Premature Ejaculation (PE)

Medical Care: Medical treatment for PE includes several options. Any serious primary medical condition (eg, angina) should be treated; for the purpose of the following discussion, the male is assumed to be healthy and PE is assumed to be his only problem. In addition, any accompanying erection problem (ED) can be treated with a variety of methods with excellent success; thus, only passing reference is made to treatment of any ED that may accompany the PE problem.

- Including the female partner as much as possible in the treatment and counseling sessions is important to achieve the best outcome.

- The first step for treatment of PE is to relieve any underlying performance pressure on the male.
    - Assuming that PE occurs when intercourse is attempted, instruct the couple that intercourse should not be attempted until PE is treated. The male may use manual stimulation, oral sex, or other means to satisfy the female partner in the meantime.
    - If the male always experiences ejaculation with initial sexual excitement or early foreplay, this is a serious problem and probably indicates primary PE (the history should reveal this), which then most likely requires treatment in conjunction with a mental health care professional. These more difficult cases should be screened out.

- The couple should then be instructed on sexual therapy, such as the stop-start or squeeze technique popularized by Masters and Johnson.
    - The female partner should slowly begin stimulation of the male and should stop as soon as he senses a feeling of excessive excitement that may lead to ejaculatory inevitability.
    - Then, she should administer a firm compression of the penis just behind the glans, pressing mainly under the penis. This should be uncomfortable but not painful.
    - Stimulation then should begin again after the male has a feeling that the ejaculation is no longer imminent.
    - The process should be repeated and practiced at least 10 or more times.
    - Gradually, most males find this technique helps decrease the impending inevitable need to ejaculate.
    - After a period of practicing this method, the couple can sit facing each other, with the woman's legs crossing on top of the male's legs. She can stimulate him by manipulating his penis close to, then with friction against, her vulval area. Each time he senses excessive excitement, she can apply the squeeze and stop all stimulation until he calms down enough for the process to be repeated.
    - Finally, coitus may be attempted, with the female partner in the superior position so that she may withdraw immediately and again apply a squeeze to remove his urge to climax.
    - Most couples find this technique to be highly successful. It can also help the female partner to be more aroused and can shorten her time to climax because it constitutes a form of extended foreplay in many cases.

- Another therapeutic modality is the use of desensitizing cream for the male.
    - In Korea and other areas of the Far East, SS Cream (a combination of 9 ingredients, mainly herbal) has been shown to desensitize the penis, decrease the vibratory threshold, and help men with PE to significantly delay their ejaculatory response.
    - Unfortunately, SS Cream is not yet approved by the US Food and Drug Administration (FDA), but simple combinations of lidocaine cream or related topical anesthetic agents can be used with similar effects and they are safe as long as the patient has no history of allergy to the substance.

- If the male is relatively young and he can achieve another erection in a few minutes following an episode of PE, he may find that his control is much better the second time.
    - Some therapists advise young men to masturbate (or have their partner stimulate them rapidly to climax) 1-2 hours before sexual relations are planned.
    - The interval for achieving a second climax often includes a much longer period of latency, and the male can usually exert better control in this setting.
    - In an older man, such a strategy may be less effective because the older man may have difficulty achieving a second erection after his first rapid sexual release. If this occurs, it can damage his confidence and may result in secondary impotence.

- The most effective pharmacologic modality found to aid men with PE is a drug from the selective serotonin reuptake inhibitors (SSRIs) class, drugs which are used normally as antidepressants in the clinical setting.
    - Some tricyclic antidepressants with SSRI-like activity also achieve the same result.
    - Many of these agents have been found to have, as a side effect, a tendency to cause both male and female patients to experience a significant delay in reaching orgasm.
    - For this reason, medications with SSRI side effects have been used in men who experience PE.

Surgical Care: No recommended surgical treatment exists for PE.

Consultations: Consultation with a sex therapist, psychologist, or psychiatrist may prove helpful if the primary care physician or urologist cannot provide successful treatment or does not have the time to explore psychological issues and implement behavioral techniques (eg, squeeze-pause). If the primary care physician or urologist is not experienced in treating PE or is uncomfortable with treatment, then early referral should take place (to a sex therapist, psychologist, or psychiatrist). Some physicians are comfortable implementing medication therapy but not behavioral therapy. The patient should be offered all treatment options as with any medical condition, and the physician should proceed with referral for those option(s) considered to require more specialized help than the physician can provide.