PREMATURE EJACULATION

Author

Dr. Muhammad Haris Khan Burki
M.B.B.S., Ph.D.

Elected Member,
World association of Sexual health.
Member: International committee of sexual dysfunction
Scientific research and Clinical research groups of WAS
Psychiatry & Sexual Health section of WPA.

Senior Member,
Education Liaison Network, WPA.
Association of European Psychiatry.
Coordinator,
CME Program of WPA.

Co- Author

Ms. Mahrukh Masood
M.Sc., M.Phil.

Clinical Psychologist,
Shalamar Hospital,
Lahore, Pakistan.
DR SALEEM UZAM ADHAMI
MRCP UK
CONSULTANT SHALAMAR HOSPITAL
LAHORE

PME

PME is the most prevalent disorder in sexology. It amounts to 30% of the total population.

Definition.

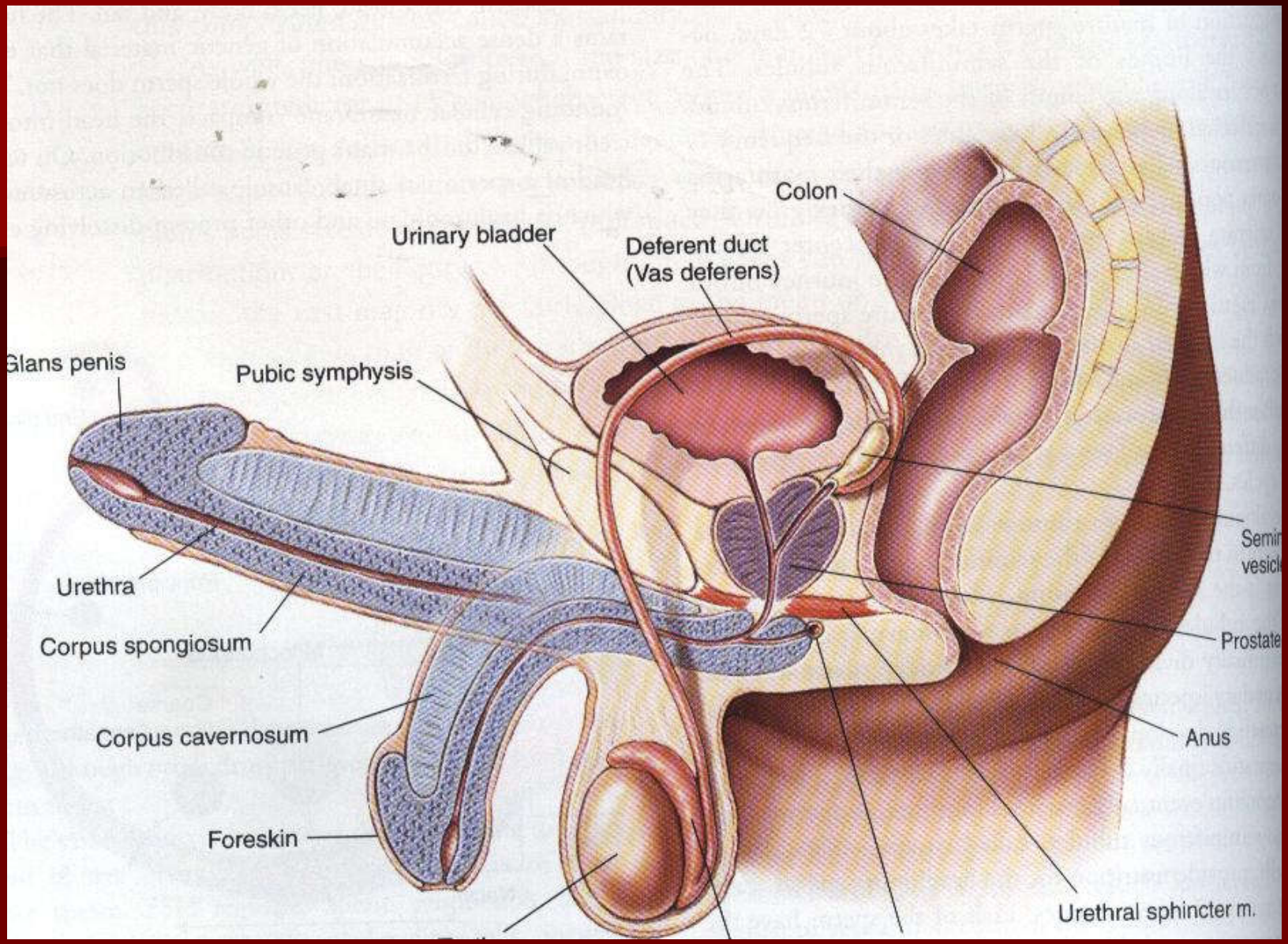
- Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it.

