

Premature ejaculation

Overview

Premature ejaculation is the most common male sexual problem, and is likely to affect nearly all men at least once in their lives.

Premature ejaculation is described as a lack of control over ejaculation, causing it to happen earlier than the man or his partner would like it to. This can be a very individual thing – for some men it will happen at different stages of foreplay and intercourse, ranging from first touch to just after penetration. Usually it is defined as premature if it happens within 1-2 minutes of starting to have sex.

It is very important for both men and their partners to remember that premature ejaculation should only be regarded as a problem if it happens all, or most of the time, and if this is creating problems for relationships.

There are some common contributors to premature ejaculation that include:

- The first time a man experiences foreplay or intercourse.
- If a man has not ejaculated for a long time.
- Early in a relationship, and overstimulation.
- Stress, anxiety or depression.
- In sexually inexperienced adolescents during heightened sexual excitement, with or without intercourse.

The good news is that there are effective treatments, and not all require extensive or invasive medical examinations. Up until recently it was widely accepted that there was no physical cause for premature ejaculation, although other physical conditions such as obesity or chronic illness may impact on a man's ability to have a fulfilling sexual relationship.

Causes

There are two main types of premature ejaculation:

- Lifelong, which refers to a patient who has had the condition since his first intercourse.
- Acquired, which describes a patient who develops symptoms after a period of normal sexual function.

Lifelong premature ejaculation is caused by some form of condition that affects how the brain processes stimulatory signals to and from the penis.

As there has been no single physical cause identified for acquired premature ejaculation,

it is widely accepted that is more likely be associated with a psychological cause.

However, there has been an identified link between premature ejaculation and prostate inflammation, also known as prostatitis. The prostate is located at the base of the bladder and plays an important part in the male reproductive system.

Sometimes premature ejaculation may occur in combination with erectile dysfunction – a condition caused by lack of blood supply to the penis which can indicate heart disease.

Psychological causes for premature ejaculation can vary greatly. Commonly reported causes include:

- Performance anxiety.
 - Fear or expectation of failure.
 - Fear of rejection.
 - Relationship problems or issues.
 - Stress. This may not be directly related to the sexual relationship, but could be the result of work, family or daily life stressors.
 - Past negative sexual experiences.
 - Religious beliefs.
 - Fear of hurting yourself or your partner.
- Often premature ejaculation will happen:
- At first contact/touch.
 - As soon as foreplay starts.
 - As soon as they try to insert their penis into the vagina to begin intercourse (commonly referred to as penetration).
 - Quickly after penetration.

This is especially so if the man has limited sexual experience or has not had sex for a long time, and may only be a transient problem.

Symptoms

It is generally accepted that premature ejaculation is a problem if it is very regular and causes stress, anxiety, depression or relationship problems.

Common symptoms of premature ejaculation include:

- A short amount of time between penetration and ejaculation – usually within 1-2 minutes of penetration
- A lack of perceived self control over the timing of ejaculation.
- Distress and interpersonal difficulty as a result of the condition.

Treatment options

While it is important to remain relaxed and positive about addressing premature ejaculation, it is also vital to take the right steps when seeking treatment.

There is not a 'one-size-fits-all' approach to treating premature ejaculation, so it is important that each patient has the information to make choices about their treatment path.

Treatment options include:

- Pharmacological therapy. Selective serotonin reuptake inhibitors (SSRIs) have been found to be helpful as they can prolong the time it takes to ejaculate. SSRIs are known as antidepressants and include medications such as fluoxetine (Prozac, Lovan, Zactin); sertraline (Zoloft); citalopram (Cipramil); and paroxetine (Aropax).
- Men may also be prescribed a local anaesthetic cream to the penis to reduce the feeling of stimulation, which may also delay ejaculation.
- Condom use has also been found to be helpful by reducing the level of feeling and stimulation.
- Psychological therapy. This could include counselling, psychotherapy, hypnotherapy, and behavioural therapy. This may be effective in helping address the source and results of sexual anxiety.
- Education will help a man and his partner understand the nature of the condition and the variety of treatments available to them.
- Distraction. Some men find it helpful to think about other things during sexual arousal to temper excitement levels. The exact nature of what they think about is highly individual, and generally needs to be non-sexual to be effective.
- The 'stop and start' technique requires sexual stimulation of the man until he feels about to ejaculate. All stimulation should then be stopped for about 30 seconds, before resuming. This process can be repeated as many times as required until the man wants to ejaculate.
- The 'squeeze' technique involves sexual stimulation of the man until he feels about to ejaculate. At that moment, the man or his partner should gently squeeze the end of the penis for about 5 seconds, followed by a halt in sexual stimulation for a further 30 seconds. This can also be repeated as often as required until the man wants to ejaculate.

Care should be taken to prevent injury during exercises, and patients should strive to maintain a relaxed approach to sexual intimacy. This gives them the best chance of overcoming the condition.

Premature ejaculation

Lifestyle and diet

Although there are no guarantees, the key to preventing this condition is a healthy lifestyle. A good diet and plenty of exercise is great for the body and mind. Maintaining good psychological health is also important, so minimising stressors and addressing issues that lead to anxiety and depression will also help.

If you are over-weight, getting down to a healthy weight may help. In recent years there have been an increasing number of Australian companies emerge to promote treatments for premature ejaculation. Many are not scientifically validated and while they may provide some relief to some men, they will not work for everyone.

Finally – relax. If you are in a healthy and loving relationship with an understanding partner there is no reason why you can not work through this, with a bit of creative thinking and some professional help.

Support and resources

- Andrology Australia
www.andrologyaustralia.org
- The International Society for Sexual Medicine
www.issm.info
- The Medical Journal of Australia published a clinical update on premature ejaculation in 2008 www.mja.com.au/public/issues/188_11_020608/pal11233_fm.html
- 'Too fast? Learn to Last Longer a Guide to Premature Ejaculation'. 2009, Lowy M and McCann B, Longueville Medias

It'sMyHealth.com.au