

The Relationship between Self-Estimated Intravaginal Ejaculatory Latency Time and International Prostate Symptom Score in Middle-Aged Men Complaining of Ejaculating Prematurely in China

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ABSTRACT

Introduction. Some factors associated with the four premature ejaculation (PE) syndromes have been studied, but the association between International Prostate Symptom Score (IPSS) and the four PE syndromes has not been investigated.

Aims. We performed this study to evaluate the association between IPSS and intravaginal ejaculatory latency time (IELT) in men with the four PE syndromes.

Methods. From June 2012 to January 2014, a total of 690 men aged 40–59 years complaining of ejaculating prematurely and another 452 male healthy subjects of the same age without these complaints were included in this study. Men with the complaints of ejaculating prematurely were classified as one of the four PE syndromes: lifelong PE, acquired PE (APE), variable PE, and subjective PE. Each of them completed a detailed questionnaire including information on demographics, medical and sexual history (e.g., self-estimated IELT), IPSS, and International Index of Erectile Function-5.

Main Outcome Measures. Associations between IPSS and self-estimated IELT in middle-aged men with the four PE syndromes.

Results. Men complaining of ejaculating prematurely reported higher IPSS (11.2 ± 6.0 vs. 5.5 ± 3.3) and shorter self-estimated IELT (2.1 ± 1.6 minutes vs. 4.8 ± 3.3) than men without complaints ($P < 0.001$ for each). By univariate analysis, self-estimated IELT in men with the four PE syndromes showed significant correlations with IPSS ($P < 0.001$ for all). After adjusting for age, self-estimated IELT was negatively associated with IPSS in men with PE complaints (adjusted $r = -0.378$, $P < 0.001$). Also, the association was stronger in men with APE (adjusted $r = -0.502$, $P < 0.001$).

Conclusions. Men complaining of ejaculating prematurely reported worse IPSS than men without these complaints. Self-estimated IELT was negatively associated with IPSS in men complaining of ejaculating prematurely, and the correlation was the strongest in men with APE. **Zhang X, Tang D, Xu C, Gao P, Hao Z, Zhou J, and Liang C. The relationship between self-estimated intravaginal ejaculatory latency time and international prostate symptom score in middle-aged men complaining of ejaculating prematurely in China. J Sex Med 2015;12:705–712.**

Key Words. Premature Ejaculation; Intravaginal Ejaculatory Latency Time; International Prostate Symptom Score; Male Sexual Dysfunctions; Middle Age

Introduction

Premature ejaculation (PE) is one of the most common sexual dysfunctions, and its prevalence varies by country and definition [1–3]. There are various definitions of PE made by different professional organizations. The International Society for Sexual Medicine (ISSM) established the first evidence-based definition of lifelong PE in 2007. The committee defined lifelong PE as “a male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within the first minute of vaginal penetration and the inability to delay ejaculation on all or nearly all vaginal penetrations; and negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy” [4]. In April 2013, the ISSM agreed on a unified definition of both acquired and lifelong PE as “a male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration from the first sexual experiences (lifelong PE), or, a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired PE), and the inability to delay ejaculation on all or nearly all vaginal penetrations, and negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy” [5].

As for the classification of PE, Godpodinoff classified PE as lifelong (primary) and acquired (secondary) PE in 1989 [6]. Then, in 2008 and 2013, Waldinger et al. proposed a new classification of PE. In addition to lifelong PE (LPE) and acquired PE (APE), they added two additional PE subtypes (natural variable PE or variable PE [VPE] and premature-like ejaculatory dysfunction or subjective PE [SPE]) [7–9].

Lower urinary tract symptoms (LUTS) are defined from the individual's perspective and can be divided into three groups: storage symptoms (including increased daytime frequency, urgency, nocturia, etc.), voiding symptoms (including slow stream, intermittent stream, hesitancy, etc.), and post micturition symptoms (including feeling of incomplete emptying and post micturition dribble) [10]. Several authors suggested that LUTS may have an impact on general health status [11] and sexual function [12].

According to Gao et al., patients with PE complaints had more comorbidities, such as hypertension, diabetes mellitus, cardiovascular, varicocele, chronic prostatitis etc. [13]. Also, Lee et al. con-

cluded that erectile dysfunction and LUTS were significantly and independently correlated with PE [14]. However, there are currently no studies that have systematically evaluated the association between LUTS and the four PE syndromes. Therefore, we undertook the present study to investigate that whether PE complaints were associated with LUTS and to evaluate the association between LUTS and intravaginal ejaculatory latency time (IELT) in middle-aged men with the four PE syndromes.

Aim

We assessed the association between self-estimated IELT and IPSS in middle-aged men with the four PE syndromes.

Methods

Study Subjects

Patients from the Andrology Outpatient Clinic of the First Affiliated Hospital of Anhui Medical University in Hefei, Anhui, China, complaining of ejaculating prematurely, were recruited from June 2012 to January 2014. A total of 690 consecutive heterosexual men aged 40–59 years were enrolled in the study. To be included in the study, subjects had to meet the following criteria: (i) in a heterosexual sexual relationship at least within the previous half 1 year; (ii) without any major psychiatric or somatic disorder and had not consumed any drugs that could affect sexual function and/or psychological status (e.g., selective serotonin reuptake inhibitors or phosphodiesterase type 5 inhibitors); (iii) with an International Index of Erectile Function-5 (IIEF-5) score of ≥ 22 indicating normal erectile function; and (iv) patients who had been diagnosed with urologic diseases, including urologic malignancies, urinary infection, and neurogenic bladder disease etc. were excluded from the study. Another 452 male healthy volunteers (age range 40–59 years) without the complaints of ejaculating prematurely or other sexual dysfunction from our medical examination center for healthy physical examination were recruited as a control group. All control subjects reported good control of ejaculation. Other inclusion criteria were the same as for the patients.

Study Design and Procedure

All patients and control subjects provided informed consent before their participation in this

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