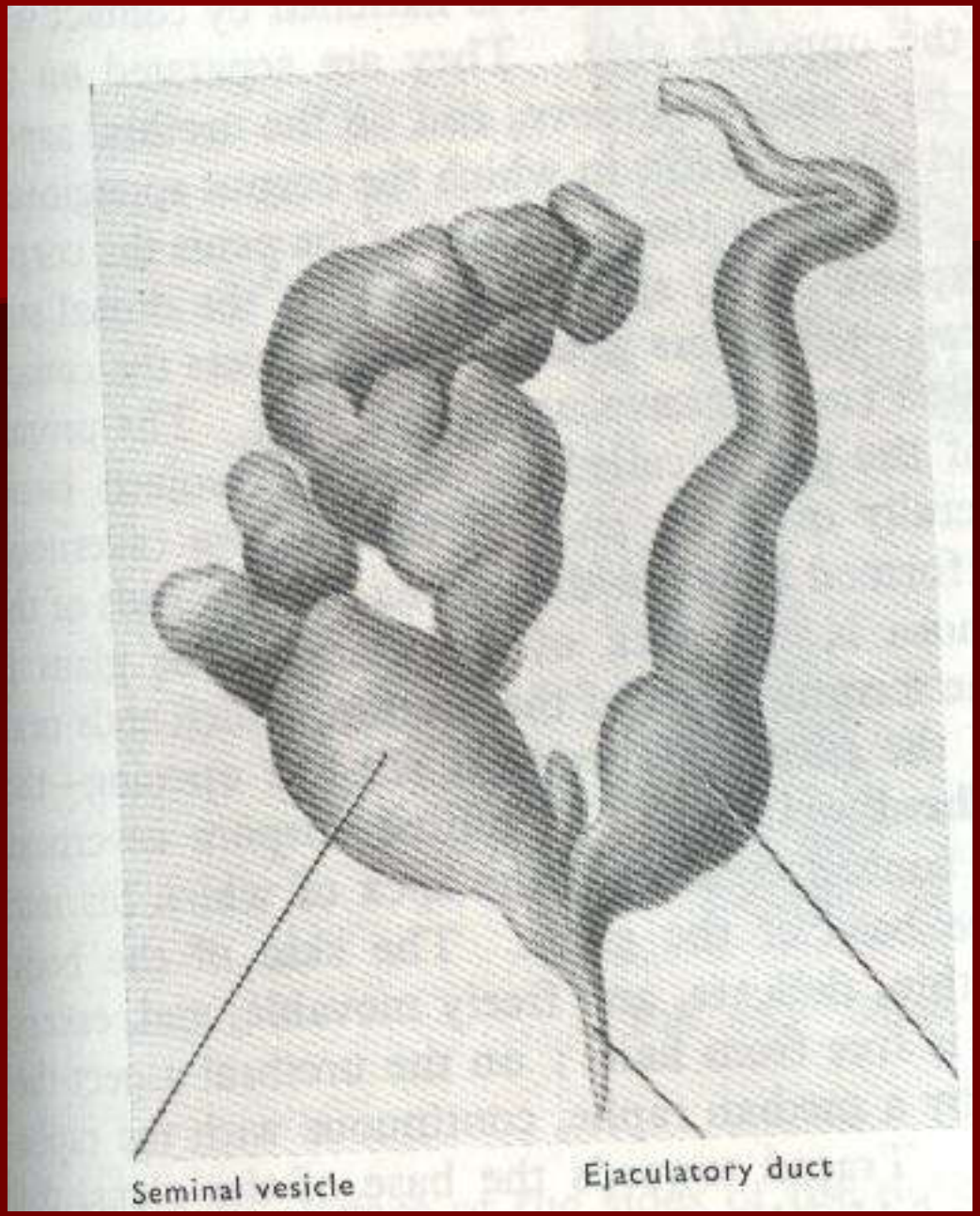
- It is not due exclusively to the direct effects of a substance (e.g., withdrawal from opioids).

- Causes marked distress or interpersonal difficulty.

