Journal of Taibah University Medical Sciences (2017) ■(■), 1–7

Taibah University

Journal of Taibah University Medical Sciences

www.sciencedirect.com

Original Article

Premature ejaculation and its associated factors among men attending a primary healthcare clinic in Kelantan, Malaysia

Mohd Roslan Ahmad Zamree, MMed. [a], Ismail Shaiful Bahari, MMed. [b], Mohd Zin Faridah, MMed. [b] and Mohd Noor Norhayati, PhD. [b,*]

[a] *Klinik Kesihatan Jasin, Jasin, Melaka, Malaysia*
[b] *Department of Family Medicine, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Malaysia*

Received 13 August 2017; revised 15 October 2017; accepted 15 October 2017; Available online ■ ■ ■

الملخص

أهداف البحث: تهدف هذه الدراسة إلى تحديد نسبة الذين يعانون من سرعة القذف والعوامل المرتبطة بها بين الرجال الذين يراجعون عيادة الرعاية الصحية الأولية في "كوتا بهارو" بمقاطعة كيلانتان في ماليزيا.

طرق البحث: أجريت دراسة مقطعية على الرجال النشطاء جنسيا بين سني ١٨ و٦٠، خلال الأشهر الستة الماضية على الأقل. استُبعدت من الدراسة حالات الأمراض النفسية غير المستقرة والمتخلفين عقليا والأميين. وتم توزيع استبانات حول العوامل الاجتماعية الديموغرافية، والنسخة الماليزية لأداة تشخيص سرعة القذف، والنسخة الماليزية للمؤشر الدولي لوظيفة الانتصاب رقم٥. وقد تم تحديد سرعة القذف بنتيجة مقدارها ٩ وما فوق حسب تعريف أداة تشخيص سرعة القذف. وتم التحليل الوصفي وتحليلات الانحدار اللوجستية البسيطة والمتعددة باستخدام الإصدار ٢٢ من البرنامج الإحصائي للعلوم الاجتماعية.

النتائج: استجاب ما مجموعه ٢٩٤ من ٣١٣ من الرجال المؤهلين بمعدل استجابة ٩٣.٩٪. وكانت نسبة سرعة القذف ٢١.٤٪ (ن = ٦٣). أظهر الانحدار اللوجستي المتعدد، أن اختلالات الانتصاب البسيطة [نسبة الاحتمالات المعدلة (٩٥٪ فاصل ثقة): ٥.٦ (١.٨٩، ١٦.٩١)] والبسيطة - المتوسطة [نسبة الاحتمالات المعدلة (٩٥٪ فاصل ثقة): ٨.٢ (٢،٧٢، ٢٤،٤٦)] والمتوسطة - الشديدة [نسبة الاحتمالات المعدلة (٩٥٪ فاصل ثقة): ٦.٠ (١.١٥، ٣١.٢٣)] كانت مرتبطة ارتباطا ذا قيمة مع سرعة القذف.

الاستنتاجات: سيتسبب تعزيز الوعي بسرعة القذف في المجتمع وبين مقدمي الرعاية الصحية، في زيادة معدل الكشف عن هذا الاضطراب. كما ستساعد هذه البيانات أيضا على تقديم خدمات صحية جنسية أفضل. ويوصى بإجراء البحوث على الأمراض المصاحبة لدى الرجال الذين يعانون من سرعة القذف بسبب تأثيرها السلبي على الصحة النفسية والاجتماعية وجودة الحياة.

الكلمات المفتاحية: اضطرابات الانتصاب؛ سرعة القذف؛ أداة تشخيص سرعة القذف

Abstract

Objectives: This study aimed to determine the prevalence of premature ejaculation and its associated factors among men attending a primary healthcare clinic in Kota Bharu, Kelantan, Malaysia.

Methods: A cross-sectional study was conducted on 18- to 60-year-old sexually active men during at least the past 6 months. Patients with unstable psychiatric illnesses, mental retardation, and illiteracy were excluded. A questionnaire on sociodemographic factors, Malay version Premature Ejaculation Diagnostic Tool, and Malay version International Index Erectile Function-5 were distributed. Premature ejaculation was defined as a Premature Ejaculation Diagnostic Tool score of 9 and above. Descriptive analysis and simple and multiple logistic regression analyses were performed using SPSS version 22.

Results: A total of 294 of 313 eligible men responded, with a response rate of 93.9%. The prevalence of premature ejaculation was 21.4% (n = 63). The multiple logistic regression analysis showed that mild [adj. OR (95% CI): 5.6 (1.89, 16.91); $P = 0.002$], mild-moderate [adj. OR (95% CI): 8.2 (2.72, 24.46); $P < 0.001$], and moderate-severe [adj. OR (95% CI): 6.0 (1.15, 31.23);

* Corresponding address: Department of Family Medicine, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, 16150, Kubang Kerian, Kelantan, Malaysia.
E-mail: hayatikk@usm.my (M.N. Norhayati)

Peer review under responsibility of Taibah University.

