EUROPEAN SOCIETY FOR SEXUAL MEDICINE

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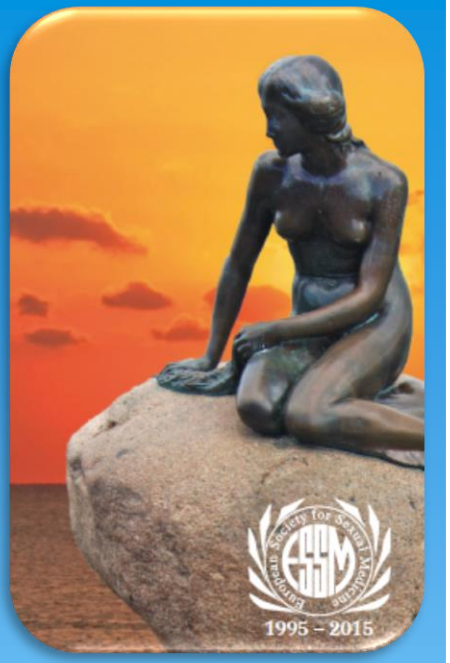


Copenhagen, 07-02-2015

Meeting ASESA/SPA 2015

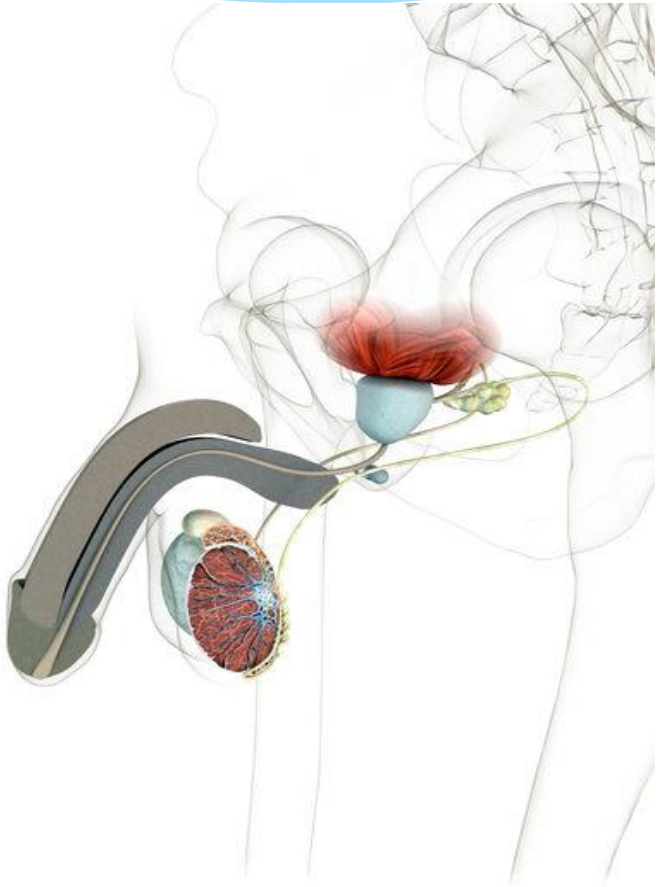
MANAGEMENT OF DELAYED EJACULATION

Bruno Jorge Pereira

MD, FEBU, FECSM

Delayed Ejaculation

1. Definition
2. *vs.* Premature Ejaculation
3. Epidemiology
4. Somatic Aetiology
5. Non-Somatic Factors
6. Clinical Presentations
7. Sexual Therapy
8. Pharmacological Treatment
9. Recommendations



Delayed Ejaculation

Definition

"Whilst orgasm and emission are normally linked, they are potentially separable" (Bancroft, 1989)

Ejaculation (physiological function) ≠ **Orgasm** (cerebral event)

"Ejaculatory incompetence is the inability to ejaculate within the vagina despite a firm erection and relatively high levels of sexual stimulation" (Masters and Johnson, 1966)