Anatomy & Physiology of Ejaculatory reflex

Diagrammatic view


Colon
Urinary bladder
Deferent duct
(Vas deferens)
Glans penis
Pubic symphysis
Urethra
Corpus spongiosum
Corpus cavernosum
Foreskin
Anus
Urethral sphincter m.


Seminal vesicle
Ejaculatory duct

Ejaculatory Reflex

- In stage one first step is contraction of vasa efferentia of testis. Secondary contraction travel along epididyms to vas deferense , and finally which pulsate in close conjunction with seminal vesicle. This is followed by contraction of muscular coat of prostate gland then that of contraction of seminal vesicle which pours prostatic fluid and seminal fluid into the prostatic urethera .

EMISSION

- This process is called Emission which is mediated by sympathatic nervous system of lower thoracic segment of spinal cord.

Ejaculatory Reflex contd…

- The filling of internal urethra then elicits necessary signal to sacral regions of the cord, giving the feeling of sudden fullness in the internal genital organs. It causes contraction of bulbo cavernous and bulbo spongiosus muscle. These effects together causes rhythmic wave like increase in pressure in the genital ducts and the penile urethra which ejaculate the semen from urethra to the exterior. This process is called ejaculation mediated by parasympathatic nervous system.

Nervous control of ejaculation.

- Seminal emission and ejaculation are under control of anterior thalamic nuclei, preoptic nucleus and median forebrain bundle. This is an area that is active in integration of sexual response in the human male. In this area, there is the nucleus paragigantocellularis (nPGI). It exerts tonic inhibition to ejaculation on the lumbosacral cord. It work chiefly through serotonin.

Factors affecting the intravaginal latency

- Age
- Sexual partner
- Situation
- Recent frequency of sexual activity

Causes

- Biogenic and Psychogenic premature ejaculation
- Biogenic includes :
- Hyperactive ejaculatory reflex
  - **Prostatitis,**
  - **uretheritis,**
  - **vasculitis,**
  - **physical injury,**
  - **hypomagnesemia**
  - Reflex hypertonic contraction of perineal muscles.

Causes contd..

- Psychological type include:
  - Psychological constitutions,
  - acute psychological distress,
  - relationship distress,
  - psychosexual skill deficit,
  - Previous experiences setting low threshold for ejaculatory reflex.

Relation of PME with Anxiety

- Individuals with PPE scored higher on Hamilton Anxiety Rating Scale

Pharmacological Evidence

- Clonezepam (high potency BNZ) is effective for social anxiety
- Also cause Anorgasmia (a state opposite to PME)

Role of Serotonin

- SSRI's are effective for the treatment of different forms of anxiety as well as for PME.
- These agents produce penile anesthesia and cause global reduction of sensations.
- Anorgasmia is one of the side effects.

Role of Anxiety

- Role of anxiety is seen as variable, interacting with somatic vulnerability of individual to determine orgasmic latency.