ELSEVIER Production and hosting by Elsevier

 https://doi.org/10.1016/j.jtumed.2017.10.001

$P = 0.03$] erectile dysfunctions were significantly associated with premature ejaculation.

Conclusion: Promoting awareness on premature ejaculation among the society and healthcare providers would increase the detection rate of this disorder. Such data will also help provide better sexual health services. Research on the underlying comorbidities among men with premature ejaculation is recommended owing to its negative impact on psychosocial aspects and quality of life.

Keywords: Erectile dysfunction; Premature ejaculation; Premature Ejaculation Diagnostic Tool

Introduction

Premature ejaculation (PE) has been considered as the most common sexual disorder among men.[1–3] However, its prevalence is highly variable depending on the location and operational definition. Its definition has been widely debated on; in the past decades, several definitions were introduced. PE has been defined as a male sexual dysfunction characterised by (i) ejaculation that always or nearly always occurs prior to or within approximately 1 min of vaginal penetration (lifelong PE) or a clinically significant and bothersome reduction in latency time, often to approximately 3 min or less (acquired PE); (ii) inability to delay ejaculation on all or nearly all vaginal penetrations; and (iii) negative personal consequences, such as distress, bother, frustration, and/or avoidance of sexual intimacy.[4]

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) by the American Psychiatric Association includes an objective ejaculatory latency criterion and defines PE using four major criteria: (i) a persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 min following vaginal penetration and before the individual wishes it; (ii) the symptom must be present for at least 6 months and must be experienced on almost all or all occasions of sexual activity; (iii) the symptom causes clinically significant distress in the individual; and (iv) the sexual dysfunction is not better explained by a non-sexual 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 disorder.[5]

PE is classified into four groups, namely, lifelong PE, acquired PE, natural variable PE, and premature-like ejaculatory dysfunction.[6] Natural variable PE and premature-like ejaculatory dysfunction were not a symptom or manifestation of an actual biological pathology, but rather a normal variation on sexual performance[7]; hence, prescribed medication is only indicated for men with lifelong PE and in certain cases of acquired PE.[8,9] With the varying definitions of PE, the prevalence of PE differs. The prevalence of PE varies from 4.7% in Hong Kong[10] to 83.7% in Middle East.[11] On average, most studies reported a prevalence ranging from 20.0% to 31.6%.[2,12–18]

Recent evidence has suggested that the pathophysiology of lifelong PE may be influenced by neurobiological and genetic variations in some men. Meanwhile, acquired PE is understood to be influenced by either psychological (sexual performance anxiety and psychological or relationship problem) or organic factors, which are commonly associated with other comorbidities, such as erectile dysfunction, hyperthyroidism, and occasionally prostatitis and cardiovascular disease.[19] Mixed findings were reported with regard to sociodemographic factors, such as age,[2,12,19–24] educational and economic status,[21,25] duration of marriages or relationships,[19,24] physical activities, and smoking.[1] PE has also been postulated to cause a negative psychological impact on men and spouses.[26]

Much effort and focus have been allocated by governing bodies in the research of PE. Observational studies and clinical trials have gained momentum in the past decades in search for new evidence for a better understanding of PE. This study aimed to determine the prevalence of PE, describe depression, anxiety, and stress among men with PE, and identify the associated factors for PE among men attending a primary healthcare clinic in Kota Bharu, Kelantan. In this study, the PE cases included confirmed and probable cases of PE based on a Premature Ejaculation Diagnostic Tool (PEDT) score of ≥ 9.[27]

Materials and Methods

Population and sample

A cross-sectional study was conducted among men attending a primary healthcare clinic in Kota Bharu, Kelantan. Those aged 18–60 years who were sexually active for at least 6 months prior to the study were included. Those with unstable psychiatric illness, mental retardation, and illiteracy were excluded. All men fulfilling the eligibility criteria were invited to participate in the study.

The sample size was calculated using a single proportion formula to determine the prevalence of PE.[28] Considering the prevalence of men with confirmed PE of 20.3%[29] and precision of 0.05 with 95% confidence interval, the minimum required sample size was 267. After considering a non-response rate of 10%, a total sample size of 294 men was needed.

Research tools

The case report form consisted of 2 sets of questionnaire. The first set required responses on sociodemographic data, PEDT, and International Index Erectile Function-5 (IIEF-5). The sociodemographic data included age, race, duration of marriage, level of education, occupational status, smoking status, underlying chronic illnesses, and frequency of sexual intercourse within the past 1 month. The second set of questionnaire included the Depression Anxiety Stress Scale-21 (DASS-21) and estimation of the intravaginal ejaculatory latency time, i.e., duration of time from the start of vaginal