Premature Ejaculation (PE): Treatment from a Sex Therapist perspective

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PE conceptualisation

- Heterosexual men attempting vaginal intercourse
- Paradigm shift in way we conceptualise PE in last 10 years
- Generally conceived PE as a disorder in the young (1,2, 3,)
- Constant across age groups (4,5)
- Moved on from pure psychological perspectives that dominated from 1900 1990s (6,7,12,1,2,3)
- PE has neurobiological & physical causes in addition to psychosocial (9, 10)

PE: Sub-Classifications (12)

- Lifelong: from about first sexual contact, on all occasions, across contexts (neurobiological/ genetic) (9,10)
- Acquired: at some point in mans life, previous normal ejaculation (mixed aetiology)
  - Physiological: urologic, thyroid, diabetes (17, 18, 19)
  - Injury: spinal cord, surgery
  - Medication: opiate withdrawal
  - Psychological & Relationship
- Natural Variable: intermittent, natural variation of sexual response (psychological & relationship)
- PE Like Ejaculatory dysfunction (psychological & Sociological & relationship)

What is PE

- Exact mechanisms of PE remain unknown
- Reduced Intravaginal Ejaculatory Latency Time (IELT) < 1minute- approx 2 minutes (11, 12, 13, 38)
- Perceived diminished control of ejaculation (14, 15, 37, 38)
- Negative emotional consequences to the man
- Impact on the female partner and the relationship (16)

Impact on Men: negative emotions

- Negative emotions (1, 3, 16, 20,21, 22)
  - anxiety; frustration; anger; disappointment; bother, guilt and shame
  - Decreased sexual/ general self-confidence,
  - Lower self-esteem; feel sexually inadequate;

- Distress at not satisfying partner: (20)
  - Avoid initiating sex for fear disappoint partner (21, 23)
  - Fear starting new relationships or avoid new relationships (24, 20)

Impact on man: negative emotions

- Worry partner will be unfaithful. (20)
  - some evidence of same (21)
- Low sexual relationship satisfaction:
  - low satisfaction with intercourse (due to lack of control) (21, 32)
  - difficulties with sexual arousal, less enjoyment of orgasm, (15, 25, 29, 32)
- Lower overall Quality of Life (26)
- Similar symptoms across subtypes (29)

Impact on men: attention focus

- Controlling/Stoping/ holding back ejaculation (21,28)
  - Hold back sexually
  - Restrain ejaculation: clench stomach, pelvic floor, hold breath
  - De-arousal: Distraction/Detachment /Desensitise
- Performance focus (28)
  - Future sexual failure & embarrassment (21)
  - High expectations which they don't meet (27)
  - Perceived performance demands from partner (1)
  - Increased thoughts on pleasing partner (21)
- Keeping erection (28, 21)
  - High incidence of co-existing ED & PE(29, 33).

PE impact on female partner

- Perceive their partners to have little or no control (21, 24)
- Lower rates of sexual satisfaction & relationship satisfaction (30, 24)
- Disappointment & Negative mood during sex (30)
  - abrupt end to sex
  - Ignored due to de-arousal strategies, avoidance of sex (15, 24)
- PE risk factor for FSD
  - Twice as likely (23% cause/; 35% exacerbate (30)
  - Inhibited arousal, difficulty achieving orgasm (5, 30)

Impact on relationship: PE couple issue

- Higher rates of interpersonal difficulty in M & F (15, 21, 19, 31)
  - Both partner feel that they are not being heard & emotionally ignored
- Both find it hard to discuss
  - Females: fear will offend & upset partner (21)
  - Males: shame guilt (24)
- Lower intimacy: General & sexual (26, 21)
  - Something is missing; feel unfulfilled

Treatment

- Reason for presentation: negative emotional impact on man and relationship (29)
- Sex Therapy & Couples Counselling reduce negative emotions and interpersonal conflict & increase perception of control (34, 35, 57)
- Pharmacology: SSRI & TEMPE anaesthetic spray increased IELT, perception of control and positive emotions (pleasure; joy) (39, 40, 41, 42, 43, 38)
- Combined biopsychosocial approach (34, 44)
- Relapse prevention design (36)

Sex Therapy: Psycho-education

- Understanding the meaning and context of PE
  - Sexual myths (45)
  - Average IELT 5.4 minutes, 90% of men are within 3-15 minutes (range 0.55-44.1 minutes) (46)
  - Male & female sexual response (ejaculation is a reflex)(34, 45, 47)
- Expand sexual script: fluid style/ flexible activity
  - Sensuality vs. technique
  - Enjoying the sex you have: enthusiasm
- Bibioltherapy & videos effective for straight forward clients (45, see 48-55 for recourses)
- Case study

Sex Therapy: Cognitive & Behaviour Techniques

- Mostly behavioural therapy
- Stop-start technique Semens (1956) (56)
- Squeeze Master & Johnston (1970) (1)
- Stop-pause (Kaplan 1980) developing internal sensory awareness: slowing down thrusting, breathing deeply, moving in circular fashion (3)

New Fuctional-Sexological Treatment (Carfule & Trudel 29)

- Combination of effective behaviour treatment (35, 36, 48, 57)
- Modulating stimulation (48)
- Reversing physical sensations (36)
- Increasing sensuality and eroticism in couples.
- Effective as stop start & stop pause (47)
- Case study

Couples Counselling: Emotional connection & intimacy

- Participating in partnered sensuality & eroticism
- Address partner specific barrier to intimacy (58, 59)
  - Blame/Conflict
  - Inadequate empathy
  - Dysfunctional communication
- Make time every day for physical touch (60)
  - Daily connect (tantra)
- Prioritise sexual relationship
  - schedule time for sex & hang around after sex.
  - Schedule time to talk about sex

Couples Counselling: Partner

- Address partner sexual satisfaction & FSD (34)
  - Responsible for own orgasm and sexual pleasure
  - Communicate to partner how you want to be touched (teach verbal aspects if new) (61)
  - Continue sex until both satisfied or negotiate fluid sexual style
  - To enjoy her sensuality and eroticism
- If partner not there give written information; literature

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