Sydney Men's Health
Australasian Sexual Health Conference 2014
Ejaculation disorders
Premature & Inhibited

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Spectrum of Ejaculatory Disorders

- Premature Ejaculation
- Delayed Ejaculation
- Retrograde Ejaculation
- Normal Ejaculation
- Anejaculation


Stages of normal ejaculatory physiology

- Emmission
  - Bladder neck closure
  - Deposition of seminal fluid into posterior urethra
- Ejection
  - Expulsion of seminal fluid from the urethra
  - Relaxation of the external sphincter
  - Co-ordinated pelvic floor, bulbospongiosis contraction
- Orgasm
  - A sensory experience associated with all these events

Ejaculatory Dysfunction

- 30% of men say they have a problem controlling ejaculation
- 90% of ejaculation problems are PE
- 5-10% of men complain of severe PE (anteportal)
- Prevalence PE 8-31%, delayed 2-4%

Sydney Men’s Health
**ISSM definition of PE**

J Sex Med 2014;11:1392-1422

- Ejaculation which always or nearly always occurs prior to or within about 1 minute of vaginal penetration (1°, lifelong), 3 minutes (2°, acquired)
- Inability to delay ejaculation on all or nearly all vaginal penetrations
- Negative personal consequences, such as distress, bother, frustration &/or the avoidance of sexual intimacy

**Dimensions Important for PE**

- Personal distress related to ejaculation
- Timing (IELT)
- Satisfaction with sexual intercourse
- Interpersonal difficulty related to ejaculation

Interracial Ejaculation Latency Time (IELT) is closely related to the main clinical characteristics of PE. Perceived control over ejaculation the key issue of PE is closely related to the IELT and triggers the other clinical symptoms and consequences of PE.

**PE - a neurobiological event**

Adapted from Donatucci CF. Etiology of ejaculation and pathophysiology of premature ejaculation. J Sex Med 2006, 3(6):303-308

**Recommended questions** for diagnosis

- What is the time between penetration and ejaculation (current)?
- Can you delay ejaculation?
- Do you feelarranged, annoyed, and/or frustrated by your premature ejaculation?

**Optional questions**

- Differentiate lifelong and acquired PE
- When did you first experience premature ejaculation?
- Have you experienced premature ejaculation since you first sexual experience or many/other strategy and with every partner?
- Is your erection hard enough to penetrate?
- Do you have difficulty maintaining your erection until you ejaculate during intercourse?
- Do you ever wish intercourse to prevent loss of your erection?
- How copulated your partner with your premature ejaculation?
- Do you experience sexual intercourse?
- Is your premature ejaculation affecting your overall relationship?
- Have you received any treatment for your premature ejaculation previously?
- Do you avoid sexual intercourse because of embarrassment?
- Do you feel anxious, depressed, or embarrassed because of your premature ejaculation?
Treatment of Premature Ejaculation

- Incorporate into sexual practice/adjust sexual script
- Behavioural techniques - stop/start, squeeze
- Oral medication - SSRI, clomipramine, PDE5i
- Intracavernosal injections
- Anaesthetic spray (Stud) & condoms (Durex)
- Pelvic floor exercises
- Selective neurotomy surgery
**Inhibited/Delayed/Retarded Ejaculation**

- Often a normal part of ageing
- Younger men - angry, withholding
- Relationship issues - conception
- Consider idiosyncratic masturbatory style (traumatic masturbatory syndrome) - conditioned inhibition
- Most can masturbate to orgasm on own

**Evaluation**

- Differentiate between anejaculation, anorgasmia and retrograde ejaculation
- Physical examination
- Analyse semen, urine, hormones
- U/S upper & lower renal tract

**Dapoxetine - Priligy**

- T max 1.2 hours
- T ½ 18 hours
- IELT 30mg 3.48x
- IELT 60mg 3.68x
- Side effects: nausea, headache

**Table 3: Causes of delayed ejaculation, onanorgasmia and anorgasmia**

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital</td>
<td>Maldescent testicles</td>
</tr>
<tr>
<td></td>
<td>Male hypospermatogenesis</td>
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<tr>
<td></td>
<td>Prone hypospermia</td>
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<tr>
<td></td>
<td>Autoimmune states</td>
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<tr>
<td></td>
<td>Degeneration of prostate</td>
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<tr>
<td>Neurogenic</td>
<td>Diabetes mellitus neuropathy</td>
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<tr>
<td></td>
<td>Multiple sclerosis</td>
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<tr>
<td></td>
<td>Spinal cord injury</td>
</tr>
<tr>
<td></td>
<td>Radial plexopathy</td>
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<tr>
<td></td>
<td>Neurologic states</td>
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<tr>
<td>Infective</td>
<td>Infections</td>
</tr>
<tr>
<td></td>
<td>Genitourinary infection</td>
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<tr>
<td></td>
<td>Urogenital infection</td>
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<tr>
<td>Medication</td>
<td>Alpha1 blockers</td>
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<tr>
<td></td>
<td>Antidepressants</td>
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<tr>
<td></td>
<td>Antiandrogens</td>
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<td></td>
<td>Alcohol abuse</td>
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</tbody>
</table>

**Table 4: Drug therapy for delayed ejaculation**

<table>
<thead>
<tr>
<th>Drug</th>
<th>As needed</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captopril</td>
<td>ND</td>
<td>0.5-2 mg twice daily</td>
</tr>
<tr>
<td>Amoxapine</td>
<td>ND</td>
<td>100-200 mg bid (3 doses prior to coitus)</td>
</tr>
<tr>
<td>Prazosin</td>
<td>4-12 mg (oral)</td>
<td>1-2 mg tid</td>
</tr>
<tr>
<td>Flomoxifen</td>
<td>ND</td>
<td>150 mg daily</td>
</tr>
<tr>
<td>Desipramine</td>
<td>ND</td>
<td>25-75 mg bid</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>4-12 mg (oral)</td>
<td>1-2 mg tid</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>24 h 20-30 mg during coitus</td>
<td></td>
</tr>
</tbody>
</table>

Non-drug treatment (enhances arousal)

- Pre & post masturbation/vibration
- Scrotal/perineal tickling
- Incorporate into normal practice
1° & 2°, worse with age, usually good quality erection & ejaculate OK on own
3% incidence
Biological – SSRI, anti-psychotics, diabetes, MS, spinal cord injury, radical prostatectomy
Psychological – religious issues, idiosyncratic masturbatory style, performance anxiety
Medical & sexual history plus genito-urinary examination

Sex therapy, masturbation retraining, pelvic floor muscles
Ask masturbatory style & frequency
Partner issues, conception issues
Pharmacological treatment
Penile vibratory stimulation

Common after benign prostate or bladder neck surgery
Some disease conditions – diabetes, neurological
Ejaculation into the bladder

Pharmacotherapy retrograde & inhibited ejaculation
- Alpha 1 adrenergic receptors agonist pseudo-ephedrine (Sudafed)
- SNRI reboxetine (Edronax) & buproprion
- Tricyclic anti-depressant imipramine
- Dopamine agonist amantadine (Symmetrel) & apomorphine
- Serotonin agonists cyproheptadine (Periactin) & Buspirone
- Oxytocin
- PDE5i

The End