Bancroft J. Human sexuality and its problems. 2nd Edition. Edinburgh, Scotland: Churchill Livingstone, 1989
Masters WH, Johnson VE. Human Sexual Inadequacy. Boston: Little, Brown, 1966

Delayed Ejaculation

Definition DSM-V, 2013

Delayed ejaculation is defined by 4 symptoms…

1. An **inability** to climax during sex with a partner about 75-100% of the time, with either a delay in ejaculation or infrequent or absent ejaculation, specifically after **25 minutes to 30 minutes** of continuous sexual stimulation;
2. The symptoms described above have persisted for **at least six months**;
3. The symptoms produce **marked distress** in the individual;
4. The delayed ejaculation is not better accounted for by another mental disorder, use of a medication known for causing ejaculatory delay or failure, or due to stressors within or external to the relationship

* The ejaculatory delay **is not** considered pathological if it is due to a deliberate effort to prolong sexual activity

Delayed Ejaculation

Definition DSM-V, 2013

And a choice of specifiers:

1. The disorder is **lifelong**, commencing at the onset of sexual activity
2. Or **acquired**, starting after a period of normal sexual function
3. **Generalized**, in which ejaculating is delayed or not possible in either solitary or partnered sexual activity
4. Or **situational**, in which a man can ejaculate while masturbating, but not with a partner, or during specific sex acts (e.g., oral copulation but not vaginal intercourse)
5. Severity which include: **mild**, **moderate**, or **severe**

THE SEXUAL SATISFACTION OF THE PARTNER IS NOT TAKEN INTO CONSIDERATION

INTERNAL MEDICINE JOURNAL

Internal Medicine Journal **44** (2014)

CLINICAL PERSPECTIVES

Management of ejaculatory dysfunction

C. G. McMahon

Australian Centre for Sexual Health, Sydney, New South Wales, Australia

"Given that the **median IELT is 5.4 min** a clinician might assume that men with latencies **beyond 25 or 30 min** (about 2 standard deviations above the median) who report **distress** or men who simply **cease sexual activity because of loss erection, exhaustion, irritation or partner request** qualify for this diagnosis."

- **85%** of patients are able to ejaculate by **masturbation**
- **50% by non-coital stimulation** of the couple

Masters WH, Johnson VE. Human Sexual Inadequacy. Boston: Little, Brown, 1966

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1. Sexual Dysfunction and Sexual Behaviors in a Sample of Brazilian Male Substance Misusers.
Diehl A, Pillon SC, Santos MA, Rassool GH, Laranjeira R.
Am J Mens Health. 2015 Feb 2. pii: 1557988315569298. [Epub ahead of print]
PMID: 25643586 [PubMed - as supplied by publisher]
Related citations

2. Tramadol for **premature ejaculation**: a systematic review and meta-analysis.
Martyn-St James M, Cooper K, Kaltenthaler E, Dickinson K, Cantrell A, Wylie K, Frodsham L, Hood C.
BMC Urol. 2015 Jan 30;15(1):6. [Epub ahead of print]
PMID: 25636495 [PubMed - as supplied by publisher] **Free Article**
Related citations

3. Postorgasmic Illness Syndrome (POIS) in a Chinese Man: No Proof for IgE-Mediated Allergy to Semen.
Jiang N, Xi G, Li H, Yin J.
J Sex Med. 2015 Jan 29. doi: 10.1111/jsm.12813. [Epub ahead of print]
PMID: 25630453 [PubMed - as supplied by publisher]
Related citations

4. The Relationship between Self-Estimated Intravaginal Ejaculatory Latency Time and International Prostate Symptom Score in Middle-Aged Men Complaining of Ejaculating Prematurely in China.
Zhang X, Tang D, Xu C, Gao P, Hao Z, Zhou J, Liang C.
J Sex Med. 2015 Jan 29. doi: 10.1111/jsm.12811. [Epub ahead of print]
PMID: 25630352 [PubMed - as supplied by publisher]

