

Premature Ejaculation

PREMATURE EJACULATION

Premature ejaculation occurs when a man ejaculates sooner during sexual intercourse than he or his partner would like. Premature ejaculation is a common sexual complaint. Estimates vary, but as many as 1 out of 3 men say they experience this problem at some time.

As long as it happens infrequently, it's not cause for concern. However, you might be diagnosed with premature ejaculation if you:

- Always or nearly always ejaculate within one minute of penetration
- Are unable to delay ejaculation during intercourse all or nearly all of the time
- Feel distressed and frustrated, and tend to avoid sexual intimacy as a result

Both psychological and biological factors can play a role in premature ejaculation. Although many men feel embarrassed talking about it, premature ejaculation is a common and treatable condition. Medications, counseling and sexual techniques that delay ejaculation — or a combination of these — can help improve sex for you and your partner.

The main symptom of premature ejaculation is the inability to delay ejaculation for more than one minute after penetration. However, the problem might occur in all sexual situations, even during masturbation.

Premature ejaculation can be classified as:

- **Lifelong (primary).** Lifelong premature ejaculation occurs all or nearly all of the time beginning with your first sexual encounters.

- **Acquired (secondary).** Acquired premature ejaculation develops after you've had previous sexual experiences without ejaculatory problems.

Many men feel that they have symptoms of premature ejaculation, but the symptoms don't meet the diagnostic criteria for premature ejaculation. Instead these men might have natural variable premature ejaculation, which includes periods of rapid ejaculation as well as periods of normal ejaculation.

For some men, a conversation with a doctor might help lessen concerns about premature ejaculation. For example, it might be reassuring to hear that occasional premature ejaculation is normal and that the average time from the beginning of intercourse to ejaculation is about five minutes.

It's common for men to feel embarrassed about discussing sexual health concerns, but don't let that keep you from talking to your doctor. Premature ejaculation is a common and treatable problem.

Causes

The exact cause of premature ejaculation isn't known. While it was once thought to be only psychological, doctors now know premature ejaculation involves a complex interaction of psychological and biological factors.

Psychological causes

Psychological factors that might play a role include:

- Early sexual experiences
- Sexual abuse
- Poor body image
- Depression
- Worrying about premature ejaculation
- Guilty feelings that increase your tendency to rush through sexual encounters

Other factors that can play a role include:

- **Erectile dysfunction.** Men who are anxious about obtaining or maintaining an erection during sexual intercourse might form a pattern of rushing to ejaculate, which can be difficult to change.
- **Anxiety.** Many men with premature ejaculation also have problems with anxiety — either specifically about sexual performance or related to other issues.
- **Relationship problems.** If you have had satisfying sexual relationships with other partners in which premature ejaculation happened infrequently or not at all, it's possible that interpersonal issues between you and your current partner are contributing to the problem.

Biological causes

A number of biological factors might contribute to premature ejaculation, including:

- Abnormal hormone levels
- Abnormal levels of brain chemicals called neurotransmitters
- Inflammation and infection of the prostate or urethra
- Inherited traits

Risk factors

Various factors can increase your risk of premature ejaculation, including:

- **Erectile dysfunction.** You might be at increased risk of premature ejaculation if you occasionally or consistently have trouble getting or maintaining an erection. Fear of losing your erection might cause you to consciously or unconsciously hurry through sexual encounters.
- **Stress.** Emotional or mental strain in any area of your life can play a role in premature ejaculation, limiting your ability to relax and focus during sexual encounters.

Complications

Premature ejaculation can cause problems in your personal life, including:

- **Stress and relationship problems.** A common complication of premature ejaculation is relationship stress.
- **Fertility problems.** Premature ejaculation can occasionally make fertilization difficult for couples who are trying to have a baby if ejaculation doesn't occur intravaginally.

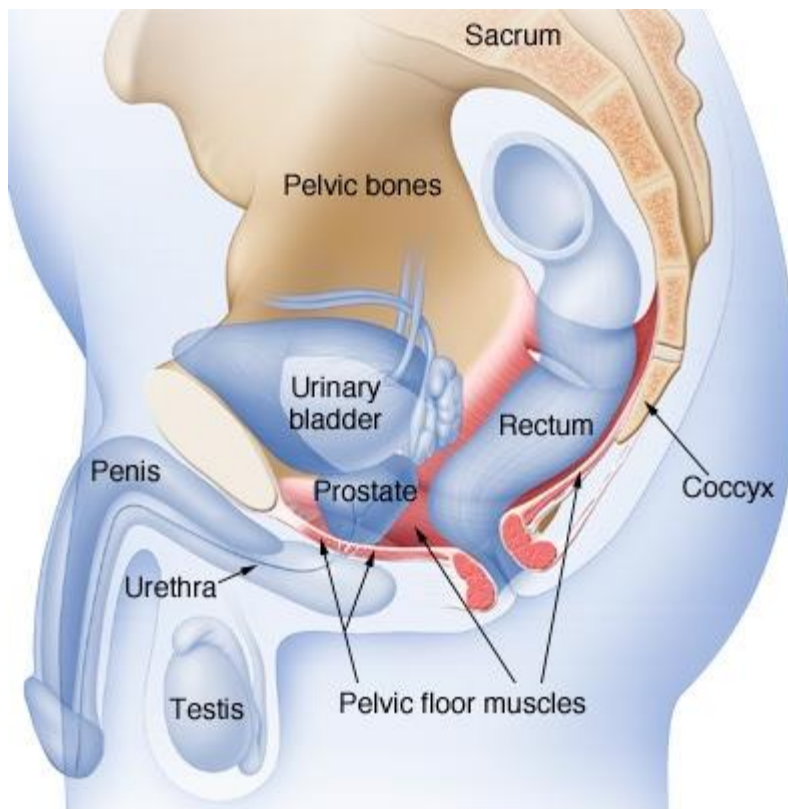
Treatment

Common treatment options for premature ejaculation include behavioral techniques, topical anesthetics, medications and counseling. Keep in mind that it might take time to find the treatment or combination of treatments that will work for you. Behavioral treatment plus drug therapy might be the most effective course.