ANXIETY
HYPERACTIVE EJACULATORY REFLEX
PME

Primary & Secondary Premature Ejaculation

Primary Premature Ejaculation

- Since beginning of active sex life

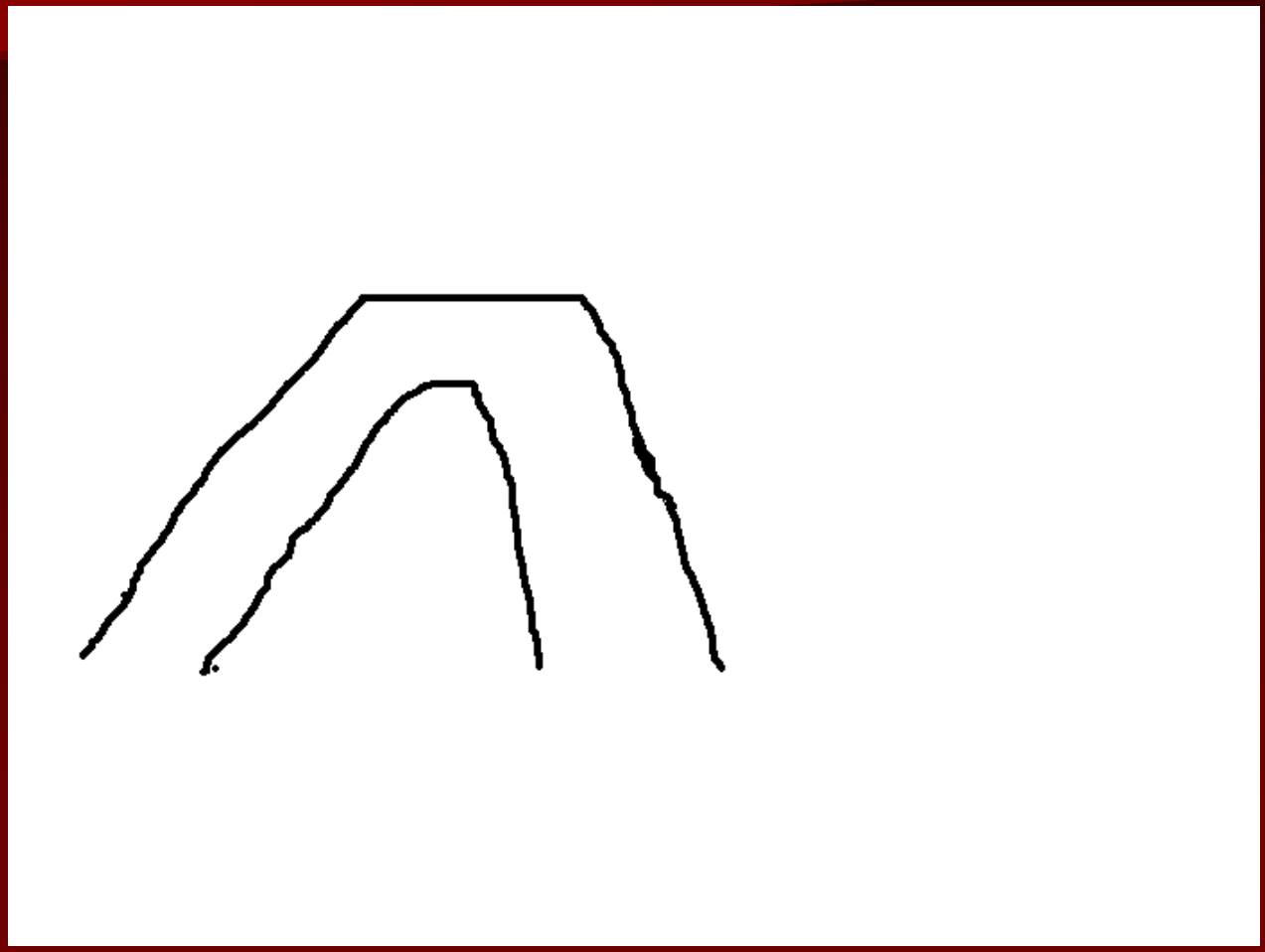
Secondary Premature Ejaculation

- Develops one year after satisfactory sexual activity

Pathophysiology

- Psychophysiological testing indicates greater ejaculatory vulnerability to penile stimulation, although not visual erotic stimulation, in PE men than functional control. PE men also showed subtle anomalies in the way they perceived their somatic responses. There is evidence suggesting hypersensitivity and hyper reactivity of ejaculatory reflex in PE men.
- Plateau phase in PE is shorter than functional men

Excitement, Plateau, Orgasm & Resolution phase in normal individuals & PE



Techniques

- **Squeeze technique** was first developed by Semans in 1956,but was popularized by Master and Johnson. Female partner grasp penis in a special way, putting thumb on frenulum and her first and second finger on both sides of coronal ridge before the urge to ejaculate becomes irresistible .

Basilar Squeeze

- Applying pressure to the base of penis as man approaches ejaculatory inevitability, is called basilar squeeze technique
- It has two distinct advantages:
  - It can be applied by patient himself
  - He can apply pressure to the base of penis during intercourse.

