

Premature ejaculation

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What is premature ejaculation?

Premature ejaculation (PE) happens when a man regularly reaches an orgasm (or ejaculates) much sooner during sexual intercourse than what he or his partner would have desired.

There are 2 types of PE:

1. **Lifelong** PE (primary), which existed when you first became sexually active.
2. **Acquired** PE (secondary), which develops over time after you have had a normal sexual life, without ejaculation issues.

The formal definition for lifelong PE is: "Ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration, and the 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."

There is no fixed definition for acquired PE, but it is believed to share the same characteristics as lifelong PE except that it comes on later in life, after a period of sexual normalcy.

What are the symptoms?

People who suffer from the following conditions are at greater-than-normal risk of developing kidney failure and/or progressive loss of their kidney function (or end-stage renal disease):

- The symptoms become clear when the sexual relationship between a couple becomes affected due to PE. The man usually experiences distress as a result of this.
- PE does not go away with different sexual environments or scenarios, such as masturbation.

How do you get PE?

It's a mix of psychology and biology. No one really knows how it is caused.

Psychology

The psychological part includes fear or anxiety – maybe because you had to reach orgasm quickly when you were young for fear of being discovered. This has now caused you to reach orgasm quickly and early.

Some men find that the PE occurs only with a certain partner, but not with others. This may be a clue to a relationship problem.

Biology

The biological part includes hormonal disorders, such as thyroid disease or infections in the male genitourinary tract (urethra or prostate) – but these causes are rare.

PE is common in men who also have erectile dysfunction (ED). Because these men have difficulties maintaining their erections, they are usually anxious during intercourse and rush to ejaculate before their erections vanish.

Less commonly, PE may be a result of nerve injuries from either trauma or previous surgery.

How is PE diagnosed?

When it comes to diagnosing PE, your history is very important, because most of the time there are no physical symptoms or abnormalities.

You may have to get a blood test to check your male hormone and thyroid hormones if this may be an issue.

Questions to think about and talk about with your doctor

- When did the PE start?
- How often does it happen?
- Does it happen all the time?
- Does it occur only with a specific sexual partner or under a specific situation?
- Do you ejaculate before penetration or shortly after?
- If ejaculation happens only after penetration, how long after?
- How has your relationship been affected by the PE?
- Are you having relationship problems because of it?
- Are you taking any medications or recreational drugs?

What is the treatment for PE?

Generally, treatment is divided into 2 types:

1. Non-medical therapy: psychotherapy, sexual therapy and behavioural therapy
2. Medical therapy: oral or topical medication

Psychotherapy

If stress or anxiety is an obvious cause, then you may benefit from a therapy session with a psychotherapist. This can help alleviate any hidden fears, emotions and the you may be able to better overcome your relationship difficulties.

Sex therapy

Sexual satisfaction doesn't only come with intercourse. You will learn other ways to get pleasure and sexual intimacy (i.e., through foreplay).

After sex, men's genitals are less responsive – some patients have seen improvements in their PE if they masturbate a few hours before their actual intercourse. Without this, they may take a long time to ejaculate when they attempt intercourse a second time, shortly after the initial ejaculation.

Behavioural therapy

Learning about your sexual organs can help you control them better. The stop-start-squeeze technique is a form of behavioural therapy you can learn and try with your partner. By identifying the sensation just before ejaculation and learning how to abate it so that ejaculation does not occur, you can experience a longer time to ejaculation when it becomes a habit.



Step 1: With the help of your partner, START stroking the penis as what you would in regular foreplay or masturbation.

Step 2: When you are about to ejaculate, STOP stroking the penis.

Step 3: Signal to your partner who will then SQUEEZE the end of penis between the head and shaft between the thumb and first two fingers until the urge to ejaculate goes away.

Step 4: Release the squeeze, wait for 30 seconds then restart the first step by stroking the penis again.

Oral medications

- Certain antidepressants can delay orgasms (one of the side effects of some antidepressants). The category most commonly used is the selective serotonin reuptake inhibitors (SSRIs). Commonly prescribed agents of this class are: paroxetine (Paxil), sertraline (Zoloft), fluoxetine (Prozac) and dapoxetine (Priligy). Depending on your profile, you may take these daily or a few hours before intercourse. Your doctor will let you know which is best for you.
- Another category that can be used is the tricyclic antidepressants (TCAs) such as clomipramine (Anafranil).
- Antidepressants may lead to other common side effects such as drowsiness, loss or decrease in libido and nausea. This form of therapy is recommended only for patients who can tolerate the medications.

Topical medications

- These include local anesthetics that work by decreasing the sensation of the penis, and delaying the time to ejaculation. The common medications used in these creams, ointments or spray are lidocaine and prilocaine. You should apply these to the head and other sensitive areas of the penis 15-30 minutes before intercourse.
- It is important that you wipe these treatments off your penis before intercourse, so that the medications will not be transferred to their partners and cause unwanted numbness.
- Some patients can't tolerate this form of treatment because the numbness they experience in their penis affects their sexual pleasure.

How does PE affect my general health?

PE does not come with major health risks and is not linked with any dangerous underlying conditions – especially if there are not biological factors found during your physical exam or in your blood tests.

PE can lead to problems in your relationships if the other partner is sexually unfulfilled. This can lead to stress in you and your partner.

Fertility is usually not affected if penetration is still possible. If you consistently ejaculate before penetrating the vagina, this could lead to a fertility issue. In worst case scenarios, the couple may require assisted fertility.

What do I do if I think I have PE?

If you think you may have PE, take note of the symptoms of PE and discuss them with your doctor.

If PE is rare, it could be related to your specific environment, emotion or partner. Try to avoid these triggers.

What are common myths about PE?

PE only happens in men who are sexually inexperienced because their penises are too sensitive.

While it may seem true that men who just turned sexually active may have a shorter time to ejaculation, this “starter’s PE” should resolve once they are regularly sexually active.

If I have PE, I can get better by getting a circumcision.

There is no evidence to suggest that circumcision can increase your time to ejaculation. PE happens equally in circumcised and in uncircumcised men.

The time my penis spends in her vagina is the most important thing about PE.

The time between penetration to ejaculation is only a guide in the diagnosis of PE. Overall sexual satisfaction is more important. As long as you and your partner are sexually satisfied and have a good relationship, it doesn't matter how long it takes to ejaculate.