ORIGINAL RESEARCH

Clinical and Demographic Correlates of Ejaculatory Dysfunctions Other Than Premature Ejaculation: A Prospective, Observational Study

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ABSTRACT

Introduction. Ejaculatory dysfunctions other than premature ejaculation are commonly encountered in specialized clinics; however, their characterization in community-dwelling men is lacking.

Aim. The aim of this study was to evaluate the prevalence, severity, and associated distress of four ejaculatory dysfunctions: delayed ejaculation (DE), anejaculation (AE), perceived ejaculate volume reduction (PEVR) and/or decreased force of ejaculation (DFE) as a function of demographic and clinical characteristics in men.

Methods. Observational analysis of 988 subjects presenting with one or more types of ejaculatory dysfunctions other than premature ejaculation who screened for a randomized clinical trial assessing the efficacy of testosterone replacement on ejaculatory dysfunction. Demographic and clinical characteristics were assessed as potential risk factors using regression analysis.

Main Outcome Measures. The main outcome measures used were ejaculatory dysfunction prevalence and scores (3-item Men's Sexual Health Questionnaire Ejaculatory Dysfunction-Short Form [MSHQ-EjD-SF]), and bother (MSHQ-EjD-SF Bother item) and sexual satisfaction/enjoyment (International Index of Erectile Function Questionnaire Q7, Q8) as a function of subject's age, race, body mass index (BMI) and serum testosterone levels (measured by liquid chromatography tandem mass spectrometry).

Results. Mean (standard deviation [SD]) age of the participants was 52 years (11). Eighty-eight percent of the men experienced more than one type of ejaculatory dysfunction and 68% considered their symptoms to be bothersome. Prevalence of the ejaculatory dysfunctions was substantial across a range of age, race, BMI, and serum testosterone categories. Prevalence of PEVR and DFE were positively associated with age (<40 years vs. 60–70 years: PEVR: odds ratio [OR], 3.05; 95% confidence interval [CI], 1.32–7.06; DFE: OR, 2.78; 95% CI, 1.46–5.28) while DFE was associated with BMI (≥30 kg/m^2 vs. < 25 kg/m^2: OR, 1.80; 95% CI, 1.062–3.05). All ejaculatory dysfunctions were more prevalent in black men.

Conclusion. The majority of the participants experienced multiple ejaculatory dysfunctions and found them to be highly bothersome. Ejaculatory dysfunctions were prevalent across a wide range of demographic and clinical characteristics. **Paduch DA, Polzer P, Morgentaler A, Althof S, Donatucci C, Ni X, Patel AB, and Basaria S. Clinical and Demographic Correlates of Ejaculatory Dysfunctions Other Than Premature Ejaculation: a Prospective, Observational Study. J Sex Med 2015;12:2276–2286.**

Key Words. Ejaculation; Ejaculatory Dysfunction; Testosterone; Sexual Dissatisfaction; Delayed Ejaculation

This study identifies a spectrum of ejaculatory dysfunctions besides premature ejaculation as highly bothersome and prevalent across a range of age, race, obesity, and serum testosterone levels.

Introduction

Ejaculatory dysfunctions other than premature ejaculation (henceforth referred to as "EjDs") are comprised of a spectrum of distressful ejaculatory symptoms [1,2] including delayed ejaculation (DE), anejaculation (AE), decrease in perceived ejaculate volume reduction (PEVR), or decreased force of ejaculation (DFE) [1,2]. Although the demographic and clinical characteristics of men presenting with premature ejaculation have been well characterized [3–5], there are limited data published on other subtypes of EjDs [1,2]. These EjDs contribute to important patient-related outcomes of procreation, general and performance anxiety, as well as relationship satisfaction [6–9]. Data from a multinational survey performed in the United States and Europe showed that roughly 40% of 11,114 men aged 50–79 experienced some form of EjDs with prevalence as high as erectile dysfunction (ED) [10]. Despite this, there is scant literature on the demographic and clinical correlates of EjDs in community-dwelling populations.

Population surveys [10] and cross-sectional observations [11–14] have reported that certain demographic and clinical factors correlate with symptoms of EjD. For example, age is positively associated with AE and PEVR [10] and the prevalence of EjDs differ among races [11]. Similarly, low serum testosterone levels, lower urinary tract symptoms (LUTS), hyperlipidemia and ED are also associated with EjDs [10–14]. Although these studies are informative, systematic evaluation of the full spectrum of EjD using psychometrically validated scales of ejaculatory dysfunction and measurement of testosterone by mass spectrometry in large samples of community-dwelling men is lacking.

A randomized controlled trial assessing the efficacy of testosterone replacement in androgen-deficient men with EjDs was recently conducted [15]. Baseline evaluations included demographic, clinical and sexual history on 988 community-dwelling men with EjDs of DE, AE, PEVR, and DFE, providing the first large heterogeneous population of community-dwelling men with self-reported symptoms of EjDs. In the present study, we evaluate for associations of demographic factors such as age, race, body mass index (BMI), and clinical factors such as serum testosterone levels as possible correlates of EjDs.

Aims

The aim of this cross-sectional study was to evaluate the prevalence, severity and associated distress of EjDs as a function of demographic and clinical characteristics among a specific population of men presenting with one or more of the following EjDs: DE, AE, PEVR, and DFE.

Methods

Data Source

This cross-sectional analysis utilized data from men who screened for a randomized, double-blind, placebo-controlled trial of testosterone replacement in men with EjD (clinicaltrials.gov Identifier: NCT01419236) and low serum testosterone levels that was conducted at medical centers in the US, Canada and Mexico. Details of the trial design and outcome measures have been previously published [15]. After print advertisement and telephone prescreening, subjects were invited for in-person screening. As the subjects were enrolled for participation in a randomized, controlled trial, subject selection involved men experiencing one or more of the following symptoms of EjD: DE = "take too long to ejaculate", AE = "unable to ejaculate", PEVR = "decreased in amount of ejaculate", or DFE = "decreased in force of ejaculation", with one of more of the following symptoms: no or little sex drive, problem with erections, feel tired/low energy and decrease in facial hair growth. A total of 1,185 men were screened for the trial and of these, 988 reported at least one or more of the EjDs DE, AE, PEVR, or DFE. Among these participants, 76 (7.7%) underwent randomization to testosterone or placebo.

Main Outcome Measures

Aspects of male sexual function were evaluated using standardized, validated tools. EjD symptoms were self-reported. Distress associated with EjD, sexual intercourse satisfaction, and sexual intercourse enjoyment were assessed using the MSHQ-EjD-SF Bother (Men's Sexual Health Questionnaire Ejaculatory Dysfunction-Short Form) and IIEF (International Index of Erectile Function). Bother item Question 4, "If you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?" [16], IIEF (International Index of Erectile Function) Question 7, "Over the past 4 weeks, when you attempted sexual intercourse how often was it satisfactory for you?" [17], and IIEF Question 8, "Over the past 4 weeks, how much have you enjoyed sexual intercourse?" [17]. Men with MSHQ-EjD-SF Bother item scores ≥3 were clas-