

Premature ejaculation

Department of medical psychology

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

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What is premature ejaculation?

- Premature ejaculation (PE) is the most common type of ejaculation problem. It is also referred to as rapid ejaculation.
- This is where the male ejaculates before he and/or his partner wants to.
- There is wide variation in what PE means to different individuals in different situations. For example, it may range from ejaculating in foreplay, to being able to have penetrative intercourse for many minutes (but which is still not enough to satisfy the male/ the partner.)

Does premature ejaculation matter?

- The average time taken to ejaculate during intercourse is around 5½ minutes. However, it's up to each couple to decide if they're happy with the time taken – there's no definition of how long sex should last.
- Occasional episodes of premature ejaculation are common and aren't a cause for concern. However, if you're finding that around half of your attempts at sex result in premature ejaculation, it might help to get treatment.
- As a working definition, if either you or your partner feels that orgasm is happening much too soon, there probably is some degree of PE.
- In many cases premature ejaculation does matter, because it makes people unhappy and frustrated. In severe cases PE can threaten or even ruin a relationship – simply because it spoils the sex lives of both partners.

What causes premature ejaculation?

- Most cases of premature ejaculation do not have a clear cause. Various psychological and physical factors can cause a man to suddenly experience premature ejaculation, including:

Useful addresses / contacts

Institute of Psychosexual Medicine

Building 3, Chiswick Park
566 Chiswick High Road
Chiswick
London
W4 5YA
Telephone: 020 7580 0631
Email: admin@ipm.org.uk
<http://www.ipm.org.uk/>

RELATE

83 Aylestone Road
Leicester
Telephone: 0116 254 3011
Email: reception@relateleics.org
<http://www.relateleicestershire.org.uk/>

British Association for Sexual and Relationship Therapy (BASRT)

Telephone: 020 8543 2707
Email: info@basrt.org.uk
<http://www.basmt.org.uk/common-sexual-problems/erectile-dysfunction.html>

Frequently asked questions

- Q.** Will having sex more often help me develop more control over my ejaculations?
- A.** Although it is common for men to ejaculate more quickly if they have not had sex for a while, it is not necessarily the case that having sex more often can help you last longer before ejaculating. However, you may find it helpful in each love making session to ejaculate first, and then continue with your session. In this way you can carry on for longer.
- Q.** Will I have to do the exercises in front of the therapist?
- A.** No. You will be able to try the exercises in private at home. You can work through them at your own pace, and you only have to do what you are comfortable with.
- Q.** How long will treatment take?
- A.** Although highly effective, therapy may take several weeks or even months. It is important to be patient. To avoid boredom or frustration make sure you have one session each week where you have intercourse in a normal manner.

Physical causes

- Prostate problems
- Thyroid problems (an over or underactive thyroid gland)
- Using recreational drugs

Psychological causes

- Depression
- Stress
- Relationship problems
- Anxiety about sexual performance (particularly at the start of a new relationship, or when a man has had previous problems with sexual performance).
- It is possible, but less common, for a man to have always experienced premature ejaculation since becoming sexually active. Possible causes of this are:
 - Early sexual experiences can influence future sexual behaviour
 - Traumatic sexual experience from childhood
 - A strict upbringing and beliefs about sex
 - Biological reasons (some men may find their penis is extra sensitive).

What can I do about premature ejaculation?

- If PE is causing you significant problems it is best to consult a doctor, sex therapist or counsellor who can give you expert advice on treatment.
- Some general points to consider include:
 - Whilst some people find it helps, it is usually not recommended to think distracting thoughts during intercourse – this only reduces the pleasure of the act
 - Do not use anaesthetic creams – these are generally not very effective, can make sex less exciting, and can cause a skin reaction. They will also decrease sensitivity for the partner
 - Do not overlook foreplay – this usually does not help and your partner may lose interest in sex

- Whilst Viagra is a drug prescribed to help men with erectile problems, it can also help men with PE – Viagra maintains your erection after you have ejaculated so you can carry on and satisfy your partner
- Do not use more than one condom to try to reduce the sensitivity of the penis
- Whilst a few drinks may help reduce any anxiety you may feel about your performance and may help delay ejaculation, it is much better to stay relatively sober and in control of your behaviour if treatment is to be effective. Use alcohol in moderation.

Treatment/management

- The key aspect of overcoming PE is to remember that there is nothing wrong with your penis, and focus on the experience of erotic sensations and feelings. This means you should try to avoid judging your sexual performance, and concentrate more on giving and receiving pleasure.
- To do this, it is often best to avoid intercourse altogether for a while. If you have a partner, for 4-7 days try spending time caressing him or her, and letting him or her caress you, avoiding genital stimulation. Talk with your partner about the things that make you both feel excited and those which are not so enjoyable. If you are single, avoid masturbating for a similar amount of time, and then try the following technique on your own.
- The most successful technique for treating PE is called the **stop-start technique**:
- The structure of this technique is relatively simple:
 - While your penis is being stimulated by you or your partner, start attending to your arousal/tension level
 - When your arousal level is high, stop the stimulation. This will enable you to maintain ejaculatory control, although your erection may subside
 - After your arousal level has been left to drop for a

- period of 20-30 seconds, stimulation can be continued
- Do this 3 or 4 times in a session, ejaculating on the last session.
- This exercise should be done 3 or 4 times a week until you feel you are gaining control over your ejaculations.
- If your erection does not return do not worry – relax and spend time stimulating your partner and resume the exercises another day.
- Using the stop – start technique you can learn to recognise the sensations of arousal that occur prior to ejaculation, and to make changes in your behaviour that will prevent or delay ejaculation.
- The stop – start technique can be broken down into steps which you can work through gradually, as directed by your therapist. These steps are explained in a separate handout, available from your therapist.
- Other treatments may include **antidepressants (SSRI's)**.
 - SSRI's are designed to treat depression, but they also delay ejaculation.
 - Some men may experience an improvement as soon as treatment begins.
 - These must be prescribed by a doctor and taken in mild doses.
- An SSRI specifically designed to treat premature ejaculation known as **Dapoxetine (Priligy)** has now been licensed in the UK:
 - Local NHS authorities can choose to prescribe this on the NHS
 - It acts much faster than usual SSRI's and can be used "on demand". You'll usually be advised to take it between one and three hours before sex, but not more than once a day
 - Dapoxetine isn't suitable for all men diagnosed with premature ejaculation.