SEXUAL MEDICINE

Initiators and Barriers to Discussion and Treatment of Premature Ejaculation Among Men and Their Partners in Asia Pacific — Results From a Web-based Survey

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ABSTRACT

Introduction: Premature ejaculation (PE) is one of the most prevalent yet under-reported sexual disorders. Differing sociocultural norms across the Asia-Pacific region provide unique challenges in PE management.

Methods: This web-based study collected data from 5,038 men and women across 11 countries in the Asia-Pacific region. Respondents were recruited from an existing database.

Main Outcome Measures: The initiators and barriers for PE discussions and for seeking professional management following self-treatment, as well as their choices and expectations of healthcare professionals (HCPs).

Results: More than two-thirds of respondents have discussed PE with their partners, and men are more likely to initiate the discussion. Top drivers were for both partners to attain sexual satisfaction and greater fulfillment in the relationship. Emotional insecurity was the top barrier for men as they did not want to feel hurt or inadequate. Before consulting an HCP, more than two-thirds of men self-treated their PE for at least 20 months. The primary reason for stopping self-treatment and seeking medical management was a lack of improvement in sexual satisfaction. The ideal attributes that men seek in their HCP included trust and being knowledgeable about PE management.

Conclusion: Attitudes and barriers to PE and its treatment in the Asia-Pacific region are poorly understood. Many men are reluctant to seek professional advice and therefore resort to self-treatment for extended periods. HCPs can play a key role to empower PE sufferers and partners to understand the prevalence, medical relevance, treatability, and negative impacts of PE on sexual and overall relationships. Greater awareness of the diverse cultural and social norms, education of both partners and HCPs, and the involvement of HCPs through a patient-centric approach are all pivotal in managing PE optimally across the Asia-Pacific region.

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Key Words: Premature Ejaculation; Asia-Pacific; Attitudes; Drivers; Barriers; Sociocultural Norms; HCP; Self-Treatment; Female Partner

INTRODUCTION

Premature ejaculation (PE) is defined by the International Society for Sexual Medicine (ISSM) as a male sexual dysfunction that is 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 premature ejaculation [LPE]), or a clinically significant reduction in latency time, often to about 3 minutes or less (acquired premature ejaculation [APE]); 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."[1,2]

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PE, when viewed across all age groups, countries and ethnicities, is likely to be one of the most prevalent of male sexual disorders.[1,3–7] However, PE is a condition that is often not reported by patients or recognized by healthcare professionals and therefore can go undiagnosed and untreated.[1,8]

Prior to 2013, the reported prevalence of PE was as high as 20% to 30%, which may be due to a lack of a standardized definition and different diagnostic criteria.[1,6,8,9] Based on the 2014 ISSM definition, the prevalence of APE and LPE in general populations is now an estimated 5% globally.[1] A China study of the general male population reported the prevalence of LPE to be 3% and APE 4.8%.[1] In a recent study of PE in Korean men, the prevalence when using the PE diagnostic tool (PEDT) was found to be 11.3% for definite PE and 15.6% for possible PE.[9] In the same study when using an intravaginal ejaculation latency time (IELT) of ≤ 1 minute, the prevalence was 3%; when an IELT ≤ 2 min was used, the prevalence was reported to be 16.6%.[9]

Despite the large variation reported globally on the prevalence of PE, the condition is still associated with significant distress, anxiety, and depression. This has a negative impact on the emotional wellbeing and quality of life of individuals as well as their partners and their relationships.[8,10–13]

In a 2011 European survey involving 9 countries, 57% of men with PE and 44% of partners of men with PE were dissatisfied with their sex life, compared to 26% in the general population. The negative emotional impact was due to feelings of less confidence during sex, guilt or failure, anger, shame, depression, and lower confidence outside of the bedroom.[14,15] The main reasons for sexual distress in partners of men suffering from PE were the male's lack of attention and focus on performance, the short time between penetration and ejaculation, and the lack of ejaculatory control.[16]

Culture, ethnicity and religion have been reported to cause marked variability in the distress related to early ejaculation experienced by individual men.[1,11–13,17] In the Asia-Pacific region, PEDT survey results showed that 86% of respondents with PE were very or extremely concerned that their time to ejaculation left their partner sexually unfulfilled.[12]

Globally, reasons for the under-treatment of PE are well documented and include concerns of social stigmatization and embarrassment, resulting in men refraining from discussing the issues with their healthcare professional (HCP).[1,8,10,15] Furthermore, many men believe that PE is their fault and that there is no treatment for the condition, and therefore have not considered seeking medical assistance.[14,18] On the other hand, HCPs themselves may lack the knowledge or be uncomfortable with discussing sexual problems, resulting in even fewer treatment opportunities for patients.[8]

In the Asia-Pacific region, differing sociocultural and economic factors may further prevent individuals from seeking medical help for sexual dysfunction.[13,17,19] In general, there is a conservative attitude toward discussing sexual concerns with physicians.[13,20] Men expect straightforward solutions when faced with sexual dysfunctions and the traditional masculine social norms discourage them from seeking assistance.[11,20] Additionally, clinicians rarely initiate discussions with their patients about their sexual health during routine consultations.

Many men with PE also will have tried self-help remedies before they present to an HCP, creating further barriers to appropriate care. Despite modern pharmacotherapy being available in many parts of the Asia-Pacific region, traditional medicines and alternative treatments are still used frequently in the belief that they are more effective than conventional medicine, have fewer side effects, and are more accessible and affordable. It also avoids the perceived embarrassment of having to visit medical specialists.[11,13]

Behavioral self-help processes that have been employed to treat PE include masturbation prior to intercourse, distracting thoughts, short foreplay, gentle thrusting, interrupted thrusting, and withdrawal. However, due to varying religious and cultural beliefs across the Asia-Pacific region, there may be reluctance in certain populations to use behavioral processes that involve masturbation.[20] Behavioral approaches with retraining that are most widely used are the squeeze technique and the stop-start methodology.[21] Other remedies include the use of alcohol, desensitizing agents, and thick condoms.[4,21]

Information on PE across Asia-Pacific is generally sparse and outdated compared with global data.[11,13] The diverse cultural differences and varying initiators and barriers to discussing PE and its treatment also pose additional challenges for patients, their partners, and HCPs in the region. Studies with an Asia-Pacific focus on the sufferers and partners, namely the push and pull factors to seeking treatment and their perception of HCPs, will provide valuable insights to overcome future challenges in treating patients with PE.

AIM

To identify current initiators and barriers to PE discussion, as well as barriers and drivers for seeking PE treatment in 11 countries and regions across Asia-Pacific.

METHODS

Subjects

This web-based survey recruited heterosexual men with their respective partners, aged 18–64 years, who had sexual intercourse at least once per month in the past 6 months. Respondents were selected from a panel of subjects from commercial market research databases. The subjects were predominantly educated, computer literate, having a higher income, and from an urban background. Multiple recruiting emails were

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