
Premature ejaculation

Summary

- Premature ejaculation is the most common sexual problem in men.
 - Occasionally losing control is normal. Most men orgasm sooner than they would like from time to time.
 - There is a variety of treatments to choose from, including exercises, therapy and medications.
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Premature ejaculation is the most common sexual problem for men. It is a lack of control over ejaculation so that it often happens sooner than the man or his partner wants, causing distress for one or both partners.

Some men ejaculate as soon as foreplay starts. Others lose control when they try to insert their penis, while some ejaculate very quickly after penetration. Whatever the case, premature ejaculation can cause distress and create tension between a man and his partner.

Some men will have premature ejaculation from the time of their first sexual experience (lifelong), while in others, it will develop after a period of normal sexual activity (acquired).

Occasionally losing control over ejaculation is normal. Premature ejaculation is only a problem if it happens frequently. Most men occasionally reach orgasm sooner than they'd like. For example, it is common for a man to ejaculate quickly the first time he has sex. It is also common if a man hasn't ejaculated for a long time. The occasional loss of control doesn't mean the man has a sexual problem.

Causes of premature ejaculation

In the past, premature ejaculation was thought to be entirely psychological. However, it is now thought that some men (particularly those with lifelong premature ejaculation) have a chemical imbalance in the brain centres controlling this function (this is called a neurobiological cause). This can, in turn, lead to associated psychological problems, such as performance anxiety.

Acquired premature ejaculation can be caused by psychological factors such as:

- depression or anxiety, particularly about performance
- feeling anxious about rejection by a sexual partner
- expecting failure
- negative sexual experiences in childhood
- religious beliefs
- stress
- problems within the relationship.

Some men develop acquired premature ejaculation because they have **erectile dysfunction** (are unable to get or keep an erection than enables them to have sex).

Treatment for premature ejaculation

Seeking help for premature ejaculation from a doctor or sex therapist is a good idea. Treatments for premature ejaculation will vary depending on the cause and whether it is lifelong or acquired premature ejaculation. The treatments include:

- behavioural techniques – these include the Semans 'stop-start' technique and the Masters and Johnson 'squeeze' technique
 - the Semans technique involves learning to control the sensations prior to ejaculation. The idea is to repeatedly bring yourself close to ejaculation, then stop and rest. If you do this often enough, you will
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learn to recognise your 'point of no return'

- the Masters and Johnson technique (named after the famed sex researchers) involves squeezing the end of the penis just before ejaculation to lessen the urge to ejaculate. These exercises can be done alone or with a partner
- Kegel exercises – these exercises are designed to strengthen the pelvic floor. To identify the muscles of your pelvic floor, stop yourself from urinating in midstream. This is the action you need to practice when your bladder is empty. Tightly contract the muscles and hold for 10 seconds. Repeat 10 times, three times a day
- psychotherapy and counselling – with the guidance of an experienced sex therapist, any underlying anxieties about sex can be explored and eased
- reducing penile sensation – local anaesthetic sprays and creams can be used to reduce penile sensation and should be applied 30 minutes before sexual intercourse. Use these treatments with a condom to prevent absorption by your partner. Using two condoms may also help to reduce sensation
- SSRIs (selective serotonin reuptake inhibitors) and tricyclic antidepressants – a side effect of these medications is to slow ejaculation when used in men with depression. This effect may be helpful in men with premature ejaculation, and these medicines can be used in conjunction with counselling. Taking SSRIs can have other side effects such as decreased libido (sex drive), nausea, sweating, bowel disturbance and fatigue. Only one SSRI (dapoxetine) has been approved as a treatment for premature ejaculation and it is taken as required before sexual intercourse
- if the premature ejaculation is associated with erectile dysfunction, erectile dysfunction treatments such as PDE5 inhibitors (Viagra®, Cialis®, Levitra®) can help restore control of ejaculation.

Where to get help

- Your **doctor (GP)**
- Sex therapist

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