

Premature Ejaculation

What is ejaculation?

Ejaculation is the release of semen from the penis at orgasm (sexual climax). When a man is sexually stimulated, the brain sends signals to the genital area through nerves in the spinal cord to make the pelvic muscles contract.

At orgasm, waves of muscle contractions transport the sperm, with a small amount of fluid, from the testes through to the vas deferens. The seminal vesicles and prostate contribute extra fluid to protect the sperm.

This mixture of sperm and fluid (semen) travels along the urethra to the tip of the penis where it is ejaculated (released).

What is premature ejaculation?

Premature ejaculation happens when a man is unable to control the timing of ejaculation, and ejaculates before he and/or his partner feels ready for this to happen. This may cause distress in both the man and his partner.

How soon is too soon when a man prematurely ejaculates?

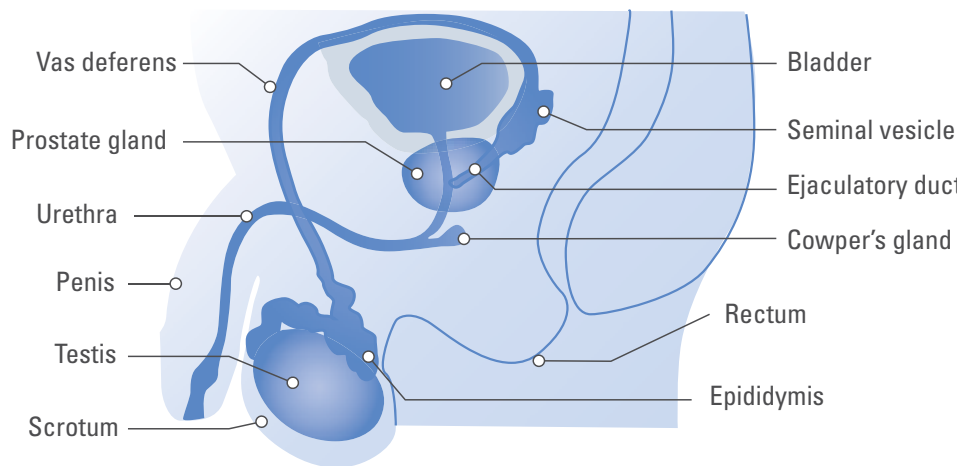
For a heterosexual man, a commonly used definition of premature ejaculation is ejaculating within about one minute of his penis entering his partner. However, there is no fixed time for 'too soon.' Premature ejaculation is a loss of control over ejaculation, and the distress it can cause to one or both partners, not just the time it takes a man to ejaculate.

How common is premature ejaculation?

Premature ejaculation is the most common male sexual problem and affects men of all ages.

Premature ejaculation is more common in younger men. This is because

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ejaculation generally takes longer as men get older and younger men may be less sexually experienced or feel less secure with the situation in which they are having sex.

What are the other types of ejaculatory problems?

Other types of ejaculatory problems can affect men such as no ejaculation, delayed ejaculation, retrograde ejaculation and painful ejaculation.

Men with any of these problems should talk to their doctor.

Are there different types of premature ejaculation?

There are two types of premature ejaculation:

- lifelong, sometimes referred to as primary
- acquired, sometimes referred to as secondary

Lifelong premature ejaculation is when a man has not had control of ejaculation from the time of his first sexual experience. If left untreated, the premature ejaculation will continue for the rest of his life.

Acquired premature ejaculation is usually when there has been a period of normal functioning before the premature ejaculation began.

Acquired premature ejaculation is often linked to psychological (especially relationship) issues or other erectile problems such as erectile dysfunction.

What causes premature ejaculation?

The cause of premature ejaculation depends on whether the premature ejaculation is lifelong or acquired.

Lifelong premature ejaculation can be caused by a chemical imbalance in important brain centres that lowers the threshold for ejaculation. As these men need less stimulation, ejaculation can happen sooner than desired. Psychological problems, including performance anxiety, may be secondary to lifelong premature ejaculation rather than being the primary cause.

