

# An Evidence-Based Unified Definition of Lifelong and Acquired Premature Ejaculation: Report of the Second International Society for Sexual Medicine Ad Hoc Committee for the Definition of Premature Ejaculation

Ege Can Serefoglu, MD,\* Chris G. McMahon, MD,<sup>†</sup> Marcel D. Waldinger, MD, PhD,<sup>‡</sup> Stanley E. Althof, PhD,<sup>§</sup> Alan Shindel, MD,<sup>¶</sup> Ganesh Adaikan, PhD,<sup>\*\*</sup> Edgardo F. Becher, MD,<sup>††</sup> John Dean, MD,<sup>‡‡</sup> Francois Giuliano, MD, PhD,<sup>§§</sup> Wayne J.G. Hellstrom, MD,<sup>¶¶</sup> Annamaria Giraldi, MD, PhD,<sup>\*\*\*</sup> Sidney Glina, MD, PhD,<sup>†††</sup> Luca Incrocci, MD, PhD,<sup>‡‡‡</sup> Emmanuele Jannini, MD,<sup>§§§</sup> Marita McCabe, PhD,<sup>¶¶¶</sup> Sharon Parish, MD,<sup>\*\*\*\*</sup> David Rowland, PhD,<sup>††††</sup> R. Taylor Segraves, MD, PhD,<sup>‡‡‡‡</sup> Ira Sharlip, MD,<sup>§§§§</sup> and Luiz Otavio Torres, MD<sup>¶¶¶¶</sup>

\*Department of Urology, Bagcilar Training & Research Hospital, Istanbul, Turkey; <sup>†</sup>Australian Center for Sexual Health, Sydney, New South Wales, Australia; <sup>‡</sup>Department of Pharmacology, Utrecht Institute of Pharmaceutical Sciences, University of Utrecht, Utrecht, The Netherlands; <sup>§</sup>Department of Psychiatry, Case Western Reserve University School of Medicine, West Palm Beach, FL, USA; <sup>¶</sup>Department of Urology, University of California at Davis, Davis, CA, USA; <sup>\*\*</sup>Department of Obstetrics and Gynecology, National University of Singapore, Singapore; <sup>††</sup>Division of Urology, University of Buenos Aires, Buenos Aires, Argentina; <sup>‡‡</sup>St. Peter's Sexual Medicine Centre, The London Clinic, London, UK; <sup>§§</sup>Neuro-Uro-Andrology Unit, Physical Medicine and Rehabilitation Department, Raymond Poincaré Hospital, Paris, France; <sup>¶¶</sup>Department of Urology, Tulane University Health Sciences Center, New Orleans, LA, USA; <sup>\*\*\*</sup>Department of Sexological Research, Psychiatric Center Copenhagen, Rigshospitalet, Copenhagen, Denmark; <sup>†††</sup>Department of Urology, Instituto H. Ellis, Sao Paulo, Brazil; <sup>‡‡‡</sup>Erasmus MC–Daniel den Hoed Cancer Center, Rotterdam, The Netherlands; <sup>§§§</sup>Endocrinology and Medical Sexology, Department of Experimental Medicine, University of L'Aquila, L'Aquila, Italy; <sup>¶¶¶</sup>School of Psychology, Deakin University, Melbourne, Victoria, Australia; <sup>\*\*\*\*</sup>Montefiore Medical Center, Department of Medicine, Albert Einstein College of Medicine, New York, NY, USA; <sup>††††</sup>Graduate School, Valparaíso University, Valparaíso, IN, USA; <sup>‡‡‡‡</sup>Department of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, OH, USA; <sup>§§§§</sup>Department of Urology, University of California, San Francisco, CA, USA; <sup>¶¶¶¶</sup>Clinica de Urologia e Andrologia, Belo Horizonte, Minas Gerais, Brazil

DOI: 10.1111/jsm.12524

## ABSTRACT

**Introduction.** The International Society for Sexual Medicine (ISSM) Ad Hoc Committee for the Definition of Premature Ejaculation developed the first evidence-based definition for lifelong premature ejaculation (PE) in 2007 and concluded that there were insufficient published objective data at that time to develop a definition for acquired PE.

**Aim.** The aim of this article is to review and critique the current literature and develop a contemporary, evidence-based definition for acquired PE and/or a unified definition for both lifelong and acquired PE.

**Methods.** In April 2013, the ISSM convened a second Ad Hoc Committee for the Definition of Premature Ejaculation in Bangalore, India. The same evidence-based systematic approach to literature search, retrieval, and evaluation used by the original committee was adopted.

