Janssen-Cilag EMEA, a division of Janssen Pharmaceutica N.V., with support and guidance from a steering committee comprising representatives from the European Men’s Health Forum (EMHF), the European Sexual Health Alliance (ESHA) and Informationszentrum für Sexualität und Gesundheit (ISG) (Information Centre for Sexuality and Health), Germany.
References:
About European Sexual Health Alliance (ESHA)

ESHA is an umbrella organisation for patient support groups across Europe on the topic of sexual health. Its main objectives are to bring together and support those Associations established in European countries (or elsewhere), which are concerned with the issues of Sexual Dysfunction and its impact on patients and other members of the general public. ESHA undertakes lobbying for the benefit of the sufferers (medical and scientific societies, governmental and community organisations, media and health policy makers). ESHA co-operates with pan-European organisations to further the understanding and knowledge of Sexual Dysfunction.

www.essm.org/esda/general.asp