

PREMATURE EJACULATION



BASIC INFORMATION

DESCRIPTION

Male orgasm and ejaculation prior to the wishes of both sexual partners. There is no precise duration (or time) for sexual relations and reaching a climax. There are many variables that affect individual couples. Premature ejaculation (PE) is a common problem affecting all age groups. It is called primary if a male has always had the problem. It is called secondary if a male was previously able to have ejaculatory control and is now not able.

FREQUENT SIGNS AND SYMPTOMS

- Repeated episodes of premature ejaculation.
- Feelings of self-doubt, inadequacy, and guilt.

CAUSES

The exact cause is unknown. It may involve psychological (mental or emotional) factors (most likely) or physical factors (less likely).

RISK INCREASES WITH

- Poor relationship with sexual partner or poor communication (not able to talk things over).
- Fear of pregnancy of sexual partner.
- Fear of contracting a sexually transmitted disease.
- Anxiety about sexual performance.
- Cultural or religious conflicts.
- Belief that sex is sinful or dirty.
- May be due to underlying physical disorder (such as prostatitis).

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOMES

The couple, and not just the man, needs to work on the problem together. It is usually curable in most people within 6 months with treatment.

POSSIBLE COMPLICATIONS

- Low self-esteem.
- The problem can recur after successful treatment.
- Stress with the marriage or other personal relationship.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider may do a physical exam and ask questions about your symptoms and sexual history. Medical test results are usually normal, as most males with this problem are healthy individuals.
- Treatment may involve counseling for the patient and his partner, and drugs.
- Your health care provider may have you try the following methods. They are recommended by sex

researchers and therapists Masters and Johnson. These measures often lead to ejaculatory control for 5 to 10 minutes or longer.

- Sensate-focus exercises, in which each partner caresses the other's body without intercourse to learn relaxed, pleasurable aspects of touching.
- Mutual physical exam of each other's bodies to acquaint both partners thoroughly with anatomy. This helps reduce shameful feelings about sex.
- Stop-and-start technique, in which the man is stimulated through controlled intercourse or masturbation until he feels an impending ejaculation. Stimulation is stopped and then resumed in 20 to 30 seconds.
- Squeeze technique, in which the woman squeezes her partner's penis with her thumb and forefinger when he feels an impending ejaculation. When ejaculatory feelings pass, intercourse is resumed. This is repeated as often as needed until the man can control ejaculation to the satisfaction of both partners.
- Work on ways to improve communication with your partner and try to reduce your performance anxiety.
- Counseling from a qualified sex therapist may be recommended if other methods are not successful.

MEDICATIONS

- There is no specific drug to treat the problem. A class of antidepressants called selective serotonin reuptake inhibitors (SSRIs) helps some men delay sexual climax. Your health care provider may prescribe one of these drugs for you. It may be used as a single dose prior to sexual intercourse or taken on a daily basis.
- A topical anesthetic agent may be recommended. It may help to reduce penile sensitivity and delay ejaculation. An example is lidocaine. It can be applied to the penis under a condom about 30 minutes before intercourse. Follow instructions provided with the product.

ACTIVITY

No limits.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has repeated episodes of premature ejaculation.
- Problem continues despite treatment.

Special notes:

More notes on the back of this page