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What does premature ejaculation mean to the man, the woman and the couple?

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Abstract

The relational impact of male and female sexual dysfunction, and specifically premature ejaculation (PE), is an important consideration. Published findings are consistent in identifying the negative psychosocial impact of PE on the man. However, the effect of PE on the female partner, especially in relation to her sexual functioning, has been less well studied. Female partners of men with PE report significantly greater sexual problems, with reduced satisfaction, increased distress and interpersonal difficulty, and more orgasmic problems than partners of non-PE men. Both men with PE and their partners feel control over ejaculation is the central issue in PE. For both, the lack of control leads to dissatisfaction, a feeling that something is missing from the relationship, and an impaired sense of intimacy. If left untreated, the situation can lead to increased irritability, interpersonal difficulties and deepening of an emotional divide. When treating a man with PE, the partner's participation should be encouraged to enable the physician to fully understand the extent of the problem, and consider other relevant factors, from her perspective. Identifying the best approach for the couple requires consultation with each person individually and together. In clinical practice, treatments for PE are likely to include a combination of pharmacological, psychological, sexological and/or behavioural approaches for both the man and his partner. It is vital that physicians regard PE as the couple's problem and endeavour to include the partner in its management where possible.

Introduction

Each partner has a unique emotional and physical response to the quality of the overall sexual encounter. Although the impact of quality is probably minimal in recreational/occasional sex, it is likely to be increasingly relevant in stable relationships and/or when the emotional involvement is deep [1]. The evident interpersonal interaction during love-making has prompted the investigation of the relational impact of male and female sexual dysfunction, and specifically premature ejaculation (PE) [2]. As with all sexual problems, it is the 'meaning' that the symptom has for the man, woman and couple that is important. Meanings are individually constructed, variable, and influenced by cultural and other factors [3, 4].

Definitions of PE include components of perceived lack of control and negative consequences for the man and his partner, in addition to short intravaginal ejaculatory latency time (IELT) [5]. Published findings are consistent in identifying the negative psychosocial impact of PE on the man, despite differences in the definitions of PE and methodologies used [2]. However, the effect of PE on the female partner, especially in relation to her sexual functioning, has been less well studied [2]. In this article, we will consider the impact of PE on both the man and his partner, and approaches to managing the couple with PE.

Impact of PE on the man

Methodologies that have been used to assess the impact of PE on the man include validated patient-reported rating scales [6-8], qualitative interviews [9] and anonymous surveys [10] (reviewed by Rosen and Althof [2] and Corona et al. [11]). Compared with men without PE, men with PE report worse outcomes on control over ejaculation, satisfaction, distress and interpersonal difficulty, assessed using the Premature Ejaculation Profile (PEP) [12, 13]. The findings were similar in the USA and five European countries [8, 13]. In a community-based observational study of 1587 men with and without PE, the 89 men diagnosed with PE had significant reductions in levels of sexual functioning, satisfaction and overall quality of life, and increased levels of distress and interpersonal difficulty [7].

Both PE and erectile dysfunction (ED) affect the man's sexual enjoyment and quality of life as well as his self-esteem and confidence [2]. Single men report that PE prevents them from seeking out new relationships because they fear embarrassing themselves once again [14]. Additionally, men tend to be reluctant to discuss and raise openly the issue of PE [14]. In the clinical practice setting, men often express concern that there is no effective treatment for PE or have difficulty accepting that there is a problem [2].

Impact of PE on the woman

Female partners of men with PE reported worse outcomes on the partner version of the PEP scale, compared with partners of men without PE [8, 13]. In addition, the female partners of the men with PE in the community-based observational study reported significantly greater sexual problems, with reduced satisfaction, increased distress and interpersonal difficulty than did partners of non-PE men [7]. Moreover, data from other studies show that all sexual domains – including desire, arousal, lubrication and orgasm – are significantly worse in partners of men with PE [15]: Fifty two per cent of the partners of men with PE report orgasmic problems versus only 23% of the partners of non-PE men ($p<0.0001$) [16]. There is some evidence to suggest that partnered-orgasm frequency is associated with duration of penile-vaginal intercourse [17], rather than, as is often written, correlating with duration of foreplay. However, it is important to note that frequency of intercourse-related orgasm is not the only concern for female partners of men with PE. The majority of women, no matter the duration of lovemaking, do not always achieve orgasm with intercourse [18]. Accordingly, the main concern for many partners is the abrupt break in intimacy and/or sexual pleasure caused by the man ejaculating too soon [19].