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1. Premature **ejaculation** - dose and duration dependent effect of fluoxetine: a histological study on seminal vesicle of albino rats.
Aggarwal A, Jethani S, Rohatagi R, Kalra J.
J Clin Diagn Res. 2014 Sep;8(9):AC14-6. doi: 10.7860/JCDR/2014/10084.4912. Epub 2014 Sep 20.
PMID: 25386416 [PubMed] **Free PMC Article**
Related citations

2. Next day determination of ejaculatory sperm motility after overnight shipment of semen to remote locations.
Sati L, Bennett D, Janes M, Huszar G.
J Assist Reprod Genet. 2015 Jan;32(1):117-25. doi: 10.1007/s10815-014-0365-2. Epub 2014 Nov 9.
PMID: 25381621 [PubMed - in process]
Related citations

3. Delay of **ejaculation** induced by Bersama engleriana in nicotinamide/streptozotocin-induced type 2 diabetic rats.
Watcho P, Mbiakop UC, Jeugo HG, Wankeu M, Nguelefack TB, Carro-Juarez M, Kamanyi A.
Asian Pac J Trop Med. 2014 Sep;7S1:S603-9. doi: 10.1016/S1995-7645(14)60296-0.
PMID: 25312192 [PubMed] **Free Article**
Related citations

4. HuMOVE: a low-invasive wearable monitoring platform in sexual medicine.
Ciuti G, Nardi M, Valdastri P, Menciassi A, Basile Fasolo C, Dario P.
Urology. 2014 Oct;84(4):976-81. doi: 10.1016/j.urology.2014.06.040.

<5

x

Scarce scientific evidence about aetiology, treatment and outcomes

Delayed Ejaculation

Epidemiology

* Perhaps the least understood of male sexual dysfunctions
* For sure one of the least studied
* Rare condition → general population studies: **0-3%**
* **11%** in men attending GP's in London (2003)
* HIV-infected and homosexual men: **20-39%**
* **7,8%** in 1246 American men between 18-59 years old
* Population-based study UK 5000 men: **5,3%** (16-44 years old)
* **15-30%** in higher age groups
* Primary 25% | **Secondary 75%**

Lindau ST et al. N Engl J Med 2007;357:762-774
Laumann EO, Paik A, Rosen RC. JAMA 1999; 281:537–44
Fugl-Meyer AR, Sjogren Fugl-Meyer K. Scand J Sexol 1999;**3**:79–105
Lindal E. Soc Psychiatry Epidemiol 1993;28:91–5
Nazareth I et al. BMJ 2003;327:423–6 | Catalan J et al. J Psychosom Res 1992;36:409–16
Catalan J et al. Br J Psychiatry 1992;161:774–8 | Mercer CH et al. BMJ 2003;327:426–7

Delayed Ejaculation

Aetiology

15-30% in older males

Physiological changes in the Aging Male

* Sexual organ atrophy
* Decreased penile sensitivity
* Diminished testosterone levels
* Delay in achieving and maintaining a full erection
* Reduced erection quality
* Decline in intensity of orgasm
* Longer ejaculatory threshold

Gregoire A. ABC of Sexual Health: Male Sexual Problems – Clinical Review. BMJ 1999;318:245–7

