

# Premature Ejaculation: A Patient Guide



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## Introduction: A Common Problem with Solutions

### Don't Suffer in Silence

Some people think that premature ejaculation (PE) is a disease, or a problem that can't be fixed. Or, they think certain men are born with better control than others. These ideas are simply not true.

### There are many myths about PE. Don't believe myths or suffer in silence.

PE is when a man climaxes and ejaculates (releases semen) sooner than he would like during sex.

It's a common sexual issue. In the US, as many as 1 in 5 men aged 18 to 59 years old have problems with PE. In this guide, we share truthful information to help you address this common problem.

Many men feel stressed if they experience PE for any period of time. Men with PE and their partners can feel unhappy about their sexual relations, and embarrassed. Unfortunately, this is not a myth. But treatment is available and these feelings can change.

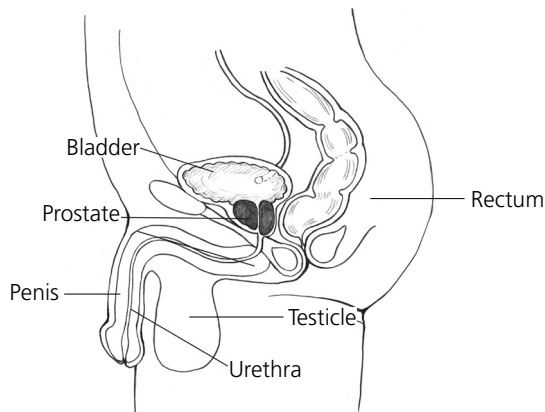
If PE causes you (or your loved one) to worry or to feel stressed, then you should ask your health care provider for help. Remember that you're not alone, and your provider knows what to do. Together, you can find the underlying cause and find treatment. This too, is not a myth.



### How Does Ejaculation Work?

**Ejaculation\*** is the sudden, pleasurable release of **semen** through the penis. It is controlled by your brain (your central nervous system). When you're sexually stimulated, signals are sent up your spinal cord to your brain. When you reach a certain level of excitement, your brain tells your reproductive organs to "go!" This causes semen to rush out through the penis (ejaculation).

#### Male Reproductive System



#### Ejaculation has two phases:

- **Phase 1: Emission**

When sperm moves from the testicles to the prostate. There it mixes with seminal fluid to make semen. The vasa deferentia are the tubes where sperm moves from the testicles to the prostate, then to the urethra. (Just one of these tubes is called a vas deferens.)

- **Phase 2: Expulsion**

When the muscles at the base of the penis contract. These contractions build pressure to force semen out of the penis. Often, ejaculation and orgasm (climax) happen at the same time. Some men climax without ejaculating. In most cases, erections go away after this phase.

### What is Premature Ejaculation?

**Premature ejaculation (PE)** is ejaculation that starts sooner than a man wants. It can happen before or shortly after penetration (intercourse). Other names for this are: rapid ejaculation, premature climax or early ejaculation.

Sexual health research shows that some men have PE from the start of their sexual lives. Other men get PE later in life. No matter when it starts, PE can be frustrating if it makes sex less enjoyable and troubles relationships.

PE is not in itself harmful, or a sign of other health problems. But other health problems can lead to PE. Overall, if PE causes you to worry or to feel stressed, then you should ask your health care provider for help. Together you can treat the issue.

#### PE may be connected to many things, for example:

- **Erectile dysfunction (ED)** – when a man can't keep an erection firm enough for sex
- Thyroid disorders
- **Prostatitis** – it may be a bacterial, non-bacterial, acute or chronic condition
- **Chronic pelvic pain syndrome** – a collection of conditions that can include spasms, bladder and/or rectal pain
- Medications
- Recreational drugs

It can be hard to know if what you're experiencing is PE or ED. In good health, erections begin with excitement, hold for a while and come down after ejaculation. Some men with ED develop PE as they 'rush' to stay rigid long enough for sex. If ED is part of the problem, it should be treated first. PE may no longer be an issue after ED is treated.