Clinical experience shows that the response of the woman to symptoms of PE in her partner changes over time. A woman may initially avoid raising the problem for fear of hurting the man's feelings and/or of increasing his feeling of inadequacy. This can lead to a 'collusion of silence', where neither partner is willing to talk about the problem. Later, she may raise the issue but finds the man denying that there is a problem or reluctant to discuss the issue of PE, which can result in feelings of frustration, anger and contempt towards the man. If left untreated, the situation can lead to increased irritability, interpersonal difficulties and deepening of emotional fracture.

The natural history of the impact of PE on the female partner typically comprises a number of stages. As discussed above, the initial complaint may be lack of coital orgasm or a broader complaint about the abrupt cessation of intimacy or sexual pleasure caused by the man's PE. Over time, untreated PE can cause the female partner to lose sexual desire, and lead to inadequate central and genital arousal, vaginal dryness and an inability to climax. These sexual problems can bring about emotional and physical dissatisfaction for the partner and the couple as a whole [1].

The impact of another sexual dysfunction, ED, on female partners has been studied in some detail. An interesting dichotomy is revealed when the responses of partners of men with PE and ED are compared (Table 1); partners of men

with ED tend to blame themselves, whereas partners of men with PE tend to blame the man for their problems. In the case of PE, the partner's anger and frustration that the man has not done anything to address the problem often provides the impetus for the couple to seek help [2].

Impact of PE on the couple

Both men with PE and their partners feel control over ejaculation is the central issue in PE [9, 13]. For both men with PE and their partners a lack of control leads to dissatisfaction, a feeling that something is missing from the relationship, and an impaired sense of intimacy. A typical scenario after the man ejaculates is that he feels ashamed and embarrassed and she is frustrated and angry. He goes to his side of the bed and she goes to hers; at this point, they are separate and silent and whatever intimacy existed has been badly terminated. In couples with PE, communication about sexual intimacy can be a major issue; therefore, early diagnosis and treatment are essential [1].

Some self-help treatments that men use in an attempt to manage their PE may actually make the situation worse [10]. For example, focussing attention elsewhere in an attempt to delay ejaculation decreases the sense of intimacy between the couple. It also diverts the man's attention away from his level of arousal resulting in his having little awareness of his excitement resulting in diminishing ejaculatory control. In addition, interrupted stimulation such as 'stop-start' techniques [20-22] affects the woman's sexual satisfaction. In one study, up to 40% of men reported that they had used alcohol in an attempt to reduce their anxiety and another 17% had used other recreational drugs [10]. Use of alcohol and recreational drugs should be explored as part of the clinical history because it touches on other clinical risks and co-morbidities.

Managing the couple with PE

The recent International Society for Sexual Medicine (ISSM) guidelines for the diagnosis and treatment of PE [4] propose a number of recommended and optional questions to ask men who are complaining of PE (Table 2). The recommended questions establish the diagnosis of PE based on the patient's IELT, control over ejaculation and the impact of the condition. The optional questions provide information relevant to the treatment strategy, including the differentiation between lifelong and acquired PE, any co-morbid ED, and the impact on their relationship and quality of life.

These ISSM guidelines reinforce the importance of involving the partner in the treatment of PE [4]. However, in practice, the vast majority of men who present for treatment do not involve their partners and may not appreciate the importance of involving them. Even if invited, partners can be reluctant to participate. Nevertheless, the partner's participation should be encouraged to enable the physician to fully understand the extent of the problem, and consider other relevant factors, from their perspective [4].

In situations where the couple present for treatment, identifying the best approach for the couple requires consultation with each person individually and together, based on a series of clinically relevant questions (Table 3) [1]. For the man with lifelong PE, questions should address the frequency of intercourse and 'ejaculatory rhythm' to distinguish between men with low desire and/or low biological drive and men with higher desire who are likely to respond better to treatment [1]. For men with acquired PE, it is important to explore their perception of the cause of their condition [1], as well as exclude or identify potential underlying causes. For the partner, questions should explore whether she has a sexual dysfunction or other problem, and also assess her current attitude to her partner [1]. Both the man and his partner should be asked individually what their motivation is for seeking treatment. It is also important to question the couple together to help determine whether there is a 'symptom inducer' and a 'symptom carrier'.