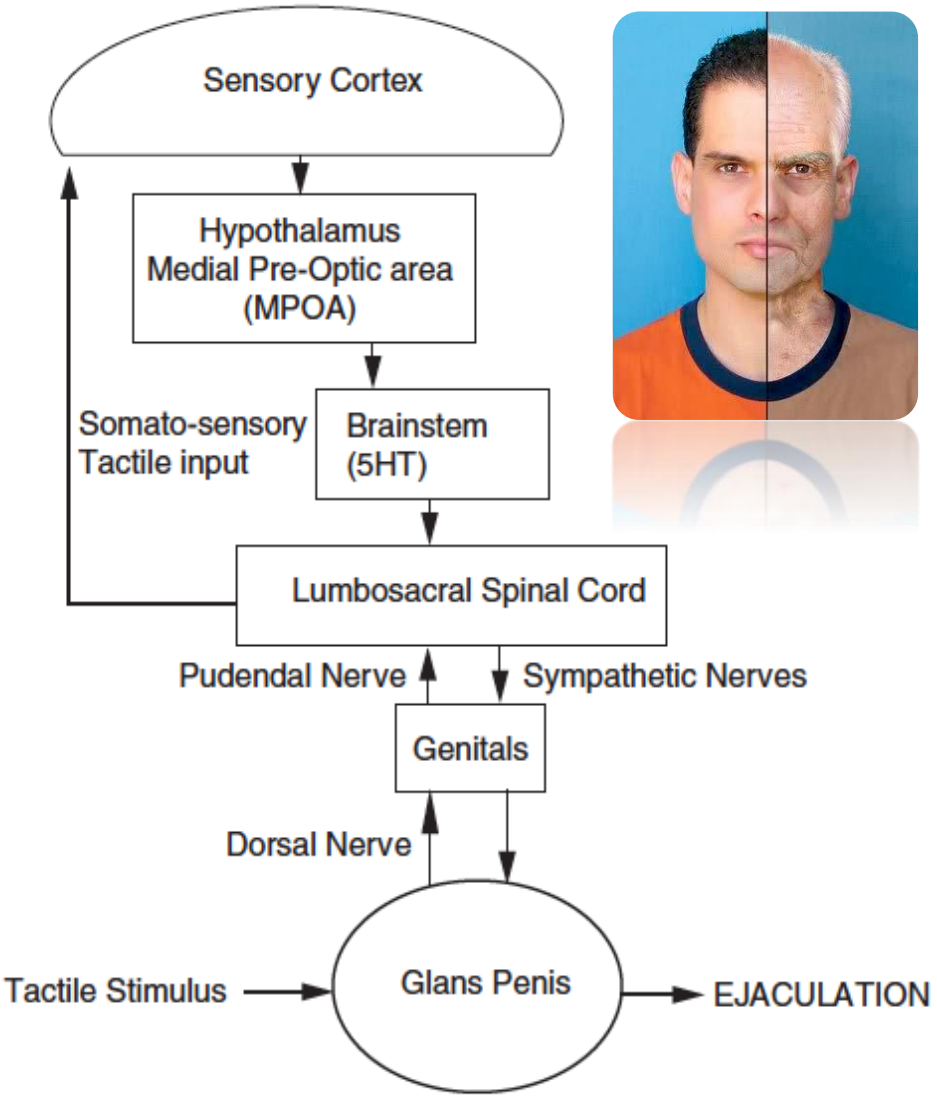
Delayed Ejaculation

Aetiology

Aging degeneration of the complex neurological reflex arc:

- Progressive loss of the fast conduction peripheral sensory axons
- Dermal atrophy
- Myelin collagen infiltration
- Pacinian corpus degeneration

+ age-related comorbidities!



Waldinger MD. The neurobiological approach to premature ejaculation. J Urol 2002;168:2359–67

Delayed Ejaculation

Aetiology

Any **psychological** or **medical disease** or **surgical procedure** that interferes with either;

* Central control of ejaculation
* Peripheral sympathetic nerve supply to the vas and bladder neck
* Somatic efferent nerve supply to the pelvic floor
* Somatic afferent nerve supply to the penis

…can result in DE, anejaculation and anorgasmia.

Delayed Ejaculation

Somatic Aetiology

Somatic Causes	
Neurogenic	Spinal Cord Injury (69%) Diabetic Autonomic Neuropathy (2%) Multiple Sclerosis (0,4%)
Surgical and Anatomical	TURP and Bladder Neck Incision Radical Prostatectomy Proctocolectomy Retroperitoneal Lymphadenectomy (22%) / Sympaticectomy Abdominal Aortic Aneurismectomy Peripheral Vascular Disease
Hormonal	Hypogonadism Hypothyroidism
Infective	Urethritis and other MAGI's Genitourinary Tuberculosis and Schistosomiasis
Local Factors and Others	Age and Penile Hyposensitivity Loss of vaginal coaptation (Lost Penile Syndrome) Dispareunia | Inhibitory penile pain from overstretched prepuce on erect penis or recurrent painful torn frenulum (Blandy, 1976)