It's important to note that ED may be a sign that there's a more serious underlying problem. For example, it is a sign for heart disease. ED is linked to many conditions such as diabetes, high blood pressure or elevated lipids. Or, ED could be a side effect from smoking or a medicine. ED may suggest that it's time to pay closer attention to your health in general.

In the US, as many as 1 in 5 men aged 18 to 59 years old have problems with PE. About 1 in 3 men in the same age group have issues with ED.

## What Causes Premature Ejaculation?

There are many reasons why a man may have PE. There can be biological, chemical and/or emotional reasons. There can be issues with the neurotransmitters in the brain that rule sexual excitement.

### Serotonin

**Serotonin** is a natural substance made by nerves. It helps to control the way the brain manages mood, emotion, sleep and sexual desire. With high amounts of serotonin in the brain, feelings of pleasure and an ejaculation will last longer. Low amounts in the brain can lead to PE. Though it's not clear why, the neurotransmitter serotonin may play a role in PE.

### Age

Ageing is not a direct cause of PE. Premature ejaculation can happen at any age. Still, growing older naturally leads to changes in erections and ejaculation. For some older men, erections may not be as firm or as large. They may not last as long as before ejaculation occurs. For others, the opposite happens. Ejaculation may be delayed or **anorgasmia** may develop (when a man can't reach climax, even with an erection). Men with lifelong PE may feel like they never have control of ejaculation.

### Psychological Issues

Negative feelings impact sexual desire and can cause PE. Managing emotional stress is known to help.

Men with PE may also feel:

- Temporary depression
- Stress
- Guilt
- Unrealistic expectations about sex
- Sexual repression (blocked or bottled-up sexual feelings)
- A lack of confidence
- Relationship problems

**Premature Ejaculation is the most common sexual dysfunction in men.**

With PE, emotions are raw. You might feel ashamed and turn away from your sexual partner. You may feel angry. Your partner will often sense changes too and feel upset about your level of intimacy. They may not understand what's happening or think you're being 'selfish.' Or, your partner may feel somehow responsible, or fear that they are not attractive to you. Bottom line: PE causes both partners to feel less connected and hurt.

It can be very hard to talk about PE with your partner, and even harder to talk about it with a stranger. Still, couples **counseling** or **sex therapy** can turn things around. A couple will want to learn ways to relax with each other. When one partner is worried (like with performance **anxiety**), NOT talking only makes PE worse. If you can be open with your partner, you can work together. Exercises, like the squeeze technique, can be used to prolong an erection. There are many other tools that can also help. See the treatment section for more information.

## Myths about Premature Ejaculation

### Myth

Premature ejaculation is a problem that's entirely in one's mind.

### Fact

Studies have shown that a low level of serotonin, a natural substance that is produced by nerves, may be a possible cause.

### Myth

Alcohol is a good method for controlling premature ejaculation.

### Fact

Although alcohol can delay orgasm, it cannot treat premature ejaculation. In fact, it can worsen PE or bring on erectile dysfunction.

## GET DIAGNOSED

When PE is causing you problems, one of the first steps is to talk to a health care provider. He/she will start by asking you questions in order to recommend the appropriate treatment options for you.

### You may be asked:

- How often does the PE happen?
- How long have you had this problem?
- Does it happen with just one partner, or every partner?
- Does PE happen with every attempt at sex?
- What type of sexual activity (i.e., **foreplay**, **masturbation**, intercourse, use of visual cues, etc.) do you engage in and how often?
- How has PE affected your sexual activity?
- How are your personal relationships?
- Is there anything that makes PE worse or better (i.e., drugs, alcohol, etc.)?

Lab tests are only used if your provider has concerns about your medical history or physical exam.

### Questions to Ask Your Doctor

- What can I do to stop myself from ejaculating so quickly?
- Is there a medicine that I can take that will help? For example, is Viagra helpful or not?
- Can you recommend someone (a sex therapist) I can talk with about this?
- Premature ejaculation is causing problems in my relationship; should we go to counseling?
- Are there any drugs I should avoid?
- Should I wear a condom when I have sex?
- Is there an underlying problem that could be causing my PE?

