Out of the shadow: how premature ejaculation can affect the woman and the couple

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Time is a vital prerequisite for lovemaking: the stronger the physical and emotional attraction, the higher the erotic skill, the more time is appreciated and enjoyed as a key component of the couple's pursuit of pleasure.

Sensuality, intimacy, a varied sexual repertoire, and a duration of vaginal thrusting adequate to increase the woman's mental and vulvovaginal arousal leading to genital vascular congestion sufficient to reach intense coital orgasm(s), all require time and erotic skill.

Premature ejaculation (PE) is a sexual disorder that kills both: the time and the erotic skill. Ultimately PE threatens the physical basis of sexual satisfaction, a key contributor of affective bonding, particularly in stable relationships.

By definition, an Intravaginal Ejaculation Latency Time (IELT) of less than one minute rarely gives the woman sufficient time for a coital orgasm. The daily clinical dialogue well indicate that one of the most frequent quality complaint is the monotony of the intercourse: the man gradually avoids any type of erotic foreplay for fear of ejaculating soon and jumps on a disappointing penetration of an increasingly an-aroused partner.

Over time pleasure becomes dis-pleasure, for both the affected man and his partner. Disappointment, anger, frustration can be attenuated if the man can rely on a second or third rapid erection with a slightly longer IELT. However this implies a partner willing to accept this specific sequential "liturgy", so to say, and motivated enough to adjust her arousal and lovemaking skills to his PE-related limits.

Indeed, clinical studies confirm that PE has a profound negative impact not only on men but also on their female partner. Feelings of inadequacy, disappointment and anxiety associated with continued PE can lead to greater problems with partners and disruption of relationship. Moreover, pre-existing Female Sexual Dysfunctions (FSD) in the partner, FSD precipitated by the PE and/or her negative attitude towards his sexual problem may concur to precipitate or worsen PE. This may increase the emotional burden of PE and make the treatment more problematic. It is, therefore, vital to understand the psychosocial burden that PE places on the couple to further refine treatment options.

Specifically, PE adversely affects the couple in a number of ways, e.g. by decreasing the partner's sexual desire, her mental and genital arousal, her ability to achieve orgasm affecting her sexual enjoyment and her overall physical and emotional satisfaction, leading to a progressive avoidance of sexual intimacy. The pervading negative effect of this complex sexual disappointment ultimately exerts a considerable disrupting influence on patient-reported outcomes and quality of life (QoL) of both men and their partners, well documented in recent researches.

What is potency without control? Indeed lack of control over ejaculation is a central issue in PE for both males and their partners: over time, this sexually rooted lack of control will be increasingly considered a parameter of personal, social and professional inadequacy. The research evidence clearly indicates that PE men feels somehow less assertive and more inadequate at work. Two mechanisms seem to contribute to threaten self perception outside the bedroom: the self-blame the man feels, which further reduce personal self-esteem and social assertiveness contributing to worsen performance anxiety and reactive depression, and the contempt the woman may express towards him, non verbally or verbally.

An increasingly thicker glass of disappointment further contributes to reduce the sexual repertoire, to impair the physical and emotional erotic pleasure. Intercourse and sexual intimacy are dramatically reduced sometimes to less than once a month, the time dedicated to sexual intimacy becomes marginal, all contributing to dissatisfaction and a pervading feeling that 'something is missing' from the relationship. Indeed, men with PE believe that their overall relationship would be stronger if they could better satisfy their partner: a self-imposing fact.

Lack of communication between the couple is frequently another major issue that needs addressing, because the man is often reluctant to discuss PE with his partner or is in denial. Female partners, at least at the beginning of a relationship, may also avoid raising the problem for fear of hurting the man's feelings. Moreover, they can have independent or associated FSD that can concur to the couple's sexual crisis.

Given this complex impact of PE, managing the couple involves asking the man and his partner, separately, a series of questions to establish the extent and sexual impact of the problem from the male and female perspectives. Once predisposing, precipitating and maintaining factors have been considered on both sides, with physical examination when indicated, the couple answers questions together about their relationship to set the motivational scenario for an effective treatment strategy.

The physician should, therefore, evaluate PE not only as an individual problem but also from the perspective of its impact on the couple, to plan the best treatment strategy. Treatment with PRILIGY™ (dapoxetine, Janssen-Cilag) has been shown to provide improvements in control over ejaculation, satisfaction with intercourse and reduced feeling of distress related to PE. Moreover, female partners of men with PE receiving PRILIGY have reported improvements in their own sexuality, with significant improvement in the domain of desire, arousal and orgasm.

In conclusion, reduced levels of sexual functioning, satisfaction and QoL, as well as increased emotional distress and interpersonal difficulties associated with PE have a wide-ranging impact for both men with PE and their partner. Improved understanding of how the factors contributing to PE exert their negative impact from the perspective of the woman and of the couple will facilitate optimum management – pharmacologic and sexologic – of this condition. With a final caveat: time is critical also in treatment. The earlier the man and the couple ask for treatment, the higher the probability that a longer IELT and improvement of the physical performance will translate in a stronger affective bonding and a more fulfilling sexual relationship.