Drugs and RE

- Schizophrenia
- Depression
- Obsessive-Compulsive Disorder

- Alcohol
- SSRI's (exception: **Bupropion**)
- TCA's
- Alpha-Blockers
- Thiazides → T
- PDE-5 inhibitors

Table 2 Drugs known to be associated with retarded ejaculation

Alcohol
Amitriptyline
Amoxapine
Baclofen
Bethanidine
Chlordiazepoxide
Chlomipramine
Chlorpromazine
Chlorprothixine
Chlorimipramine
Epsilon aminocaproic acid
Guanethidine sulphate
Haloperidol
Hexamthonium
Imipramine hydrochloride
Methadone
Naproxen
Nortriptyline
Pargyline
Perphenazine
Phenylzine sulphate
Phenoxybenzamine hydrochloride
Phentolamine
Prazosin hydrochlorice
Protriptyline
Reserpine
Thiazides
Thioridazide
Trazedone
Trifluoroperazine hydrochloride

Delayed Ejaculation

Penile Shaft and Dorsal Nerve Sensitivity

Clinical characteristics and penile afferent neuronal function in patients with primary delayed ejaculation

Andrology, 2013, 1, 787–792

[1]J.-D. Xia, [1]Y.-F. Han, [2]F. Pan, [2]L.-H. Zhou, [1,2]Y. Chen and [1,2]Y.-T. Dai

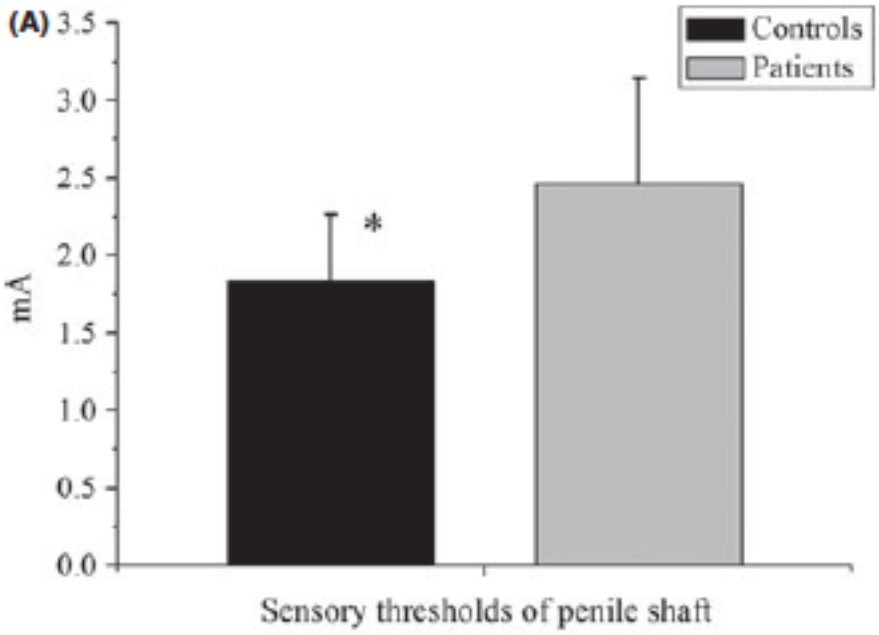


Table 1 Comparisons between patients with primary delayed ejaculation and controls

