

SEXUAL MEDICINE

Prevalence and Associated Factors of Premature Ejaculation in the Anhui Male Population in China: Evidence-Based Unified Definition of Lifelong and Acquired Premature Ejaculation

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ABSTRACT

Introduction: In 2014, new evidence-based definitions of lifelong premature ejaculation (LPE) and acquired premature ejaculation (APE) were proposed by the International Society for Sexual Medicine. Based on the new PE definitions, the prevalence of and factors associated with LPE and APE have not been investigated in China.

Aim: To evaluate the prevalence of and factors associated with LPE and APE in men with the complaint of PE in China.

Methods: From December 2011 to December 2015, a cross-sectional field survey was conducted in five cities in the Anhui province of China. Questionnaire data of 3,579 men were collected in our database. The questionnaire included subjects' demographic information and medical and sexual histories. Men who were not satisfied with their time to ejaculate were accepted as having the complaint of PE. Men with the complaint of PE who met the new definition of PE were diagnosed as having LPE or APE.

Main Outcome Measures: New definition of LPE and APE.

Results: Of 3,579 men who completed the questionnaire, 34.62% complained of PE. Mean age, body mass index, and self-estimated intravaginal ejaculatory latency time for all subjects were 34.97 ± 9.02 years, 23.33 ± 3.56 kg/m², and 3.09 ± 1.36 minutes, respectively. The prevalences of LPE and APE in men with the complaint of PE were 10.98% and 21.39%, respectively. LPE and APE were associated with age, body mass index, and smoking and exercise rates ($P < .001$ for all comparisons). Men with APE reported more comorbidities than men with LPE, especially in the presence of hypertension, diabetes mellitus, and heart disease ($P < .001$ for all comparisons).

Conclusion: In this study, the prevalences of LPE and APE in men with the complaint of PE were 10.98% and 21.39%, respectively. Patients with APE were older and more likely to smoke, had more comorbidities, and had a higher body mass index than patients with LPE.

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Key Words: New Definition of Premature Ejaculation; Lifelong Premature Ejaculation; Acquired Premature Ejaculation; Prevalence; Associated Factors

INTRODUCTION

Premature ejaculation (PE) has been widely regarded as a common male sexual problem.^{1,2} During the past decade, many studies have attempted to provide clearer guidelines for its

definition and diagnosis.^{3–5} Most definitions of PE consist of three parts⁶: (i) short intravaginal ejaculatory latency time (IELT); (ii) lack of perceived self-efficacy or control about the timing of ejaculation; and (iii) personal distress and interpersonal difficulty related to ejaculatory dysfunction. However, all PE definitions in the previous edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) were not based on evidence and raised questions about the validity and reliability of this definition.³

The fifth edition of the *DSM* (DSM-5) recommends that *early ejaculation* can be used synonymously with *premature ejaculation* because the ejaculation occurs before the person wishes it. Persistence of “at least 6 months’ duration” and frequency of “at least in 75% of all sexual encounters” are included in the *DSM-5* diagnostic criteria for early ejaculation. A 1-minute IELT was

Received June 17, 2016. Accepted November 4, 2016.

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*Equivalent contribution.

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<http://dx.doi.org/10.1016/j.esxm.2016.11.002>

used as a cutoff to define early ejaculation. The DSM-5 definition of PE is based on evidence rather than authority, which also could be applied to homosexual men. However, the DSM-5 criteria call attention to specifying all sexual disorders as lifelong or acquired. In clinics, other subtypes of PE, such as natural variable PE and premature-like ejaculatory dysfunction exist, but are not based on evidence.⁴

To help researchers develop new tools and self-reported outcome measurements for diagnosing and assessing the efficacy of treatment interventions, an evidence-based definition of lifelong PE (LPE) has been proposed by the International Society for Sexual Medicine (ISSM).⁷ They defined LPE as “a male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about 1 minute of vaginal penetration, and 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.” Based on these diagnostic criteria, a man would be diagnosed as having LPE if he experienced PE no longer than 1 minute after vaginal penetration, loss of control, and/or negative sexual consequences. However, the committee has not agreed on an evidence-based definition of acquired PE (APE).

To promote and assist further research on the prevalence of APE and develop new tools for the diagnosis and assessment of treatment outcomes and new pharmacologic and psychological treatments, the ISSM adopted a completely new evidence-based definition of PE in 2014.⁵ PE (LPE and APE) is a male sexual dysfunction characterized by (i) ejaculation that always or nearly always occurs before or within approximately 1 minute of vaginal penetration (LPE) or a clinically significant and bothersome decrease in latency time, often no longer than approximately 3 minutes (APE); (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 avoidance of sexual intimacy.

Although these new definitions of LPE and APE have provided a better perspective of the epidemiology, etiology, and treatment of PE, few studies have investigated the prevalence of and factors associated with LPE and APE, especially in China. Therefore, based on the new definition of PE, this study was designed to analyze the prevalence of and factors associated with LPE and APE in men with a complaint of PE in the Anhui province of China.

AIM

Based on the new definition of PE, we evaluated the constituent ratio and risk factors of LPE and APE in men with the complaint of PE in the Anhui province of China.

METHODS

Subjects

A non-interventional, observational, and cross-sectional field survey was conducted in the Anhui province of China from

December 2011 to December 2015. Anhui is a province of China, and five cities (Huaibei, Wangjiang, Hefei, Anqing, and Chaohu) were selected randomly to represent the northern, southern, central, western, and eastern parts of the province.

From the beginning of 2011, our research team gradually established a database for this research. Up to December 2015, completed questionnaire data from 3,579 men were saved in the database. All subjects (age range = 20–68 years) were enrolled from health examination centers, which were representative of the male population of Anhui province for the population distribution across geographic regions, urban vs rural residents, and age groups.

To be included in the study, subjects had to meet the following criteria: (i) men at least 18 years old who could comprehend and speak Chinese and (ii) men in a heterosexual, stable, and monogamous sexual relationship with the same female partner for longer than 6 months. Each subject's medical and sexual histories were carefully evaluated by an experienced clinician. Men on medications that could affect their ejaculatory and erectile function and/or psychological status were excluded (eg, selective serotonin reuptake inhibitors and phosphodiesterase type inhibitors).

Study Design

Before study enrollment, all subjects were informed about the survey procedure. Those who participated were asked to provide written consent. Because several subjective and sensitive personal questions were included in the study, a pre-survey was given to a small sample ($n = 30$) to modify the originally designed items to ensure that the questionnaire was comprehensive and easily understood. This study was reviewed and approved by the Anhui Medical University (Hefei, Anhui, China) research subject review board.

The survey was conducted through face-to-face interviews. Eligible subjects were required to complete a verbal questionnaire that included capturing the following data: (i) demographic information (eg, age, body mass index [BMI], lifestyle, educational level, and employment status); (ii) duration of PE and medical and sexual histories; (iii) self-estimated IELT (time from the start of vaginal insertion to the start of intravaginal ejaculation); (iv) the Zung self-rating anxiety-depression scales^{8,9}; and (v) the International Index of Erectile Function-5 (IIEF-5).¹⁰ The reliability of these instruments (Zung self-rating anxiety-depression scales and IIEF-5) was assessed with the Cronbach α coefficient. The internal consistencies of the Zung self-rating anxiety-depression scales and the IIEF-5 were 0.80, 0.81, and 0.79, respectively.

Statistical Analysis

All data were analyzed using SPSS 13.0 (SPSS Inc, Chicago, IL, USA). Descriptive statistics were used to summarize the subjects' characteristics. Data were expressed as mean \pm SD or

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