

A black silhouette of the Chicago skyline is positioned at the top of the slide, set against a blue background. The skyline includes several prominent skyscrapers of varying heights and shapes.

**World Meeting on Sexual Medicine 2012**

August 26-30, 2012 - Sheraton Chicago, USA

# **Ejaculatory Disorders & Orgasm Take Home Messages**

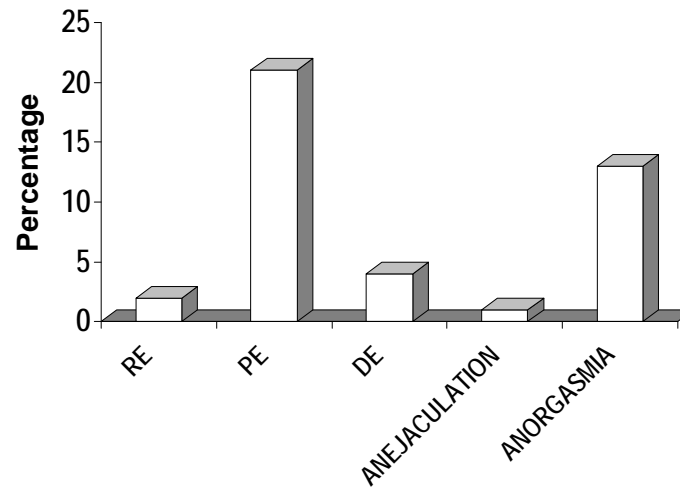
Adham ZAAZAA M.D.  
Cairo University. Egypt.

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

## Epidemiology of ejaculatory disorders



Jannini, Lenzi: Ejaculatory disorders: epidemiology and current approaches to definition, classification and subtyping, *W J Urol.* 2005 Jun;23(2):68-75

# 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 Sadovsky, 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



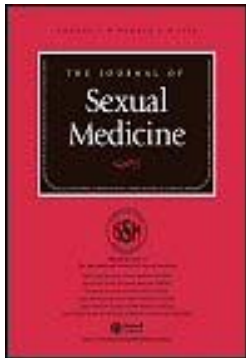
# What about Acquired PE ?

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, FChSHM,\* Sae Woong Kim, MD, PhD,<sup>†</sup> Nam Cheol Park, MD, PhD,<sup>‡</sup> Chin-pao Chang, MD,<sup>§</sup> David Rivas, MD,<sup>¶</sup> Fisseha Tesfaye, PhD,<sup>¶</sup> Margaret Rothman, PhD,<sup>\*\*</sup> and Joseph Aquilina, MD<sup>¶</sup> on behalf of the Dapoxetine 3003 Study Investigators

**J Sex Med 2010;7:256–268.**



# Delayed Ejaculation

most sexually functional men ejaculate  $\approx$  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 Gokce<sup>1</sup>, Ege Can Serefoglu<sup>1</sup>, Wayne JG Hellstrom<sup>1</sup>, Oguz Ekmekcioglu<sup>2</sup>

<sup>1</sup>Department of Urology, Tulane University School of Medicine, New Orleans, LA, USA

<sup>2</sup>Erciyes 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.



Contents lists available at ScienceDirect

Medical Hypotheses

journal homepage: [www.elsevier.com/locate/mehy](http://www.elsevier.com/locate/mehy)



Botulinum toxin-A injection may be beneficial in the treatment of life-long premature ejaculation

Ege Can Serefoglu<sup>a,\*</sup>, Mesrur Selcuk Silay<sup>b</sup>

<sup>a</sup> Kiziltepe Governmental Hospital, Department of Urology, Mardin, Turkey

<sup>b</sup> 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.