**Results.** The committee unanimously agreed that men with lifelong and acquired PE appear to share the dimensions of short ejaculatory latency, reduced or absent perceived ejaculatory control, and the presence of negative personal consequences. Men with acquired PE are older, have higher incidences of erectile dysfunction, comorbid disease, and cardiovascular risk factors, and have a longer intravaginal ejaculation latency time (IELT) as compared with men with lifelong PE. A self-estimated or stopwatch IELT of 3 minutes was identified as a valid IELT cut-off for diagnosing acquired PE. On this basis, the committee agreed on a unified definition of both acquired and lifelong PE as a male sexual dysfunction characterized by (i) ejaculation that always or nearly always occurs prior to or within about 1 minute of vaginal penetration from the first sexual experience (lifelong PE) or a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired PE); (ii) the inability to delay ejaculation on all or nearly all vaginal penetrations; and (iii) negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy.

**Conclusion.** The ISSM unified definition of lifelong and acquired PE represents the first evidence-based definition for these conditions. This definition will enable researchers to design methodologically rigorous studies to improve

our understanding of acquired PE. Serefoglu EC, McMahon CG, Waldinger MD, Althof SE, Shindel A, Adaihan G, Becher EF, Dean J, Giuliano F, Hellstrom WJG, Giraldi A, Glina S, Incrocci L, Jannini E, McCabe M, Parish S, Rowland D, Seagraves RT, Sharlip I, and Torres LO. An evidence-based unified definition of lifelong and acquired premature ejaculation: Report of the second International Society for Sexual Medicine Ad Hoc Committee for the Definition of Premature Ejaculation. *J Sex Med* 2014;11:1423–1441.

**Key Words.** Premature Ejaculation; Definition; Lifelong Premature Ejaculation; Acquired Premature Ejaculation; Intravaginal Ejaculatory Latency Time; Ejaculatory Control; Sexual Satisfaction; Personal Distress; Interpersonal Distress; Negative Personal Psychological Consequences

## Introduction

Research into the treatment and epidemiology of premature ejaculation (PE) is heavily dependent on how PE is defined. The medical literature contains several univariate and multivariate operational definitions of PE [1–10]. Each of these definitions characterizes men with PE using all or most of the accepted dimensions of this condition: ejaculatory latency, perceived ability to control ejaculation, reduced sexual satisfaction, personal distress, partner distress, and interpersonal or relationship distress. In the last decade, substantial progress has been made in the development of evidence-based methodology for epidemiologic and drug treatment research on PE through the use of objective (intravaginal ejaculatory latency time, IELT) and subjective (patient-reported outcome, PRO) validated measures.

At one time, the definitions of PE given in the American Psychiatric Association's (APA's) *Diagnostic and Statistical Manual of Mental Disorders* (DSM) were largely accepted by the medical community with little discussion, despite having no evidence-based medical support [11–13].

Following the introduction of evidence-based PE pharmacotherapy, the validity of the DSM definitions was the subject of debate, with a substantial polarization of opinion. The inclusion of words such as “persistent,” “recurrent,” “minimal,” and “shortly after” rendered the DSM definitions vague, ambiguous, and lacking in objective and quantitative criteria [14–16]. Concerns about the validity and application of the DSM-IV-TR definition were also expressed by regulatory agencies such as the United States Food

and Drug Administration, which regarded the lack of evidence-based criteria as an obstacle in interpretation and assessment of data from clinical trials of experimental drugs for PE.

The absence of a specific ejaculation time cutoff point to operationalize “shortly after penetration or before the person wishes” has led to ambiguous application of the DSM criteria for PE in epidemiological and clinical research [17–20]. Giuliano et al. reported the IELT of men with DSM-IV-TR-diagnosed PE to range from 0 seconds (*ante portas* ejaculation) to almost 28 minutes, with 44% of subjects having an IELT  $\geq 2$  minutes and 25%  $\geq 4$  minutes [20]. This study demonstrates that a subject diagnosed with PE according to DSM-IV-TR criteria has a 44% chance of not having PE if a PE diagnostic threshold IELT of 2 minutes, as suggested by community-based normative IELT trial, is used [21].

Waldinger et al., in a number of studies in cohorts of heterosexual men with lifelong PE with prospective stopwatch IELT measurement, showed that about 90% of men seeking treatment for lifelong PE ejaculated within 1 minute after penetration, and about 10% ejaculated between 1 and 2 minutes [17]. These data were confirmed by McMahon in a retrospective questionnaire analysis of a large cohort of men with lifelong PE [22]. These data support the proposal that lifelong PE is characterized by an IELT of less than or about 1 minute after vaginal penetration.

In October 2007, the International Society for Sexual Medicine (ISSM) responded to these concerns and convened a meeting in Amsterdam of the ISSM Ad Hoc Committee for the Definition of Premature Ejaculation. The committee included 21 international experts in PE who were charged

Download English Version:

<https://daneshyari.com/en/article/4269789>

Download Persian Version:

<https://daneshyari.com/article/4269789>

[Daneshyari.com](https://daneshyari.com)