Behavioral techniques

In some cases, therapy for premature ejaculation might involve taking simple steps, such as masturbating an hour or two before intercourse so that you're able to delay ejaculation during sex. We might recommend avoiding intercourse for a period of time and focusing on other types of sexual play so that pressure is removed from your sexual encounters.

Pelvic floor exercises



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Male

Weak pelvic floor muscles might impair your ability to delay ejaculation. Pelvic floor exercises (Kegel exercises) can help strengthen these muscles.

To perform these exercises:

- **Find the right muscles.** To identify your pelvic floor muscles, stop urination in midstream or tighten the muscles that keep you from passing gas. These maneuvers use your pelvic floor muscles. Once you've identified your pelvic floor muscles, you can do the exercises in any position, although you might find it easier to do them lying down at first.
- **Perfect your technique.** Tighten your pelvic floor muscles, hold the contraction for three seconds, and then relax for three seconds. Try it a few times in a row. When your muscles get stronger, try doing Kegel exercises while sitting, standing or walking.
- **Maintain your focus.** For best results, focus on tightening only your pelvic floor muscles. Be careful not to flex the muscles in your abdomen,

thighs or buttocks. Avoid holding your breath. Instead, breathe freely during the exercises.

- **Repeat 3 times a day.** Aim for at least three sets of 10 repetitions a day.

The pause-squeeze technique

Your doctor might instruct you and your partner in the use of a method called the pause-squeeze technique. This method works as follows:

1. Begin sexual activity as usual, including stimulation of the penis, until you feel almost ready to ejaculate.
2. Have your partner squeeze the end of your penis, at the point where the head (glans) joins the shaft, and maintain the squeeze for several seconds, until the urge to ejaculate passes.
3. Have your partner repeat the squeeze process as necessary.

By repeating as many times as necessary, you can reach the point of entering your partner without ejaculating. After some practice sessions, the feeling of knowing how to delay ejaculation might become a habit that no longer requires the pause-squeeze technique.

If the pause-squeeze technique causes pain or discomfort, another technique is to stop sexual stimulation just prior to ejaculation, wait until the level of arousal has diminished and then start again. This approach is known as the stop-start technique.

Condoms

Condoms might decrease penis sensitivity, which can help delay ejaculation. "Climax control" condoms are available over the counter. These condoms contain numbing agents such as benzocaine or lidocaine or are made of thicker latex to delay ejaculation. Examples include Trojan Extended, Durex Performax Intense and Lifestyles Everlast Intense.

Medications (Changes required)

Topical anesthetics

Anesthetic creams and sprays that contain a numbing agent, such as benzocaine, lidocaine or prilocaine, are sometimes used to treat premature ejaculation. These

products are applied to the penis 10 to 15 minutes before sex to reduce sensation and help delay ejaculation.

A lidocaine-prilocaine cream for premature ejaculation (EMLA) is available by prescription. Lidocaine sprays for premature ejaculation are available over-the-counter.

Although topical anesthetic agents are effective and well-tolerated, they have potential side effects. For example, some men report temporary loss of sensitivity and decreased sexual pleasure. Sometimes, female partners also have reported these effects.

Oral medications

Many medications might delay orgasm. Although none of these drugs are specifically approved by the Food and Drug Administration to treat premature ejaculation, some are used for this purpose, including antidepressants, analgesics and phosphodiesterase-5 inhibitors. These medications might be prescribed for either on-demand or daily use, and might be prescribed alone or in combination with other treatments.

- **Antidepressants.** A side effect of certain antidepressants is delayed orgasm. For this reason, selective serotonin reuptake inhibitors (SSRIs), such as escitalopram (Lexapro), sertraline (Zoloft), paroxetine (Paxil) or fluoxetine (Prozac, Sarafem), are used to help delay ejaculation.

Of those approved for use in the United States, paroxetine seems to be the most effective. These medications usually take five to 10 days to begin working. But it might take two to three weeks of treatment before you'll see the full effect.

If SSRIs don't improve the timing of your ejaculation, your doctor might prescribe the tricyclic antidepressant clomipramine . Unwanted side effects of antidepressants might include nausea and drowsiness

- **Analgesics.** Tramadol (Ultram) is a medication commonly used to treat pain. It also has side effects that delay ejaculation. Unwanted side effects might include nausea, headache, sleepiness and dizziness.

It might be prescribed when SSRIs haven't been effective. Tramadol can't be used in combination with an SSRI.

- **Phosphodiesterase-5 inhibitors.** Some medications used to treat erectile dysfunction, such as sildenafil (Viagra), tadalafil also might help premature ejaculatory though evidence is not robust. Unwanted side effects might include headache, facial flushing and indigestion. These medications might be more effective when used in combination with an SSRI.