Characteristics	Patients ($n = 24$)	Controls ($n = 24$)	p
Age (years)	29.5 ± 4.8	30.6 ± 6.6	0.503
Weight (kg)	72.3 ± 12.8	73.5 ± 9.8	0.702
Height (cm)	172.3 ± 6.5	173.2 ± 4.6	0.588
Marital status, n (%)			
Married	21 (87.5)	23 (95.8)	0.609
Single	3 (12.5)	1 (4.2)	
Level of education, n (%)			
Graduate	8 (33.3)	7 (29.2)	0.283
High school	9 (37.5)	5 (20.8)	
None or primary school	7 (29.2)	12 (50.0)	
History of masturbation, n (%)			
Frequently (≥2 times/week)	16 (66.7)	4 (16.7)	0.010
Infrequently (≤1 time/week)	6 (25.0)	12 (50.0)	
Never	2 (8.3)	8 (33.3)	
Intermittent nocturnal emissions, n	11	19	0.017
Beck Depression Inventory (scores)	16.1 ± 4.0	10.1 ± 3.1	<0.001
Self-Rating Anxiety Scale (scores)	40.0 ± 8.1	27.7 ± 4.2	<0.001
IELT (min)	20.0 (15.0–24.5)[a]	5.5 (4.0–7.5)	<0.001
IIEF-5	23.5 ± 1.1	23.9 ± 0.9	0.257

IELT: intravaginal ejaculation latency time; IIEF-5: International Index of Erectile Function-5. [a]Two patients could not ejaculate. Their IELTs were calculated from the start of vaginal intromission to the cease of sexual activity due to exhaustion.

Delayed Ejaculation

Non-Somatic Factors

Masters WH, Johnson VE. Human Sexual Inadequacy, 1966

Non-Somatic Factors

1. Psychosocial Factors:
Life events, personality traits, behavioural patterns, relationships

2. Developmental Factors:
Troubled parental relationships, negative family attitudes towards sex, traumatic childhood sexual experiences and gender identity conflicts

3. Personal Factors:
Feelings, anxiety, guilt, depression, poor self-esteem, emotional immaturity, sexual information and education, cultural myths, poor body image, low libido, hyperactive sexual disorder, search for intense stimulation (paraphilias, excessive pornography), “autosexual orientation” with idiosyncratic style masturbation

Delayed Ejaculation

Non-Somatic Factors

Non-Somatic Factors

4. Relational and others:

Fear of castration, pregnancy or commitment, performance anxiety, strict religious imperatives, will to maintain control, inadequate sexual stimulation or arousal, couple's eroticism loss, excessive focus on exciting the partner and resentment or hostility towards the partner

Delayed Ejaculation

Clinical Presentations

Different Clinical Presentations
1. Intravaginal delayed ejaculation → *Lost Penis Syndrome*
2. Delayed ejaculation with oral stimulation
3. Delayed ejaculation com manual stimulation
4. Normal ejaculation and orgasm with self-stimulation but delayed ejaculation with heterostimulation
5. Generalized delayed ejaculation
6. Absent orgasm despite adequate sexual stimulation

Delayed Ejaculation

Sexual Therapy | Non-Pharmacologic Management

* Meditative relaxation (ex: Yoga)
* Psychotherapy
* Masturbatory suspension (idiosyncratic)
* or Masturbatory exercises (ex: switch hands)
* Viewing erotic films and magazines
* Sex play and erotic fantasies
* Male-superior positions → facilitate ejaculation?
* Pelvic Floor Muscle Training and Vibrators use (PVS)
* Reduction of performance anxiety
* Validation of the male's sexual orientation
* Encouraging the couple's communication
* Suspension or dose reduction of iatrogenic medication
* Alcohol consumption reduction

Wincze JP. Sexual Dysfunction. A Guide for Assessment and Treatment, 2001
Hawton K. Sex Therapy – A Practical Guide. Oxford: University Press, 1989

Delayed Ejaculation

Pharmacological Treatment

* Level of evidence III → No RCT's
* **Off-label use only**
* **Central dopaminergic agonist:** Amantadine
* **Anti-serotoninergic action:** Ciproheptadine

