ORIGINAL RESEARCH—EJACULATORY DISORDERS

Psychometric Properties of the Iranian Version of the Premature Ejaculation Diagnostic Tool

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ABSTRACT

Introduction. Premature ejaculation (PE) is one of the most prevalent male sexual problems. The Premature
Ejaculation Diagnostic Tool (PEDT) is a suitable patient-reported outcome measure for the assessment of PE.
Aim. To examine the psychometric properties of a translated and culturally adapted version of the PEDT in a
sample of Iranian men suffering from PE.
Methods. Two independent samples were compared, one including patients with PE based on the DSM-IV-TR
criteria (n = 269) and the other including healthy men without PE (n = 289). A backward–forward translation
procedure was used to translate the PEDT into Persian. Both samples were asked to fill in the PEDT twice—at
baseline and 4 weeks later.
Main Outcome Measures. Internal consistency, test–retest reliability, convergent validity, factor structure, measurement invariance across sexual health status (i.e., between men with and without PE).
Results. Mean ages of men without and with PE were 34.9 and 35.3 years, respectively. Cronbach's alpha coefficient
for the total PEDT score was 0.89. All items and the total score were remarkably consistent between the two
measurement points. All five PEDT items correlated at $r = 0.40$ or greater with their own scale, indicating good
convergent validity. There was a high and significant correlation ($r = -0.82$, $P < 0.001$) between the PEDT score and
IELT. Healthy men reported lower scores (fewer complaints) on the PEDT compared with the PE group. A single-
factor model was found to be best-fitting in the exploratory factor analysis; this was confirmed by confirmatory factor
analysis. The PEDT was invariant across sexual health status and perceived similarly by men with and without PE.
Conclusion. The results provide evidence for good reliability and validity of the Iranian version of the PEDT. The
questionnaire therefore represents a suitable tool for screening PE in Iranian men. **Pakpour AH, Yekaninejad MS,
Nikoobakht MR, Burri A, and Fridlund B. Psychometric properties of the Iranian version of the Premature
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Key Words. PEDT; Premature Ejaculation; Diagnostic Tool; Intravaginal Ejaculatory Latency Time; Iran; Psychometric Validation

Introduction

Sexual problems are prevalent across the general population, and it is estimated that up to 50% of sexually active people suffer from some type of sexual problem at least at one point in their lives [1]. The three major categories of male sexual dysfunction are ejaculatory dysfunction (such as premature

ejaculation, PE), erectile dysfunction (ED), and hypoactive sexual desire disorder. Epidemiologic studies suggest that PE is the most prevalent sexual problem in men [2,3] with prevalence estimates ranging from 10% up to 40% [4–7]. However, survey findings vary considerably due to the use of inconsistent definitions of sexual problems and the application of different assessment methods.

Various definitions of PE exist, and a universally accepted definition of PE has yet to be established. According to the International Society for Sexual Medicine, PE is defined as "a male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration; and, 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" [8]. The *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, text revision; DSM-IV-TR), in contrast, emphasizes the emotional and interpersonal impact of ejaculation in the definition of PE, describing it as "a persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it and [that] causes marked distress or interpersonal difficulty and is not due to the direct effects of a substance." PE can be subclassified into a primary type (lifelong) that starts when a man first becomes sexually active and a secondary type that develops later in life in a man who previously had an acceptable level of ejaculatory control. Despite considerable research advances, the etiology of PE is still not fully understood [9]. Research advances are often hindered by the reluctance of patients to discuss their condition with their physicians [10,11]. Most likely, a combination of physical and psychological factors contribute to the development of PE. The factors so far identified as associated with PE are many and include age, lifestyle [12], distress [13], and medical and psychological comorbidities such as depression [14], anxiety [14,15], social phobia [16], diabetes [17], prostate diseases [18,19], and ED [20].

PE causes substantial suffering and disability in daily living. It not only impacts on the psychological health of individuals (e.g., self-confidence, tension, guilt, fear) but also affects relationship satisfaction and therefore overall quality of life. PE is usually diagnosed via medical examination and by assessing anamnestic information on the patient's sexual history. Additionally, several questionnaires based on patient-reported outcome

(PRO) exist, allowing the subjective assessment of PE and the monitoring of treatment outcomes. Although there are also objective measures available for the assessment of ejaculatory function, such as intravaginal ejaculation latency time (IELT; defined as the time between the start of vaginal intromission and the start of intravaginal ejaculation), they do not provide any information about changes in confidence and satisfaction of participants regarding their sexual function, which represent an important indicator of sexual well-being [21,22]. Consequently, there is a high demand for simple instruments assessing PRO, whereby patients' own perceptions and ratings of their health and sexual status are the focus, and outcomes do not need to be subjectively interpreted by physicians or health-care professionals.

Today, one of the most widely used and extensively validated self-report questionnaires in PE clinical and research practice is the Premature Ejaculation Diagnostic Tool (PEDT) [23]. The PEDT was developed on the basis of the DSM-IV-TR criteria for the diagnosis of PE [24]. Given that evidence points toward a cultural component in the perception of PE, availability of translated versions of the PEDT that can be applied to other communities and ethnicities may help foster our understanding of PE and patients' perception of PE [25,26]. To date, however, no Persian version of the PEDT for the assessment of PE in Iranian populations exists. Therefore, the aim of the present study was to translate and culturally validate the PEDT in a sample of Iranian men with and without a clinical diagnosis of PE.

Methods

Data collection took place from March 2012 to July 2012. Two independent samples were included in this study. Using a convenience sampling approach, patients with a DSM-IV-TR diagnosis of PE were consecutively selected from 10 urology clinics across Tehran, Iran, and included in the first sample (i.e., the case sample) [27]. Inclusion criteria were as follows: being older than 18 years; being in a stable sexual relationship with a female partner for at least 6 months; a clinical diagnosis of PE; consenting to participate in the study. Individuals suffering from ED as assessed by the International Index of Erectile Function (IIEF-15) [28,29], taking medications for the treatment of sexual problems (such as phosphodiesterase inhibitors), and suffering from depression (as assessed by the Depression Anxiety Stress Scale, DASS) or from cardiovascular dis-