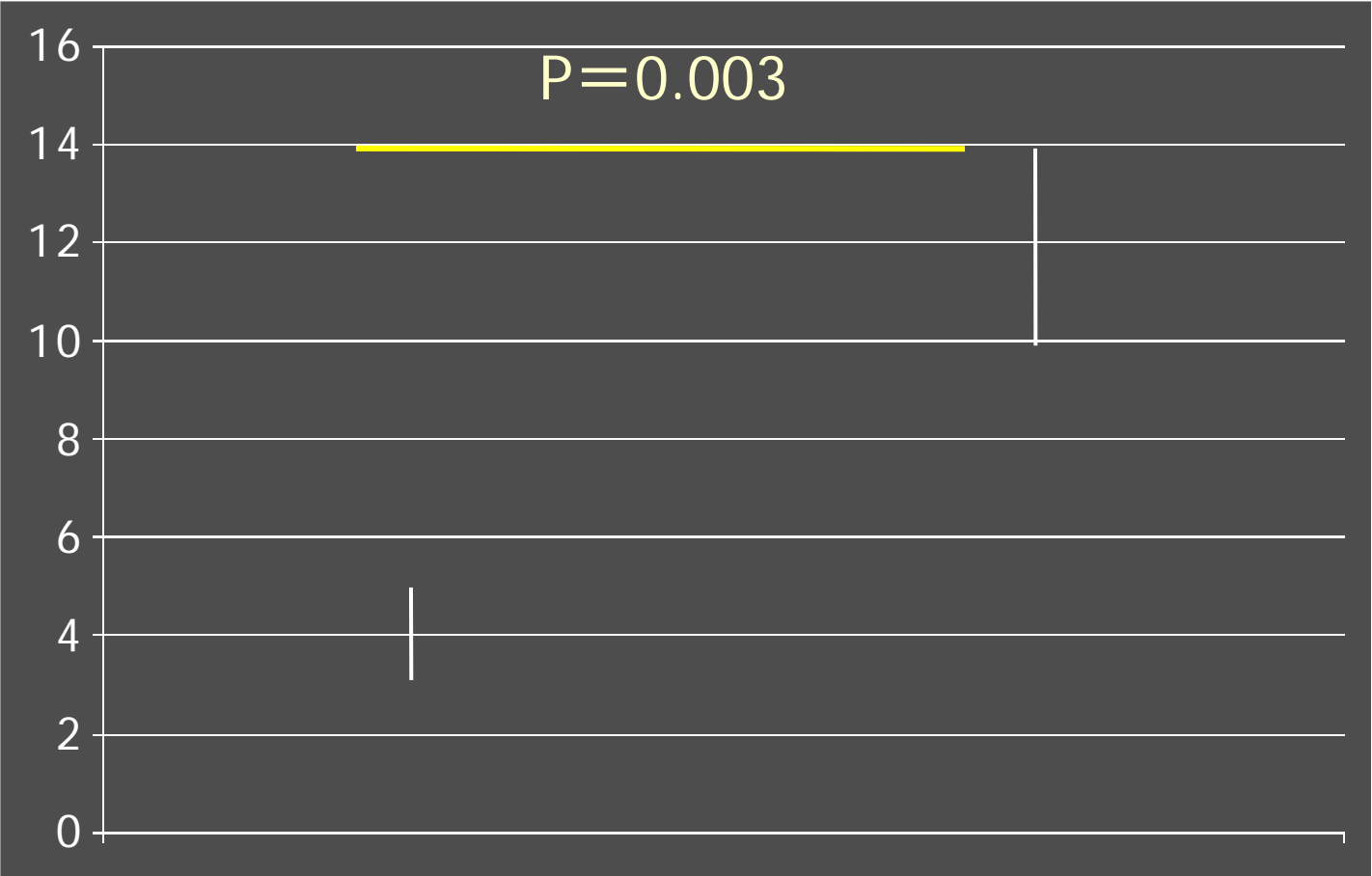
**PSD502 (TEMPE):Has similar efficacy in life-long and  
acquired premature ejaculation**

**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



BUT

This study did not start with the baseline IELTS  
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

Asimakopoulos AD, Miano R, Agrò EF, Vespasiani G, Spera E. J Sex Med. 2012 Jan 16. [Epub ahead of print]

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 IELTS,  
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

# A New Combination Treatment for Premature Ejaculation: A Sex Therapist's Perspective

Michael A. Perelman, PhD\*

J Sex Med 2006;3:1004–1012.



## Combination therapy

***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.***

# Organic vs. Psychogenic? The Manichean Diagnosis in Sexual Medicine



J Sex Med 2010;7:1726–1733.

Emmanuele A. Jannini, MD,\* Marita P. McCabe, PhD, FAPS,<sup>†</sup> Andrea Salonia, MD,<sup>‡</sup>  
Francesco Montorsi, MD,<sup>‡</sup> and Benjamin D. Sachs, PhD<sup>§</sup>

## Holistic approach

Psychologists, MD, and researchers should consider a **holistic** approach to SM, where marital, psychological, and physical determinants of PE are cumulatively analyzed, **AND TREATED!**