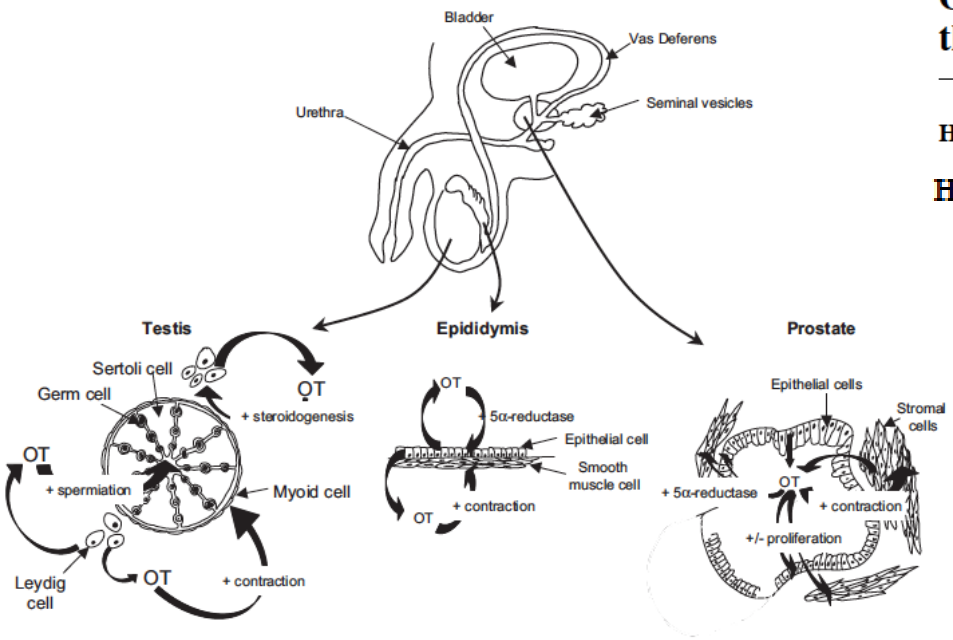
* **Others:** Yohimbine, Bupropion
* **Hormonal:** Hypothyroidism and Hypogonadism correction
* **Potential?** Oxytocin nasal spray

Balon R. J Sex Marital Ther 1996
Ashton K, Hamer R, Rosen R. J Sex Marital Ther 1997

Delayed Ejaculation

Oxytocin

* **The Love Hormone**
* Also synthetized in the testicles, epididymis and prostate
* Discharge on ejaculation → contractions of the male reproductive



Oxytocin—its role in male reproduction and new potential therapeutic uses

Hemlata Thackare[1], Helen D.Nicholson[2] and Kate Whittington[1,3]

Human Reproduction Update, Vol.12, No.4 pp. 437–448, 2006

CASE REPORTS J Sex Med 2008;5:1022–1024

Male Anorgasmia Treated with Oxytocin

Waguih William IsHak, MD, FAPA,*† Daniel S. Berman, MD,‡ and Anne Peters, MD§

*Cedars-Sinai Medical Center—Psychiatry, Los Angeles, CA, USA; †University of California at Los Angeles (UCLA)—Psychiatry, Los Angeles, CA, USA; ‡Cedars-Sinai Medical Center—Cardiology, Los Angeles, CA, USA; §Endocrinology, University of Southern California, Keck School of Medicine, Los Angeles, CA, USA

Delayed Ejaculation

Pharmacological Treatment

INTERNAL MEDICINE JOURNAL

Internal Medicine Journal **44** (2014)

CLINICAL PERSPECTIVES

Management of ejaculatory dysfunction

C. G. McMahon

Australian Centre for Sexual Health, Sydney, New South Wales, Australia

Table 4 Drug therapy for delayed ejaculation

Drug	Dosage	
	As needed	Daily
Cabergoline	ND	0.25–2 mg twice weekly
Amantadine	100–400 mg (for 2 days prior to coitus)	100–200 mg bid
Pseudoephedrine	60–120 mg (1–2 h prior to coitus)	ND
Reboxetine	ND	4–8 mg daily
Bupropion	ND	150 mg daily or bid
Buspirone	ND	5–15 mg bid
Cyproheptadine	4–12 mg (3–4 h prior to coitus)	ND
Oxytocin	24 IU intranasal during coitus	ND

ND, no data.