Acquired premature ejaculation is often caused by performance anxiety. The anxiety can be about sexual performance, fear of being caught in a sexual act or anxiety related to a specific situation, such as a new relationship. Some religious beliefs may also make a man feel anxious about having sex.

Acquired premature ejaculation can also be caused by problems such as erectile dysfunction. This may be because of the need for intense stimulation to get and maintain an erection or from anxiety about the erection problem.

How is premature ejaculation diagnosed?

There are no tests for premature ejaculation as it is a self-reported diagnosis. Your local doctor (GP) can help in the diagnosis and treatment of premature ejaculation.

The doctor will ask questions about sexual history, including how long the premature ejaculation has been happening and when it first happened and, based on this, will talk about the possible causes.

How is premature ejaculation treated?

Treatment for premature ejaculation is usually based on the man's relationship status and the cause of the condition (whether it is lifelong or acquired).

There are several treatments available for premature ejaculation including sex therapy, behavioural techniques, sprays to reduce penile sensation, oral medicines and erectile dysfunction treatments (if erectile dysfunction is also a problem).

Your doctor may refer you to a specialist, such as a sex therapist, a urologist or an endocrinologist.

What is sex therapy?

Counselling with an experienced sex therapist may be very helpful in treating anxiety in men with either lifelong or acquired premature ejaculation. Counselling can help to identify any underlying sexual or relationship issues with the opportunity for open discussion.

What are behavioural techniques?

Semans' "stop-start" technique involves the man telling his partner to stop stimulation when he feels he is close to ejaculation. When the feeling has passed, stimulation can be started again. These steps of stopping and starting can be repeated as needed.

Masters and Johnson's "squeeze" technique involves squeezing the end of the penis for several seconds just before ejaculation, to lessen the urge to ejaculate. This is repeated until the man and his partner are ready for ejaculation to happen. This technique can help teach a man to control ejaculation.

How can a man reduce penile sensation?

Local anaesthetic sprays and creams can reduce penile sensation and should be applied up to 30 minutes before sexual intercourse; using a condom will prevent absorption of the gel or cream by the partner.

Using two condoms may also reduce sensation and help a man take longer to ejaculate.

What are the oral medicines?

Some antidepressants – tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) – have the side-effect of delayed ejaculation and are now commonly prescribed by doctors for premature ejaculation.

Dapoxetine (Priligy®) is the only SSRI that has been approved as a specific treatment for premature ejaculation (in men 18–64 years old) in Australia. It is taken "on-demand" rather than daily; 30 mg doses are taken one to three hours before intercourse.

The tricyclic antidepressant (clomipramine) has been shown to work better than SSRIs (fluoxetine, paroxetine, sertraline) in some men. These drugs work only for as long as the man continues to take the medication daily.

Taking SSRIs can have some side-effects such as decreased libido (sex drive), nausea, sweating, bowel disturbance and fatigue.

What are the erectile dysfunction treatments?

If a man has erectile dysfunction and premature ejaculation, treating the erectile problems first can help bring back normal control of ejaculation. Treatments for erectile dysfunction are commonly oral medications, including Viagra®, Cialis® and Levitra®. Other treatments include vacuum devices, penile injections and penile prostheses.

Having an emotional response to premature ejaculation is quite normal and discussing these feelings with your partner and/or doctor can help

What role do partners play in the treatment of premature ejaculation?

If a man is in a relationship, both the man and his sexual partner can be affected by premature ejaculation. Partners can give valuable support and help decide the best treatment option, and it is helpful to involve your partner when talking with your doctor.

Can premature ejaculation cause infertility?

Premature ejaculation does not usually cause infertility (in a couple), although sometimes it can cause problems for couples trying to become pregnant.

Many men who have premature ejaculation feel embarrassed when ejaculation happens before vaginal penetration. If this is the case, a doctor may use a treatment to delay ejaculation or refer the couple to a fertility specialist.

How can premature ejaculation affect men emotionally?

Premature ejaculation can cause embarrassment and anxiety, and men often feel more anxious when they try to find ways to manage the problem. Partners of men with premature ejaculation may find it difficult to deal with their partner's anxiety.

Having an emotional response to premature ejaculation is quite normal and discussing these feelings with your partner and/or doctor can help.

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