

## Attitudes of Sexual Medicine Specialists Toward Premature Ejaculation Diagnosis and Therapy



Arik Shechter, MD,<sup>1\*</sup> Lior Lowenstein, MD, MS, MHA,<sup>2\*</sup> Ege Can Serefoglu, MD, FECSM,<sup>3</sup> and Yacov Reisman, MD, PhD, FECSM<sup>4</sup>

### ABSTRACT

**Introduction:** Premature ejaculation (PE) is one of the commonest sexual dysfunctions in men. Because the definition of and guidelines for the management of PE have been revised in recent years, our understanding of PE has changed.

**Aim:** To investigate the clinical practice patterns of sexual medicine specialists regarding the diagnosis and treatment of PE.

**Methods:** Attendees of the 17th Annual Congress of the European Society of Sexual Medicine, held in February 2015 in Copenhagen, Denmark, were asked to participate in a survey during the congress.

**Main Outcome Measures:** A 23-item, self-reported, closed-question questionnaire was distributed. Sociodemographic data, professional background, and personal practice patterns of the attendees were assessed in relation to PE.

**Results:** In total, 217 physicians (median age = 47 years, range = 22–74) completed the survey. Most responders (79.3%) considered PE an important sexual dysfunction that should be treated. Almost half the participants stated there is insufficient information about PE for patients and physicians (46.1% and 45.2%, respectively). When asked about the main goal of treating PE, two thirds responded that main goal is to improve patients' sexual function and 35.9% responded that the main goal was to improve partners' satisfaction.

**Conclusion:** These findings confirmed that there are many differences among sex health experts in their understanding of PE. Educational activities are crucial in implementing the new guidelines on PE.

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**Key Words:** Premature Ejaculation; Diagnosis; Therapy; Attitude; Premature Ejaculation Profile; Treatment; Sexual Dysfunction

### INTRODUCTION

Premature ejaculation (PE) is one of the commonest sexual dysfunctions in men, with prevalence rates estimated at 3% to 30%.<sup>1–4</sup> Previous surveys have found that most men with PE

do not seek treatment; therefore, there is a large discrepancy in the estimated prevalence of PE in the population vs those who are referred to clinics.<sup>5,6</sup> This problem can present since the first sexual experience and can be defined as lifelong (primary) PE or it can be acquired (secondary) later in life.<sup>7</sup> These two types of PE often cause distress for men and their partners.<sup>8</sup>

Several professional organizations have drafted definitions of PE because of the difficulty of using objective measurements for this problem.<sup>9</sup> The International Society for Sexual Medicine recently developed a unified definition for lifelong and acquired PE: “PE is a male sexual dysfunction characterized by:

- 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 reduction in latency time, often to about 3 minutes or less (acquired premature ejaculation);

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<sup>1</sup>Department of Neurology, Rambam Medical Center, Haifa, Israel;

<sup>2</sup>Department of Family Medicine, Ruth and Bruce Rappaport Faculty of Medicine, Clalit Health Services and Neuro-urology Unit, Rambam Medical Center, Haifa, Israel;

<sup>3</sup>Department of Urology, Bagcilar Training and Research Hospital, Istanbul, Turkey;

<sup>4</sup>Department of Urology, Amstelland Hospital, Amstelveen, Netherlands;

\*Contributed equally.

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- 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.”<sup>10</sup>

The American Psychiatric Association also published a definition of PE in the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (DSM-5), where PE is defined as “A persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 minute following vaginal penetration and before the individual wishes it. This must have been present for at least 6 months and must be experienced on almost all or all (approximately 75%–100%) occasions of sexual activity (in identified situational contexts or, if generalized, in all contexts). In addition, it causes clinically significant distress in the individual and it is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.”<sup>11</sup>

A recent survey conducted by Shindel et al<sup>12</sup> evaluated the practice pattern among American urologists in the management of PE. The results demonstrated that most urologists who responded to the survey followed the American Urological Association 2004 guidelines on the management of PE.<sup>13</sup>

Because definitions of and guidelines for PE have undergone some revisions in recent years, the present survey investigated clinical practice patterns of specialists working in sexual medicine regarding the diagnosis and treatment of PE. Based on the responses, our intention was to develop an official statement of the European Society for Sexual Medicine on the management of PE.

## METHODS

Attendees of the 17th Annual Congress of the European Society for Sexual Medicine, held in February 2015 in Copenhagen, Denmark, were invited to participate anonymously in a self-administered questionnaire comprising 23 closed questions (Appendix 1). The survey included a short introduction, which requested the participants to complete the questionnaire covering the criteria for diagnosis of PE and their current clinical practice patterns related to PE treatment.

## MAIN OUTCOME MEASURES

The survey consisted of two sections: (i) five items assessing sociodemographic data and information addressing the professional background of the respondents and (ii) 18 items assessing information about participants' current clinical practice patterns in the diagnosis and treatment of PE (Appendix 1).

## Statistical Analyses

All statistical analyses were performed using SPSS 22 (IBM Corp, Armonk, NY, USA).

**Table 1.** Characteristics of sexual medicine experts

	n	%
Professional background		
Urologist	183	84.3
Psychiatrist	20	9.2
General practitioner	14	6.5
Sex		
Men	148	68.2
Women	69	31.8
Location of practice		
Europe	171	78.9
Middle East	37	17
Asia	9	4.1
Duration of practice in sexual medicine		
<5 y	52	23.9
5–10 y	54	24.9
>10 y	111	52.1
Type of practice		
Private	63	29
Academic hospital	74	34
Public hospital	36	16.6
Private practice and public hospital	38	17.5
Other	6	2.9

## RESULTS

Overall, 217 sexual medicine experts participated in the survey. The median age was 47 years (age range = 22 to 74 years) and 68.2% were men. Urologists were in the majority (84.3%), followed by psychiatrists (9.2%) and family physicians (6.5%). Of the participants, 52.1% had practiced sexual medicine for more than 10 years, 24.9% had practiced for 5 to 10 years, and 23.5% had practiced for less than 5 years in their discipline (Table 1).

Most responders (79.3%) considered PE an important sexual dysfunction that should be treated. Of the participants, 11.5% recorded that PE should be treated only if the patient is really bothered by it, whereas 9.2% did not believe that PE should be treated. Almost half the participants stated that the information available about PE was insufficient for patients and physicians (45.6% and 45.2%, respectively).

Forty-nine percent of participants reported that they frequently encountered men with PE (more than 10 new cases per month) and another 9.2% reported such encounters at least occasionally. Of the participants, 51.1% responded that the pivotal measurement for a PE diagnosis is the measured or estimated intravaginal ejaculation latency time, followed by perceived control over ejaculation (24.5%) and personal distress related to ejaculation (24.4%). Of the participants, 62.2% responded that it is “very important” to involve the partner in the treatment decision and 30.8% responded that it is “quite important” to include the partner.

When asked about the main goal of treating PE, 66.4% responded that the main goal was to improve the patient's sexual

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