International Journal of STD & AIDS 2006; 17: 7–13

REVIEW

Recommendations for the management of retarded ejaculation: BASHH Special Interest Group for Sexual Dysfunction

Daniel Richardson BSc MRCP and **David Goldmeier** MD FRCP, on behalf of the **BASHH Special Interest Group for Sexual Dysfunction**

Jane Wadsworth Clinic, Jefferiss Wing, St Mary's Hospital, London W2 1NY, UK

* The diagnosis of retarded ejaculation is from **clinical history** based on the DSM IV criteria;
* In men with concomitant erectile dysfunction, the **erectile dysfunction should be treated first;**
* The **risks and benefits of all treatment options** should be discussed with patients prior to any intervention. Patient and partner satisfaction is the primary outcome target.
* Management of patients should be decided on a **case-by-case basis**: an eclectic approach should be adopted.
* Patients should be aware that pharmacological adjuvants to SSRI-induced retarded ejaculation are **not licensed** uses of these products.

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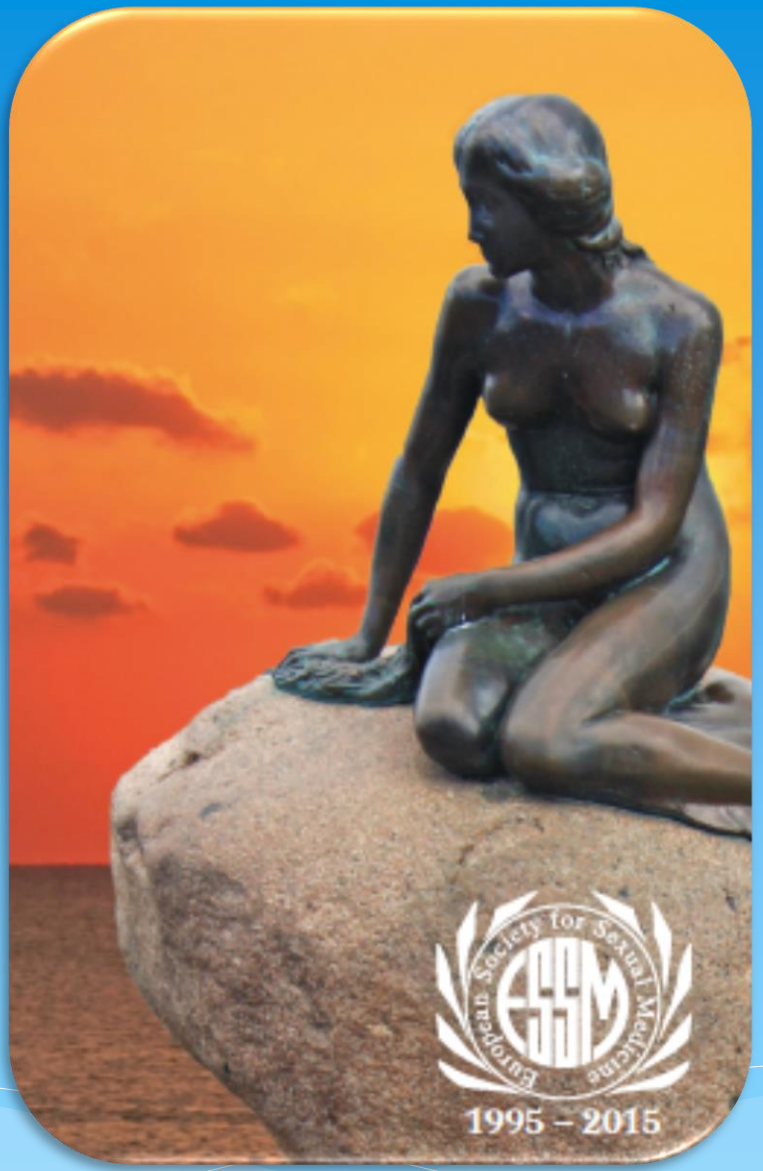

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