Ejaculatory Disorders & Orgasm
Take Home Messages

Adham ZAAZAA M.D.
Cairo University. Egypt.
Orgasm and Ejaculation are two separate functions
Taxonomy of Ejaculatory disorders

• **EMISSION PHASE DISORDERS:**
  • Retrograde ejaculation

• **EJACULATION PHASE DISORDERS:**
  • Premature ejaculation
  • Deficient ejaculation:
    • Delayed ejaculation
    • Anejaculation

• **ORGASM DISORDERS:**
  • Anorgasmia
  • Postorgasmic illness syndrome

Jannini, Lenzi: Ejaculatory disorders: epidemiology and current approaches to definition, classification and subtyping, *W J Urol,*
Epidemiology of ejaculatory disorders

ISSM’s Guidelines for the Diagnosis and Treatment of Premature Ejaculation

Stanley Althof, PhD, Carmita Abdo, MD, PhD, John Dean, MD, Geoff Hackett, MD, Marita McCabe, PhD, Chris McMahon, MD, Raymond Rosen, PhD, Richard Sadoovsky, MD, Marcel Waldinger, MD, PhD, Edgardo Becher, MD, Gregory Broderick, MD, Jacques Buvat, MD, Irwin Goldstein, MD, Amr El-Meliegy, MD, Francois Giuliano, MD, PhD, Wayne Hellstrom, MD, Luca Incrocci, MD, PhD, Emmanuele A. Jannini, MD, Kwangsung Park, MD, PhD, Sharon Parish, MD, Hartmut Porst, MD, David Rowland, PhD, Robert Segraves, MD, PhD, Ira Sharlip, MD, Chiara Simonelli, PhD, and Hui Meng Tan, MD
ISSM Definition of Lifelong PE

Male sexual dysfunction characterized by … [1]

• ejaculation which always or nearly always occurs prior to or within about **one 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

What about Acquired PE?

ISSM Definition regarding Acquired PE -
Concluded that there was insufficient published objective data to propose a new evidence-based definition
And believed the proposed criterion for lifelong PE might be applied to acquired PE as well *(LOE 5d)*
No distinction between LL- and A-PE

Treatment of Premature Ejaculation in the Asia-Pacific Region: Results from a Phase III Double-blind, Parallel-group Study of Dapoxetine

Chris McMahon, MBBS, FACHSHM,* Sae Woong Kim, MD, PhD,† Nam Cheol Park, MD, PhD,‡ Chin-pao Chang, MD,§ David Rivas, MD,¶ Fisseha Tesfaye, PhD,‖ Margaret Rothman, PhD,*** and Joseph Aquillina, MD‖ on behalf of the Dapoxetine 3003 Study Investigators

Delayed Ejaculation

most sexually functional men ejaculate ≈ 4-10 mins

A man with DE is expected to:

have IELT > 20 - 30 mins (21-23 min represents 2SD above the mean)

cease sexual activity due to exhaustion or irritation

report relationship distress/frustration/performance anxiety

seek help for his sexual dissatisfaction (despite good erections!!)

Rowland et al. 2005; Perelman. 2006; Patrick et al. 2005; Segraves. 2010
Some papers presented during the ISSM2012 Meeting
Psychosocial Aspects of Premature Ejaculation
Ahmet Gokce¹, Ege Can Serefoglu¹, Wayne JG Hellstrom¹, Oguz Ekmekcioglu²
¹Department of Urology, Tulane University School of Medicine, New Orleans, LA, USA
²Erciyes University – School of Medicine, Turkey

Conclusion
Men with PE have more anxiety about their partner’s sexual satisfaction instead of their own sexual satisfaction. Patients with PE need to be evaluated with their partners.
Botulinum toxin-A injection may be beneficial in the treatment of life-long premature ejaculation

Ege Can Serefoglu a, *, Mesrur Selcuk Silay b

a Kiziletepe Governmental Hospital, Department of Urology, Mardin, Turkey
b Sisli Etfal Training and Research Hospital, 2nd Urology Department, Istanbul, Turkey

Btx-A injection into the BSM is a safe and effective treatment which can lengthen the latency time to ejaculate in rats, without suppressing sexual behavior.
PSD502 (TEMPE): Has similar efficacy in life-long and acquired premature ejaculation

Ira Sharlip and Mike Wyllie
Silodosin, its potential for treating Premature Ejaculation

Sanjukai Urological Hospital, Sapporo Japan

Yoshikazu SATO, H TANDA, H NAKAJIMA, T NITTA, K AKAGASHI, T HANZAWA, M TOBE, K HAGA, K Uchida, I HONMA
Change of intravaginal ejaculation latency time (IELT)

IELT (min)

$P = 0.003$

IELT was measured by patients with a watch. $P$ value by Student's t-test.
BUT

This study did not start with the baseline IELT defining PE~
Negative Recommendations

1. **LIMITED USE**
PDE-5 inhibitors alone or in combination with SSRIs or topical anaesthetics should be limited to men with acquired PE secondary to co-morbid ED

1. **NOT RECOMMENDED**
Tramadol / penile injection therapy are not recommended for the treatment of PE

1. **DISCOURAGED:**
Surgery for the treatment of PE should be discouraged.

---

Fein RL. Urology 1990; 35: 301-303
ICSD Paris 2009
McMahon CG et al, BJU Int 2006; 98: 259-272
Questions yet to be answered...
Orgasm is more difficult to measure

Orgasm is a “perception”.
Orgasm is not always synonymous with pleasure.

How do we measure or grade orgasm?
We have no instruments to measure intensity of orgasm.

We have no evidence based definition of male anorgasmia.
Local preparations maybe effective in increasing IELT,
but
aren't they negatively interfering with pleasure?
Female Genital Mutilation

How do we make sure people understand what orgasm is, especially in a subtype of women who might have never experienced it.

How do we deal with the men who have normal ejaculatory latencies, who have anorgastic partners, and who are still coming seeking help for their “premature ejaculation”.

Positive Recommendations
Combination treatment for PE should optimize the response to therapy, as it addresses both types of factors while focusing on fixing the predominant factors in each case, to create a better balance of function.
Psychologists, MD, and researchers should consider a **holistic approach** to SM, where marital, psychological, and physical determinants of PE are cumulatively analyzed, **AND TREATED!**