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Information about sexual health issues & treatments

THE JOURNAL OF Sexual Medicine

Delayed Ejaculation*

What is Delayed Ejaculation?

Delayed ejaculation (DE) is the least understood of the male sexual dysfunctions (SDs). Men suffering from DE find it difficult or impossible to ejaculate *and* experience orgasm during sexual encounters. While some men may have difficulty achieving ejaculation during masturbation, for the majority (90%) of men with DE, lack of ejaculation during intercourse is the primary problem. Historically, DE has been called by a variety of different names including "retarded ejaculation."

How is Delayed Ejaculation Defined?

Although the definition is currently undergoing revision, it is likely that the American Psychiatric Association will define DE in its new diagnostic handbook as follows: "At least one of the two following symptoms must be present for a minimum duration of approximately 6 months and be experienced on all or almost all occasions of sexual activity and without the man desiring delay: a. Marked delay in ejaculation; b. Marked infrequency or absence of ejaculation; c. The problem causes significant distress. Finally, the SD is not better accounted for by a non-sexual psychiatric disorder, by the effects of a substance (e.g., a drug of abuse), by a medical condition, or by relationship distress, partner violence, or other significant stressor." Failing to ejaculate may be a lifelong (primary) or an acquired (secondary) problem. DE may be global and happen in every sexual encounter, or it may be intermittent or situational.

It is important to know that some medications used to treat depression/anxiety and other medications used to treat prostate symptoms may produce DE-like symptoms. Also, some men may experience difficulty ejaculating when using a condom during sex. These cases are not strictly DE as defined here, but the symptoms and bother may be similar.

Is DE Common?

DE prevalence rates in the literature are low, rarely exceeding 3%. However, it is likely that many men with DE are misdiagnosed with erectile dysfunction (ED), the condition where a man is unable to attain or maintain an erection rigid enough for sexual activity. In these cases men might not be able to attain climax during sex and lose their erections due to fatigue or anxiety about not being able to climax. Even if the DE prevalence is as low as 3%, it is clear that millions of men do suffer from this condition. As DE seems to become more common as men age, it is also likely that DE rates will rise in the future with the aging of the population.

What Conditions may be Confused with DE?

DE is one of many diminished ejaculatory disorders (DED) or problems that include anejaculation, painful ejaculation, and retrograde ejaculation, decreased volume/force/sensation of ejaculation, and the

*This manuscript is partially abridged/adapted from the upcoming Perelman, M, "Delayed Ejaculation" in *Principles and Practice of Sexual Therapy 5th Edition*, Y.M. Binik nd K.S.K. Hall editors, Guilford Press, 2013.

What Causes DE?

Physical causes may account for DE, as any procedure or disease that disrupts the nervous systems path to the genitals (spinal cord injury, multiple sclerosis, pelvic-region surgery, severe diabetes, alcoholism, etc.) has the potential to interfere with ejaculation and orgasm. It is frequently useful for a doctor to conduct a physical examination and medical history that may identify problems (such as reversible urethral, prostatic, epididymal, and testicular infections) as well as hormonal (androgen, etc.) contributory factors. A number of drugs may cause DE. Common culprits include drugs for high blood pressure, antidepressants, antipsychotic drugs, and some drugs that are used to treat prostate growth or baldness. Decreased sensation of the penis (often associated with aging) may also be a factor. Finally, there is increasing evidence that some men have natural variation in their ejaculation latency (how long they last during sex) and this may lead to DE-like problems for some couples.

What Biological Factors may Play a Role in DE?

Many believe that DE is a neurobiological variation of a "normal" ejaculatory statistical distribution curve. It is known from studies in animals as well as humans from around the world that there is a great variation between couples in how long sexual intercourse lasts. Some of these differences may be cultural, but there is increasing evidence that predisposing genetic factors have an effect on the speed and ease of ejaculation by modulating brain chemicals and a variety of biological mechanisms that control ejaculation. For instance, changes in penile sensitivity with age or neurological disease may also play a role in DE.

Are There Behavioral Factors that Explain DE?

Many early mental health explanations for DE concluded that it was an outgrowth of "psychic conflicts" such as anxiety, lack of confidence, poor body image, etc. Anxiety does, indeed, draw the man's attention away from sexual cues that enhance arousal, and can interfere with genital stimulation sensation resulting in insufficient excitement for climax, even if erection is maintained. Partner issues that affect a man's ejaculatory interest and capacity, especially pregnancy concerns and resentment, may also be a factor.

Masturbation-related factors have been shown to be a frequent cause of DE. Although high-frequency (a term that may vary from man to man) masturbation is often associated with DE, the primary factor causing DE is usually an "idiosyncratic masturbatory style," defined as a technique not easily duplicated by the partner during sex.

So which is More Important, Biological or Behavioral/Psychological Factors?

