

ORIGINAL RESEARCH—EJACULATORY DISORDERS

Premature Ejaculation in Infertile Couples: Prevalence and Correlates

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ABSTRACT

Introduction. The incidence of premature ejaculation (PE) and other sexual problems in infertile couples is unknown.

Aims. We attempted to determine the prevalence of PE in infertile couples.

Methods. Infertile couples presenting for evaluation at our institutions were invited to participate in our study. Multiple regression analysis was conducted to assess for associations between partner responses.

Main Outcome Measure. Respondents completed a demographic survey, the Short Form-36 (SF-36), and the Center for Epidemiological Studies Depression (CES-D) scale. Both partners also completed a gender-specific survey instrument to detect PE and distress related to the condition. Male partners completed the International Index of Erectile Function (IIEF) and the Self-Esteem and Relationship Quality (SEAR) scale. Female partners completed the Female Sexual Function Index (FSFI) and a modified version of the SEAR.

Results. Fifty percent of men reported that they ejaculated more rapidly than they wished. When men reported PE, their partners agreed with the diagnosis in 47% of cases. Female partners of men who did not report PE reported PE in 11% of cases. Partner frustration related to PE was reported by 30% of men. Partners agreed that they were frustrated in 43% of these cases. Among the 70% of men who did not report partner frustration from PE, 93% of the partners agreed that they were not frustrated. There was a statistically significant negative association between male and female report of PE and SEAR scores. There were no other statistically significant associations between PE responses and demographic variables, IIEF, FSFI, CES-D, and SF-36 scores.

Conclusions. PE is prevalent among infertile couples although the perceived incidence of the condition among men is higher than partner perceived incidence. Additionally, many men may overestimate the level of partner frustration related to PE. PE is associated with lower relationship satisfaction in both men and women. Further research is required. **Shindel AW, Nelson CJ, Naughton CK, and Mulhall JP. Premature ejaculation in infertile couples: Prevalence and correlates. J Sex Med 2008;5:485–491.**

Key Words. Infertility; Premature Ejaculation; Sexual Dysfunction; Relationships

Love's climax never should be rushed, I say, but worked up softly, lingering all the way.

(Ovid, *Ars Amatoria*)

Introduction

Premature ejaculation (PE) is a prevalent male sexual dysfunction, with estimates of the lifetime incidence among American men between the ages of 18–59 years of around 30% [1]. While the

precise definition of PE is somewhat controversial, the most commonly accepted criteria for the diagnosis include a markedly diminished latency time between penile penetration and ejaculation, a lack of feeling of control over ejaculation, patient and/or partner dissatisfaction with intercourse, and patient and/or partner distress over the condition [2,3].

The pathophysiology of PE is poorly understood and likely multifactorial. Neurobiological

processes related to the metabolism of serotonin and other neurotransmitters as well as abnormal thyroid hormone levels have been implicated by some investigators [4,5]. Psychological stressors, particularly internal stress and critical life events, also figure prominently in the pathogenesis of the condition [6]. Data from the National Health and Social Life Survey indicate an association between PE and poor to fair health as well as psychological stress [1].

Infertility, defined as the inability to conceive after 1 year of unprotected intercourse, affects approximately six million American couples. A male factor is implicated in up to half of these cases [7]. Infertility is known to be a serious psychological and relationship stressor, and many experts in infertility have reported associations between infertility and sexual and relationship dysfunction [8,9]. A small but clinically significant number of infertility cases may be also attributable to sexual dysfunctions or sexual practices that diminish fertility potential [10,11].

To our knowledge there has never been a large study using validated instruments for the assessment of human sexuality in infertile couples to determine the true prevalence and nature of sexual problems in an American population. Given that the diagnosis of infertility leads to significant psychological stress, we hypothesized that sexual dysfunctions including PE are likely to be more prevalent among infertile men than in the general age-matched population. In order to further evaluate this hypothesis, we conducted a prospective survey based study of both partners of infertile couples who presented for evaluation at our respective institutions.

Methods

Patient Population

Approval was obtained from the Institutional Review Board of both participating institutions. Heterosexual couples presenting for the evaluation of infertility at either institution were invited to participate by completing a series of questionnaires. Both partners completed a survey regarding basic demographic variables, general health, and reproductive history. The questionnaires were completed by each subject in the absence of the partner. All surveys were filled out after initial interview but before initiation of infertility treatment.

Sexual Function Questionnaires

Both partners completed a demographic survey regarding basic demographic variables, general

health, and reproductive history. Both partners were asked to complete the Short Form-36 (SF-36), a validated instrument for the assessment of perception of physical health, and the Center for Epidemiological Studies Depression (CES-D) scale, a validated instrument for the assessment of depressive symptoms [12,13]. Male subjects completed the International Index of Erectile Function (IIEF), a 15-item validated instrument for the assessment of five domains of male sexuality (desire, erectile function, intercourse satisfaction, orgasmic function, and overall satisfaction), and the Self-Esteem and Relationship Quality (SEAR) survey, a 14-item validated instrument for the assessment of relationship quality and confidence in men [14,15]. Female subjects completed the Female Sexual Function Index (FSFI), a 19-item validated questionnaire for the assessment of six domains of female sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain) as well as a version of the SEAR adapted to be gender appropriate [16]. The modification of the SEAR for female subjects involved changing two questions; question 2 was rephrased as "I felt confident that during sex my AROUSAL would last long enough" rather than "I felt confident that during sex my ERECTION would last long enough", and question 10 was rephrased as "I felt like a whole WOMAN" as opposed to "I felt like a whole MAN".

PE Assessment

A subset of the couples enrolled also completed a five-item patient and partner-specific set of questions related to PE adopted from Rosen et al. [17]. These patient-reported outcomes (PROs) are presented in the Appendix and are designed to assess for the presence of and degree of bother from PE within a couple. Good concordance between subject response to these questions and more objective criteria for the diagnosis of PE, such as intravaginal ejaculatory latency time (IELT), has been demonstrated by Rosen et al. [17]. The PE assessment questions were not available at the inception of this study, and therefore, they were not completed by all couples who completed the other survey instruments. Subjects were not counseled on official definitions of PE prior to completing the survey, leaving the interpretation of what constitutes PE open to the individual's own assessment.

Statistics

Responses to the surveys were tabulated. Descriptive statistics were calculated to determine the

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