In clinical practice, treatments for PE are likely to include a combination of pharmacological, psychological, sexological and/or behavioural approaches for both the man and his partner [4, 23, 24]. It is important to address any underlying conditions (e.g. prostatitis) [25]. If the female partner has an independent or pre-existing sexual dysfunction (e.g. vestibulitis), then treating the couple is a valid approach to complement the man's PE treatment.

Conclusions

PE has a significant negative impact on both the man and his female partner and, therefore, has implications for the couple as a whole [2]. PE may deeply affect the quality of their relationship: erotically and emotionally. The female partner is often under-evaluated in the clinical practice setting [1]. It is vital that physicians regard PE as the couple's problem and endeavour to include the partner in its management where possible [2, 4]. The optimal treatment often includes both a pharmacologic, psychological and sexological approach to improve not only the 'symptom' of PE, but also the quality of the erotic intimacy, the variety of the sexual repertoire and ultimately the erotic satisfaction of both partners [1]. Combining a medical and psychological approach may be particularly useful in men with acquired PE where there is a clear psychosocial precipitant, or lifelong cases where the individual or couple's issues interfere in the medical treatment and success of therapy [4].

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Table 1: Differing perceptions of partner's of men with PE or ED [1].

Partners' perception of PE:	**Partners' perception of ED:**
"What is wrong with him?"	"What is wrong with me?"
"Why can't he control himself?"	"Am I not attractive enough?"
"Why does he let me down every time?"	"Am I not beautiful enough?
"Why doesn't he care for me?"	"Am I not sexy enough?"
	"He must have another woman"

Information taken from presentation by A. Graziottin "Out of the shadow: How to manage the couple with PE" at the 12th Congress of the European Society of Sexual Medicine. Lyon, France; 15-18 November, 2009.

Table 2: International Society for Sexual Medicine (ISSM) guidelines; recommended and optional questions to establish diagnosis of PE and inform treatment decisions [4].

Recommended questions *For diagnosis*	What is the time between penetration and ejaculation? Can you delay ejaculation? Do you feel bothered, 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 your first sexual experience on every or almost every attempt and with every partner?
Optional questions *Assess erectile function*	Is your erection hard enough to penetrate? Do you have difficulty in maintaining your erection until you ejaculate during intercourse? Do you ever rush intercourse to prevent loss of your erection?
Optional questions *Assess relationship impact*	How upset is your partner with your premature ejaculation? Does your partner avoid sexual intercourse? Is your premature ejaculation affecting your overall relationship?
Optional question *Previous treatment*	Have you received any treatment for your premature ejaculation previously?
Optional questions *Impact on quality of life*	Do you avoid sexual intercourse because of embarrassment? Do you feel anxious, depressed, or embarrassed because of your premature ejaculation?

Table 3: Clinically relevant sexual questions to ask the man, woman and couple [1].

Clinically relevant sexual questions to him individually	**Clinically relevant sexual questions to her individually**	**Clinically relevant sexual questions to the couple together**
For the man with lifelong PE How frequently do you have intercourse per week? *Many men report a worsening of their IELT when they reduce the frequency of intercourse* How often do you ejaculate per week? *Establishes 'ejaculatory rhythm'* How would you describe your current sexual desire: physical (the urge to have sex) and emotional (the desire to make love)? *This question addresses the quality of the relationship with the partner* What motivates you to have treatment now? For the man with acquired PE What in your opinion is causing or worsening PE?	How would you describe your sexual desire/arousal in the last month? Do you have vaginal dryness or pain? Do you have orgasm during intercourse? Or under any circumstances? Are you currently sexually satisfied/dissatisfied? Which are your most frequent feelings/emotions when you think about your sexual life? *Does the partner wish to help him, or does she have feelings of helplessness, frustration, anger, sexual indifference/avoidance?* Are you personally motivated to start couple treatment? If this is not your first sexual relationship, how was sex before? If you have any personal sexual problem, would you like to be evaluated /examined as well as treated?	How would you describe the quality of your relationship? What place does sex currently have in your life? Marginal or central? Which contraceptive method do you use? Or do you want children? *Key qualitative questions to help set the motivational scenario for effective treatment:* What do you currently miss the most in your relationship? Which one of you was more motivated to ask for treatment?

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