Clinical experience demonstrates that separating causes, diagnosis, and treatment into categories such as psychogenic and biologic are too limiting. The most useful approach to understanding human responses is that of integrating—rather than isolating—the biological and psychological, social, behavioral, and cultural factors. The goal is identifying both the mental and physical elements that contribute to each man's varied response. *Delayed ejaculation is best understood as an end-point response that represents the interaction of biological, psychological, social, and cultural factors.*

How is DE Diagnosed?

Either a sex therapist or physician should obtain a focused sexual history that includes, but is not limited to: perceived attractiveness of the man's partner, the use of fantasy during sex, anxiety about intercourse, and masturbatory patterns. For instance, the patient should be asked: (i) "What is the frequency of your masturbation?"; (ii) "How do you masturbate?"; (iii) "In what way does the stimulation you provide yourself differ from your partner's stimulation

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very rare postorgasmic illness syndrome. DE is distinct from ED. DE is also different from the normal refractory period, the length of time after an ejaculation during which men are physically incapable of having repeat ejaculation. DE is also different from anorgasmia (inability to experience an orgasm or sexual climax).

What is the Difference between DE and Anorgasmia?

Ejaculation (expulsion of semen from the penis) and orgasm (intense pleasure and/or release at sexual climax) usually occur simultaneously in men, but in reality are separate physical phenomena. Ejaculation is the process during which semen is desposited in the urethra (urine tube) and then ejected by forceful contractions of the pelvic muscles. Orgasm is a mental/emotional process that primarily occurs in the brain and has significant personal variation. Orgasm may occur without erection or ejaculation and vice versa. Hence, pleasurable orgasms may still occur in men who no longer have a prostate (the organ that produces most of what is in semen). However, some men do experience a difference in the quality of their orgasm subsequent to prostate-related procedures. Appreciating both the mental and physical factors involved in these important processes allows us to understand ejaculatory disorders, as disruptions of these phases.

What Impact does DE have on Men and Their Partners?

Men with DE typically report less sex and more relationship distress. Doctors sometimes miss or fail to diagnose DE. Some partners enjoy the extended intercourse; however, they eventually may experience pain, injury, and/or distressing questions: "Does he really find me attractive?" While some partners may blame themselves, others may become suspicious that the man is not attracted to them or that he is having an affair. To avoid an anticipated negative reaction from their partner, some men may even fake orgasms. DE is particularly upsetting when couples are trying to become pregnant, as deposition of semen in the female reproductive tract is essential to conception.

How is DE Treated?

There is no Food and Drug Administration-approved treatment for DE and most urologists believe that treating DE is difficult.

Sex therapists have reported good success rates using behavioral techniques, but this will not apply to every couple. Generally, patients are recommended to suspend masturbatory activity temporarily, and limit orgasmic release to their desired goal activity, e.g., orgasm during penetrative sexual encounters with their partner. Reducing or discontinuing both self and partnered masturbation (typically for 14–60 days) is often difficult, and patients may need support to adhere to this restriction. Men who refuse to cease masturbating may consider altering the style in which they masturbate ("switch hands") to more closely resemble what they experience during partnered sex.

In addition to suspending nonpartnered orgasms, patients should use fantasy and bodily movements during intercourse, which approximate the thoughts and sensations experienced in masturbation. Men who report difficulty reaching climax when using a condom may consider using condoms during masturbation as a "dress rehearsal" for "safe sex."

In men whose sexual fantasies do not align with their reality, guided modification/change of fantasy may be useful to align sexual preference with experience; these efforts must of course take into account that for many men sexual preferences are relatively fixed.

Finally, some men find that intensification of sexual stimulation may help via use of vibrators or other sexual enhancement devices. This is particularly important in cases of DE related to radical pelvic surgery such as prostatectomy.

What can Partners of Men with DE do to Help?

Partners should ask their men about sexual preferences and desires. Partners may consider adapting their partnered sexual practices accordingly; however, this should only be done within the bounds of what is comfortable and morally acceptable to the partner. Having open and honest discussions about this is an important part of any sexual relationship.

How Successful is Treatment?

For motivated couples it is often possible to treat DE. However, for some couples the best treatment may be modification of sexual practices to accommodate the man's difficulty with achieving ejaculation during sexual activity. Finally, for men with a very severe DE, this may mean engaging in sex and "finishing off" with masturbation or other nonpenetrative sexual activity.

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style, in terms of speed, pressure, etc.?"; and (iv) "Have you communicated your preference to your partner and if so, what was their response?"

Many men fail to communicate their stimulation preferences to their partners (or previous doctors), because of shame or embarrassment. The difference between the reality of sex with their partner and their preferred sexual fantasy (whether or not unconventional) used during masturbation is potentially an important cause of DE. That difference takes many forms, such as partner attractiveness, body type, sexual orientation, and the specific sex activity performed. If orgasm was possible previously, life circumstances that relate to orgasmic cessation should be explored, including "street" and prescription drugs, illness, and life stressors.