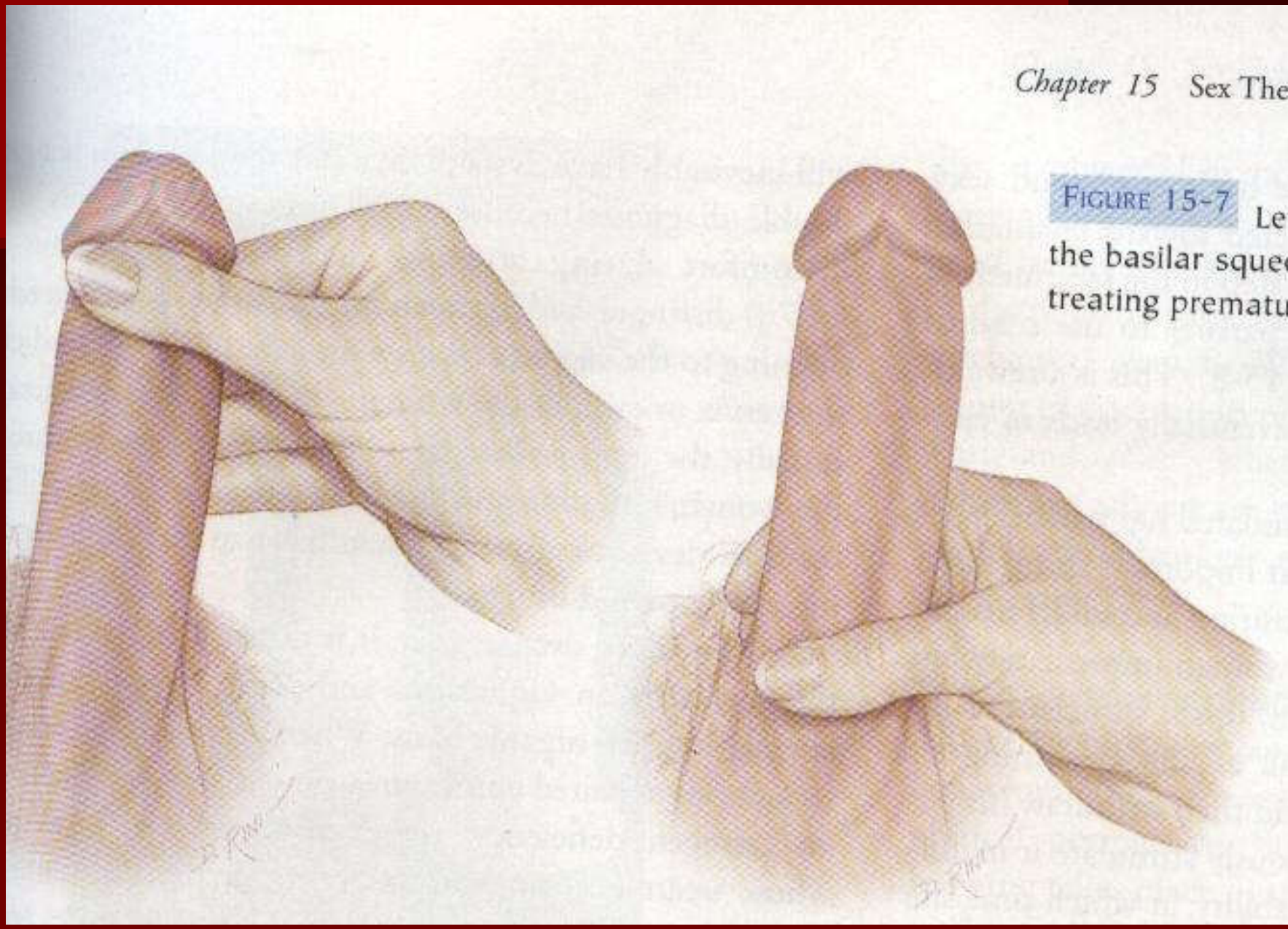


FIGURE 15-7 Le
the basilar squee
treating prematu

Stop and start method

- Stop and start technique was originally popularized by Helen Singer Kaplan in 1983.
- It involves sexual stimulation until man recognizes that he is at the verge of ejaculation, the stimulation is then stopped for 30 sec and then may be resumed. The sequence is repeated until ejaculation is desired, final time allowing the stimulation to continue until ejaculation occurs.

Scrotal tug

- As sexual tension mounts to plateau phase testicular elevation is essentially present. This phenomenon is of great physiological importance, because without elevation ejaculation would not take place. When testes rise to the level of perineum it heralds orgasm. Testis are pulled down before the urge becomes inevitable

Kegel exercise

- pubococcygeal muscle training
- Associating sexual arousal with muscular relaxation and regular deep breathing
- Distraction technique
- Ring of vacuum constriction ring.
- Change of posture, CAT
- Strokes involving perineal and abdominal muscles.

Burki's Maneuver

- This new technique is based on patients inward focusing on the erotic sensation and blocking the impulses prior to the orgasm. Before applying Burki's maneuver individual is taught to focus on the responsiveness of body sensation and arousal. He is taught to concentrate on sexual enjoyment by improving his sensual cognitive awareness.

