

Sex advice: Is smoking contributing to my premature ejaculation?

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A reader who started smoking after meeting his fiancée fears that it may have hit his performance in the bedroom. Our sex experts advise

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What is it about falling in love that encourages otherwise sensible people to take up smoking? It's the nerves, isn't it? You don't know what to do with your hands and a fag gives you something to fiddle with. And sharing cigarettes seems romantic. It's all so sexy and sultry and Parisian. So Robert Doisneau. So café culture. So addictive.

There comes a point, usually when the fairy dust has worn off the newness of your relationship, that you wake up with the taste of stale tobacco in your mouth and realise that you are desperate to wash your teeth . . . and have another fag. Dependency is never sexy. It is expensive and injurious to your health and, without wishing to sound like your mother, if you and your fiancée want to live happily ever after, you need to quit, pronto.

The good news is that unless you have developed a 60-a-day habit over the course of the longest engagement in history, I doubt that smoking has had the time to ruin your marriage prospects. Because this is a recent problem, and your ejaculation is also weak, you should put your mind at ease and get checked out by a urologist. But I suspect that you are confusing premature ejaculation (coming too quickly) with research that connects smoking and erectile dysfunction (not getting an erection).

What to do about painful erections

The British Medical Association estimates that smoking increases the risk of erectile dysfunction by about 50 per cent for men in their thirties and forties, and they suggest that there are 120,000 men in this age group in the UK who are impotent purely because they smoke. Premature ejaculation, however, is usually caused by anxiety, and since getting married is sixth on the list of the top ten most stressful life events, this problem is bound to improve once you both stop worrying about seating arrangements and vegetarian options.

The Stop-Start technique

Premature ejaculation is a common problem - 30 per cent to 40 per cent of British men suffer from it - and although doctors sometimes prescribe antidepressants to delay ejaculation, there are a number of self-help techniques. If you follow this link <http://sexuality.about.com/od/anatomyresponse/ht/controlprematur.htm> you will find instructions on the Stop-Start technique, which helps men to recognise and extend the build up to ejaculation.

The most important thing you can do to help yourself is to give up smoking so that you break the psychological link you have created between cigarettes and coming too quickly. If you and your fiancée don't feel you can quit before the wedding, don't even try. Set a date when your life will be more settled and then give up together. Use props if you need them - hypnotherapy, acupuncture, nicotine patches. Save the money you would have wasted on fags, and when the fairy dust has worn off the newness of your marriage, take a second honeymoon.

How old are you? How long have you known your fiancée? Both factors are highly significant. Quite rightly, people search for physical reasons to account for erectile dysfunction or premature ejaculation but possible psychological reasons shouldn't be neglected.

In an established relationship, there is usually more sexual intercourse in the initial stages, and the foreplay is more detailed, attentive and also more prolonged.

If the man is more mature and can control his orgasm he may at the start of the affair be careful not to come too quickly. Once the mutually lustful stage of love wears thin, sex may become less important and companionship more so. The next stage of love is associated with acceptance and understanding.

You have raised an important question about the effect of smoking on sexual prowess and reproductive ability. I have no moral opinions on smoking, but I am amazed that the anti-smoking campaigners don't make greater capital out of the disadvantages of smoking for those who want to pursue a potential partner and eventually to have healthy children.

Impotence and decline

Smoking, in the short and long term, increases impotence and reduces penile rigidity. In men whose erections are already beginning to falter, smoking may complete their decline. In the long term it can cause atherosclerosis of the arteries leading to the penis. As they become furred up, the blocking of the blood supply to the penis may cause an inadequate erection or impotence.

In the short term, smoking may cause temporary constriction of the penile arteries so rapidly that the effect of the last cigarette smoked by a randy lover becomes obvious within moments.

Smokers are also more likely to suffer premature ejaculation and a reduction in the amount of semen produced. An average non-smoker in

the 30 to 50 age group produces around 3.5ml of semen, about three-fifths of a large teaspoonful.

Smokers of the same age group produce on average only 1.9ml of semen, well under half a large teaspoonful. This is the amount of semen produced by an average 60 to 70-year old man, and the fertility may be reduced accordingly.

It is not only the quantity of the semen that suffers but also the number, activity, vitality and sense of direction of the swimming sperm. The number of obviously deformed sperm is also increased, as is the number of sperm in which molecular examination will show excessive DNA fragmentation, even if the sperm is otherwise normal.

If 15 per cent of sperm in a specimen have evidence of DNA fragmentation it is described as an excellent specimen; 15 to 30 per cent fragmentation and the specimen is known as good.

A score of more than 30 per cent of sperm with DNA fragmentation is often found in smokers and the semen and sperm, even if otherwise normal, is then described as being of poor quality.

Dr Thomas Stuttaford, the Times doctor, spent many years working in a genitourinary clinic

http://women.timesonline.co.uk/tol/life_and_style/women/relationships/article4633443.ece