

New insights into premature ejaculation could lead to better diagnosis and treatment

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There are many misconceptions and unknowns about premature ejaculation in the medical community and the general population. Two papers, both being published simultaneously in *Sexual Medicine* and the *Journal of Sexual Medicine*, provide much-needed answers that could lead to improved diagnosis and treatment for affected men.

Premature ejaculation can cause significant personal and interpersonal distress to a man and his partner. While it has been recognized as a syndrome for well over 100 years, the clinical definition of premature ejaculation has been vague, ambiguous, and lacking in objective and quantitative criteria. This has made it difficult for investigators to conduct clinical trials on experimental drugs and for doctors to effectively identify and treat affected patients. In 2008, the International Society for Sexual Medicine issued a definition of lifelong premature ejaculation, but a definition has been lacking for acquired premature ejaculation. "The lack of an evidence-based definition for acquired premature ejaculation promotes errors of classification, resulting in poorly defined study populations and less reliable and harder-to-interpret data that are difficult to generalize to patients," said Ege Can Serefoglu, MD, FECSM, of the Bagcilar Training & Research Hospital, in Istanbul, Turkey.

By reviewing and evaluating the medical literature, Dr. Serefoglu and his colleagues on the Second International Society for Sexual Medicine Ad Hoc Committee now provide a unified definition of lifelong and acquired premature ejaculation. The committee proposed the definition

to be a male sexual dysfunction characterized by (i) ejaculation that always or nearly always occurs prior to or within about 1 minute of vaginal penetration from the first sexual experience (lifelong) or a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired); (ii) the inability to delay ejaculation on all or nearly all vaginal penetrations; and (iii) negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy. "The unified definition of lifelong and acquired premature ejaculation will reduce errors of diagnosis and classification by providing the clinician with a discriminating diagnostic tool," said Dr. Serefoglu. "It should form the basis for both the office diagnosis of premature ejaculation and the design of observational and interventional clinical trials," he added.

The committee also conducted and published a study to provide clearly worded, practical, evidenced-based recommendations for the diagnosis and treatment of premature ejaculation for family practice clinicians and [sexual medicine](#) experts. Led by Stanley Althof, PhD, of Case Western Reserve University School of Medicine in West Palm Beach, Florida, the experts reviewed previous guidelines for premature ejaculation and examined new findings. "There are many misconceptions about [premature ejaculation](#). We sought to disseminate the most up-to-date information to non-sexual health specialists so that they can confidently treat patients suffering from this condition," said Dr. Althof. "We also reveal the burden of this dysfunction on the patient and his partner and discuss, in depth, the multiple treatments available." It also offers specific questions to ask patients during evaluations and detailed descriptions of various psychological, behavioral, educational, and pharmacological interventions.

More information: "An Evidence-Based Unified Definition of Lifelong and Acquired Premature Ejaculation: Report of the Second International Society for Sexual Medicine Ad Hoc Committee for the

Definition of Premature Ejaculation." Ege Can Serefoglu, MD, Chris G. McMahon, MD, Marcel D. Waldinger, MD, PhD, Stanley E. Althof, PhD, Alan Shindel, MD, Ganesh Adaikan, PhD, Edgardo F. Becher, MD, John Dean, MD, Francois Giuliano, MD, PhD, Wayne J.G. Hellstrom, MD, Annamaria Giraldi, MD, PhD, Sidney Glina, MD, PhD, Luca Incrocci, MD, PhD, Emmanuele Jannini, MD, Marita McCabe, PhD, Sharon Parish, MD, David Rowland, PhD, R. Taylor Segraves, MD, PhD, Ira Sharlip, MD, and Luiz Otavio Torres, MD. *Sexual Medicine* ([DOI: 10.1002/sm2.27](https://doi.org/10.1002/sm2.27)), *Journal of Sexual Medicine* ([DOI: 10.1111/jsm.12524](https://doi.org/10.1111/jsm.12524)); Published Online: May 22, 2014.

"An Update of the International Society of Sexual Medicine's Guidelines for the Diagnosis and Treatment of Premature Ejaculation (PE)." Stanley E. Althof, PhD, Chris G. McMahon, MD, Marcel D. Waldinger, MD, PhD, Ege Can Serefoglu, MD, Alan W. Shindel, MD, P. Ganesan Adaikan, PhD, DSc, Edgardo Becher, MD, PhD, John Dean, MD, Francois Giuliano, MD, PhD, Wayne J.G. Hellstrom, MD, Annamaria Giraldi, MD, PhD, Sidney Glina, MD, PhD, Luca Incrocci, MD, PhD, Emmanuele Jannini, MD, Marita McCabe, PhD, Sharon Parish, MD, David Rowland, PhD, R. Taylor Segraves, MD, PhD, Ira Sharlip, MD, and Luiz Otavio Torres, MD. *Sexual Medicine* ([DOI: 10.1002/sm2.28](https://doi.org/10.1002/sm2.28)), *Journal of Sexual Medicine* ([DOI: 10.1111/jsm.12504](https://doi.org/10.1111/jsm.12504)); Published Online: May 22, 2014

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