

Premature ejaculation: finding the treatment that works for you

THOMAS LYNCH

MEN'S HEALTH MATTERS: Premature ejaculation involves a complex interaction of both psychological and biological factors, writes THOMAS LYNCH .

Q I am 24 years old and suffer from premature ejaculation. Intercourse is very unsatisfactory and frustrating both for my partner and myself. What is the cause of this problem and is there anything that I can do about it?

A Many men occasionally ejaculate sooner during sexual intercourse than they, or their partner, would like. As long as it happens infrequently, it's probably not a cause for concern.

However, if you regularly ejaculate sooner than you and your partner wish – such as before intercourse begins or shortly afterward – you may have a condition known as premature ejaculation. There's no medical standard for how long it should take a man to ejaculate.

It is a common sexual disorder and may affect as many as one in three men. Even though it's a common problem that can be treated, many men feel too embarrassed to talk to their doctors about it or to seek treatment.

In most cases we are not sure what causes premature ejaculation. While it was once thought to be only psychological, we now know premature ejaculation is more complicated and involves a complex interaction of both psychological and biological factors.

A biological cause is more likely if it has been a lifelong problem.

It may be that early sexual experiences may have established patterns that can be difficult to change, such as situations in which you may have hurried to reach climax

to avoid being discovered or guilty feelings that increase your tendency to rush through sexual encounters.

In some men, premature ejaculation is related to problems with erections. Men who are anxious about obtaining or maintaining their erection during sexual intercourse may form a pattern of rushing to ejaculate before they lose their erection.

Many men with premature ejaculation also have problems with anxiety – either specifically about sexual performance or caused by other issues.

A number of biological factors may contribute to premature ejaculation, including abnormal hormone levels, abnormal levels of brain chemicals called neurotransmitters, abnormal reflex activity of the ejaculatory system, certain thyroid problems, inflammation and infection of the prostate or urethra or inherited traits.

Rarely, premature ejaculation is caused by nervous system damage resulting from surgery or trauma, withdrawal from narcotics or a drug called trifluoperazine (Stelazine), used to treat anxiety and other mental health problems.

You don't have to live with premature ejaculation – treatments including medications, psychological counselling and learning sexual techniques to delay ejaculation can improve sex for you and your partner. For many men, a combination of treatments works best.

In general, practice and relaxation will help you deal with the problem. Some men try to distract themselves by thinking non-sexual thoughts to avoid becoming excited too fast.

Some helpful techniques include the “stop and start” method. This technique involves sexual stimulation until the man recognises that he is about to ejaculate. The stimulation is then removed for about 30 seconds and then may be resumed and repeated until ejaculation occurs.

The “squeeze” method involves squeezing the end of the penis for several seconds, withholding further sexual stimulation for about 30 seconds, and then resuming stimulation.

The sequence may be repeated by the person or couple until ejaculation is desired, the final time allowing the stimulation to continue until ejaculation occurs.

Some drugs have delayed ejaculation as a side effect and may be helpful.

Antidepressants such as Prozac and other selective serotonin reuptake inhibitors (SSRIs) may be helpful because they have a common side effect of prolonging the time it takes to achieve ejaculation.

Local anaesthetic creams may be applied to the penis to decrease stimulation. Decreased feeling in the penis may prolong the time before ejaculation. Condom use may also have this effect for some men.

Evaluation by a psychosexual therapist may also be very helpful.

This weekly column is edited by Thomas Lynch, consultant urological surgeon, St James’s Hospital, Dublin

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