

Sexual Dysfunction Association

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Ejaculation problems

Premature ejaculation

Premature ejaculation is when a man ejaculates (or comes) sooner than he or his partner wishes. It occurs most commonly either during or very soon after penetration, but just thinking about a sexually stimulating situation can trigger ejaculation and sometimes it happens even before any direct stimulation of the penis occurs.

Ejaculation often mostly occurs within two minutes of penetration. Some men last much longer and some come much more quickly. The important point to remember is that if ejaculation occurs sooner than the man and/or his partner wishes and this is causing distress in the sexual relationship, then it can be regarded as 'premature' or 'rapid'.

Premature ejaculation is one of the most common sexual problems affecting men. It can occur at any age and under any situation, but it is most commonly a younger man's problem especially in the teens and twenties. In many ways, it is more related to the novelty of the sexual experience (new partner or different situation) than to the man's age, although most men will experience it at some time. It only becomes a problem when one or other partner gets upset about it. It is very common and more than 40% of men are affected.

Causes

Just being unable to control the ejaculatory response causes most cases. In some younger men, it is believed that there may be a delay in the maturing of the nervous lines of communication between the brain and the penis. Fortunately, in the majority of men, this improves considerably with age.

However, there are also some conditions in older men that may interfere with ejaculation, such as changes in the prostate gland, hardening of the arteries, diabetes and neurological disorders. It has been generally thought that early sexual experiences were important in the shaping of future ejaculatory habits. Initial nervousness and hurry, such as in having sex in the backseat of a car, one-night stands, fear of discovery or of being heard at home through the wall, and other unsatisfactory early sexual experiences may contribute to establishing a pattern of rapid ejaculation.

Also a common reason for premature ejaculation is relationship disorders. Some of the components of relationship distress are: sexually demanding partners, unrealistic expectations, different needs and desires in a couple, dissatisfaction, lack of communication and trust, outside affairs, a partner who also has a sexual

problem and an excessive desire to please a partner. Derogatory remarks made at the time tend to make matters worse and can lead to a cycle of failure and anxiety.

How to delay ejaculation

Many men can help themselves to delay ejaculation, but some may require help. Discuss the problem first, to find out what your partner needs and wants.

A simple self-help method that can be effective is called the '*stop/start technique*'. This can be done, either by the man alone, or with his partner, whichever is preferable.

- Step 1: Gradually start stimulation of the penis (a lubricant helps), stopping just before you think you are about to come (ejaculatory inevitability or the point of no return).
- Step 2: Rest, no stimulation for 30-60 seconds until the feeling of a need to ejaculate goes.
- Step 3: Begin rubbing the penis again, stopping or reducing stimulation until the probability of ejaculation has passed. Rest, as above
- Step 4: Repeat above steps four or five times, until you begin to recognise the point of ejaculation. Allow ejaculation to occur. This needs to be done regularly for a couple of weeks

This masturbation technique can be modified for your partner and is *called the squeeze technique*. Your partner masturbates you up to the point of no return and then very firmly squeezes the penis where the glans (the knob) joins the shaft using the thumb and forefinger (it doesn't hurt). The sensation of just being about to come will die down. There may be some softening of your erection, until stimulation begins again. This is a bit more difficult to organise and a considerable commitment is required from the couple for these techniques to have any chance of success.

Do 'delay sprays' work?

There is no evidence to suggest that they do work, or that they don't. Delay sprays, which are local anaesthetic sprays, may reduce the sensitivity of the knob (glans) of the penis but you may not recognise when you ejaculate. There is also the possibility of transferring the anaesthetic to your partner and reducing her pleasurable sensations. If you decide to use any of these sprays, use a condom.

It is known that some antidepressants slow down ejaculation. A very small dose, one tablet, is taken at night for a month. If that helps, the treatment is taken when required an hour before intercourse. There are side effects such a dry mouth, occasional blurring of vision and sleepiness. It should only be taken at night and

great care should be taken with driving or with using machinery the next day. It should be prescribed in combination with traditional sex therapy.

Delayed Ejaculation

Delayed ejaculation isn't anyone's fault and it is quite uncommon. Ejaculation is impaired and the man finds great difficulty in coming even though he wants to and is getting sufficient stimulation for this to occur.

The causes may be physical or psychological.

Physical causes could include diabetes mellitus, prostatic disease and drug therapy, especially some antidepressants and beta-blockers for high blood pressure.

Psychological causes are the most likely option if you don't have any of the above conditions. Sometimes men have subconsciously conditioned themselves to respond in a certain way or manner and coming can only be achieved under repetition of these circumstances.

Sometimes ejaculation can only occur with masturbation. The severity of the problem is variable; some men are unable to come in their partner's vagina at all. Often some men find it difficult to show emotion at all. Treatment for these men will often involve psychosexual therapy from specialist practitioners. The aim of treatment is to relearn how to overcome the behaviour that has been learned. This specialist help may well not be available on the NHS, but your GP may be able to put you in contact with one of the specialist organisations that deal with this problem, or you can contact them directly at the address below.

Retrograde Ejaculation

Retrograde ejaculation is where you may fail to see any fluid (semen) after orgasm. If this happens, you may also have noticed when you first urinate after intercourse that the urine appears cloudy. This is because the semen is being expelled from the testicles, but instead of it being propelled by rhythmic contractions out of the urethra it is travelling backwards and into the bladder through the bladder neck. The most common reason for this is surgery to the prostate or the bladder neck.

Many men who have undergone prostate operation have experienced this. There are other reasons for this to happen and they include disruption of the nerve supply caused by diabetes mellitus or multiple sclerosis, or if there has been a spinal cord injury, and some prescription medications particularly tablets for blood pressure control can cause this. The sensation of coming may also be reduced. Treatment for this condition would only be considered if fertility was an issue.

Anejaculation

Anejaculation, where you get the sensation of coming but don't ejaculate at all, is uncommon. The classic cause is disruption of the nerve supply that may be

caused by spinal cord injury, major lymph node surgery, diabetes mellitus or multiple sclerosis. It can also be a result of a psychological problem. Treatment of anejaculation is only indicated to restore fertility.

Oral treatment

It is known that some antidepressants (known as SSRIs) slow down ejaculation. The most useful are Sertraline (otherwise known as Lustral, 50mg) or Paroxetine (Seroxat) 10 mg) A very small dose, one tablet, is taken at night for a month. If that helps, the treatment is taken when required an hour before intercourse. There are side effects such a dry mouth, occasional blurring of vision and sleepiness. It should only be taken at night and great care should be taken with driving or with using machinery the next day. It should be prescribed in combination with traditional sex therapy. (Note these drugs have not been licensed for this effect but work pretty well).

Psychosexual therapy

Couples find great difficulty approaching the subject with doctors or nurses but your GP should be able to put you in touch with a sex therapist. Provision of NHS services for patients who suffer with premature ejaculation is unfortunately at best patchy.

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