## GET TREATED

### Premature Ejaculation is Treatable

Psychological therapy, behavioral therapy (sexual exercises) and drugs are the main treatments for PE. You and your doctor can work together to decide your best plan. Many people try more than one treatment at the same time.

### Psychological Therapy

The goal of therapy is first to learn what's causing your distress. Then, to resolve the issues that affect your sexual health or general wellbeing. It is sometimes called "talk therapy," and there are many types. It can be the only treatment, or used along with exercises and medicine. It helps to find a therapist (or counselor) who has experience with

**Talking about the problem is an important step in treating this condition.**

PE and sexual health. Therapy helps couples grow closer and become less nervous about performance. You can learn to feel more confident and more sexually satisfied.

### Behavioral Therapy

Behavioral therapy includes ways to make men aware of the sensations that build to climax and delay ejaculation. The goal is to train your body, lessen excitement and increase control. Examples include exercises like the squeeze method or the stop-start method. Exercises work well, but they need your partner's help. Single men can practice, but they work best when used (every time) with a partner.

- **The Squeeze Method:** Your partner stimulates your penis until you are close to ejaculation. When you are close, your partner stops sexual stimulation and firmly squeezes your penis (the glans penis, tip). The goal is for you to become aware of the sensations leading to climax. Then you can better control and delay your climax on your own.

- **The Stop-Start Method:** Your partner stimulates your penis until just before ejaculation. You ask your partner to stop until your urge to climax lets up. As you regain control, you ask your partner to start stimulating your penis again. This process is repeated three times. You ejaculate after the fourth time. Use this method until you have gained more control.

## Medical Therapy

No drugs have been approved in the US to specifically treat PE. Still, some drugs, numbing creams and sprays, and condoms can be used to help slow ejaculation.

- **Drugs:** Men and women on **antidepressants** can have the side effect of delayed orgasms. Some patients may even develop anorgasmia (when they can't have an orgasm). This is because antidepressants affect serotonin levels. Examples of these drugs are: Paroxetine (Paxil, Pexeva, Brisdelle), Sertraline (Zoloft), Fluoxetine (Prozac, Sarafem) and Clomipramine (Anafranil). Some doctors use them "off-label" (for a reason other than their original use) to treat PE. If you try this, your doctor will want to know how you do with it. If one type of medication doesn't give you the reaction you want, your doctor may have you try another. If the second one doesn't work, others may not help either.

The antidepressant's dose used for PE is often much lower than for **depression**. The best improvement is noted when the drug is taken daily. Side effects can include nausea, dry mouth, fatigue and decreased interest in sex. Even at low dosages, these **side-effects** may be too uncomfortable.

If you try a drug but want to stop, work with your doctor to stop slowly to avoid a withdrawal. PE can return if an antidepressant is stopped. Most men who use these drugs will continue for an ongoing basis.

- **Local Numbing Creams and Sprays and Condoms:** There are creams and sprays that you can put on the head and shaft of the penis to lower sensation. They are used about 10 to 30 minutes before sex. It's important to know that they also cause vaginal numbness. For this reason, you should wash the cream off of your penis 5-10 minutes before sex. But Promescent is a spray that can be used and does not cause the vaginal numbness. Wearing a condom can also help improve ejaculation control. This will also prevent the medicine from numbing the vagina, and it protects you from disease and pregnancy.

## Questions to Ask Your Doctor

- What treatment option(s) do you recommend for me?
- How soon after I start treatment can I expect to see improvement?
- Will treatment make my problem go away completely?
- How much improvement can I expect?
- Are there side effects from antidepressant medicine?
- Am I at risk for this problem coming back?
- What are my options if my PE does not improve?
- Is my PE a sign of a more serious health problem?

## PREVENTION



With the simple techniques listed here, about 95 out of 100 men will improve control of ejaculation. A combination of creams, exercises and therapy is often the best strategy. Men can prevent PE in the future by continuing to use these methods. There is no surgical 'fix' for PE.

When you work with your health care provider and your partner, you can often find a cure. If PE occurs again in the future, you'll know what to do to regain control and pleasure.

## Appendix A: Glossary

### **Anaorgasmia:**

When a man (or woman) can't have an orgasm, even with sexual stimulation.

### **Antidepressants:**

Medicine used to treat depression and related mental health problems.

### **Anxiety:**

Feelings of fear, dread and unease that happens as a reaction to stress.

### **Chronic Pelvic Pain:**

A collection of conditions that can include spasms, bladder and/or rectal pain

### **Counseling:**

Professional advice and guidance given to a patient to help him/her solve problems or make important decisions, etc.

### **Depression:**

Feelings of extreme, long-term sadness, guilt, helplessness and hopelessness. It may include thoughts of death. It is a clinical term.

### **Ejaculation:**

When sperm and other fluids come from the penis during sexual climax (orgasm).

### **Emission:**

The delivery of sperm and seminal vesicle secretions into the urethra through the prostate.

### **Erectile Dysfunction:**

When a man can't get or hold an erection firm enough for intercourse.

### **Erection:**

A state in which the penis fills with blood and becomes rigid.

### **Foreplay:**

Fondling of the sex partner to produce mutual sexual

arousal and pleasure. This is done before intercourse (sex).

### **Masturbation:**

Self-stimulating the genitals or other body parts to cause sexual excitement, usually to orgasm.

### **Orgasm:**

A state of physical and emotional excitement. It occurs at the climax of sexual intercourse. In the male, it is linked to the ejaculation of semen.

### **Premature Ejaculation (PE):**

Ejaculation that happens sooner than a man wishes, before or soon after intercourse.

### **Prostate Gland:**

A walnut-sized gland located below the bladder and in front of the rectum. The prostate provides seminal fluid to the ejaculate.

### **Prostatitis:**

A bacterial; non-bacterial, acute or chronic condition

### **Semen:**

The fluid containing sperm (the male reproductive cells) pushed through the end of the penis when the man reaches sexual climax (orgasm).

### **Serotonin:**

A small molecule (also known as neurotransmitter) that helps brain cells communicate with each other.

### **Sex Therapy:**

Counseling for sexual disorders. A sex therapist can be a psychiatrist, a marriage and family therapist, a psychologist or a clinical social worker.

### **Side Effects:**

An undesirable effect, like nausea, headache, insomnia, rash or something else that results from a treatment. It helps to learn about side effects before trying a drug or medicine.



## Appendix B: Additional Resources

Sometimes it's hard to know where to go for good information on premature ejaculation. Below are a few additional resources for people living with the condition.

### **Urology Care Foundation**

[www.UrologyHealth.org](http://www.UrologyHealth.org)

1-800-828-7866

The Urology Care Foundation is the official foundation of the American Urological Association. The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients and caregivers to improve patients' lives.

### **American Urological Association**

Premature Ejaculation Clinical Guideline – <http://www.auanet.org/education/guidelines/premature-ejaculation.cfm>

Erectile Dysfunction Clinical Guideline – <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>

The American Urological Association promotes the highest standards of urological clinical care through education, research and health care policy.

### **American Association of Sexuality Educators, Counselors and Therapists**

<http://www.aasect.org>

804-752-0026

Find a certified sex therapist/counselor near you click on "Locate a Professional."

### **Find-A-Urologist Tool**

[www.UrologyHealth.org/FindAUrologist](http://www.UrologyHealth.org/FindAUrologist)

If you need to find a health care professional near you, you can use the Urology Care Foundation's Find-A-Urologist tool online.

### **Sexual Medicine Society of North America (SMSNA)**

[www.sexhealthmatters.org](http://www.sexhealthmatters.org)

An affiliate of the American Urological Association, SMSNA's mission is to promote, encourage and support the highest standards of practice, education, research and ethics in the study and treatment of human sexual function and dysfunction.

## Notes



## About the Urology Care Foundation

### About the Urology Care Foundation

The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients and caregivers to improve patients' lives.

The Urology Care Foundation is the official foundation of the American Urological Association (AUA).

The Urology Care Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare provider regarding any health concerns and always consult a health care professional before you start or stop any treatments, including medications.

### For more information, contact:



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