Burki's Maneuver contd.

The mechanism of this simple method to block orgasm is as follows:

- Sympathetic impulses for orgasm and sub threshold orgasmic impulses prior to emission can be blocked by compressing two spermatic cords simultaneously at upper half of right and left folds or margins of scrotum close to deeper part of penis. These spots can be pressed firmly by middle and ring finger with penis in the cleft between ring and middle finger. If penis is thicker, cleft between middle and index finger can be used. This is what has been termed as Burki's maneuver.

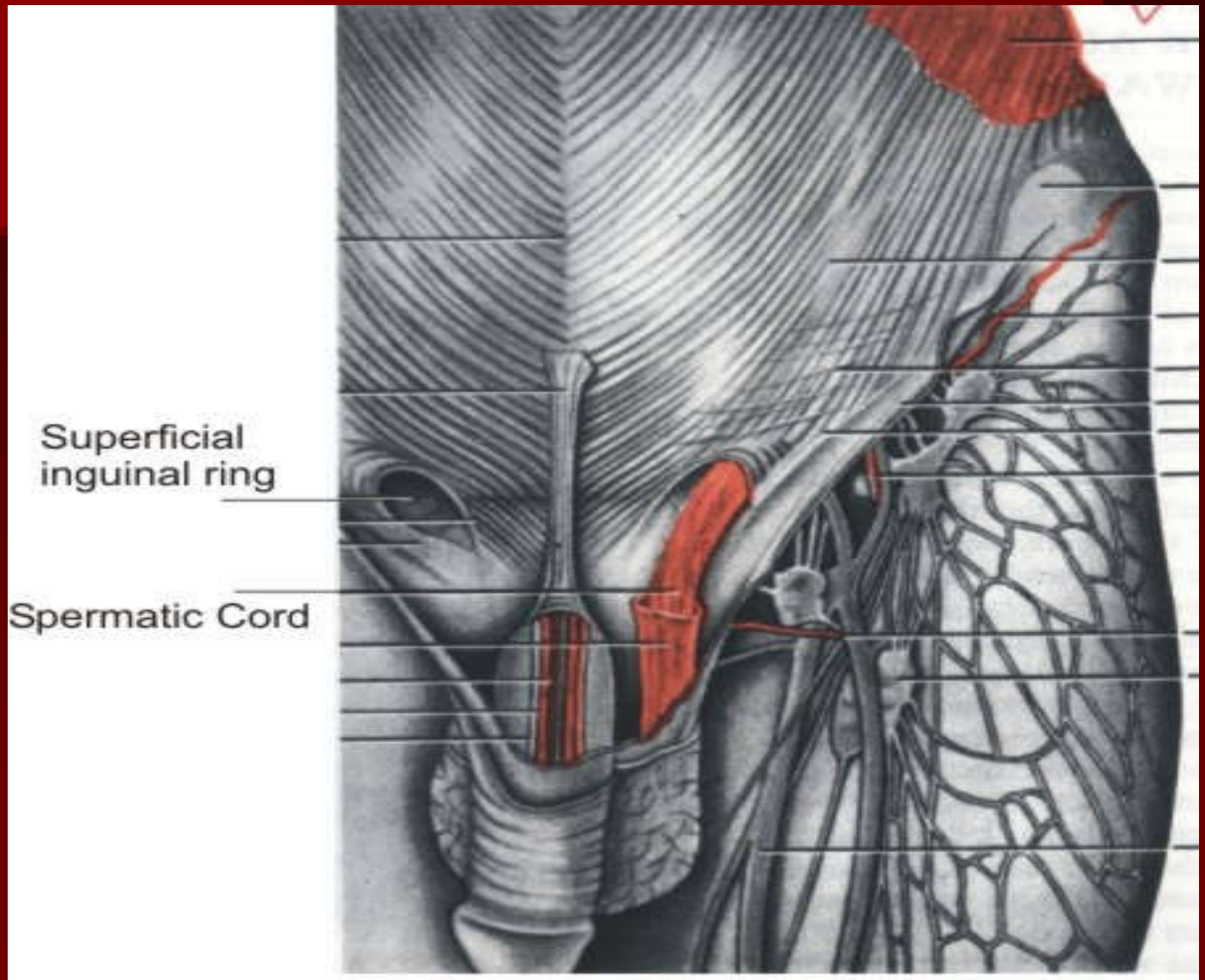
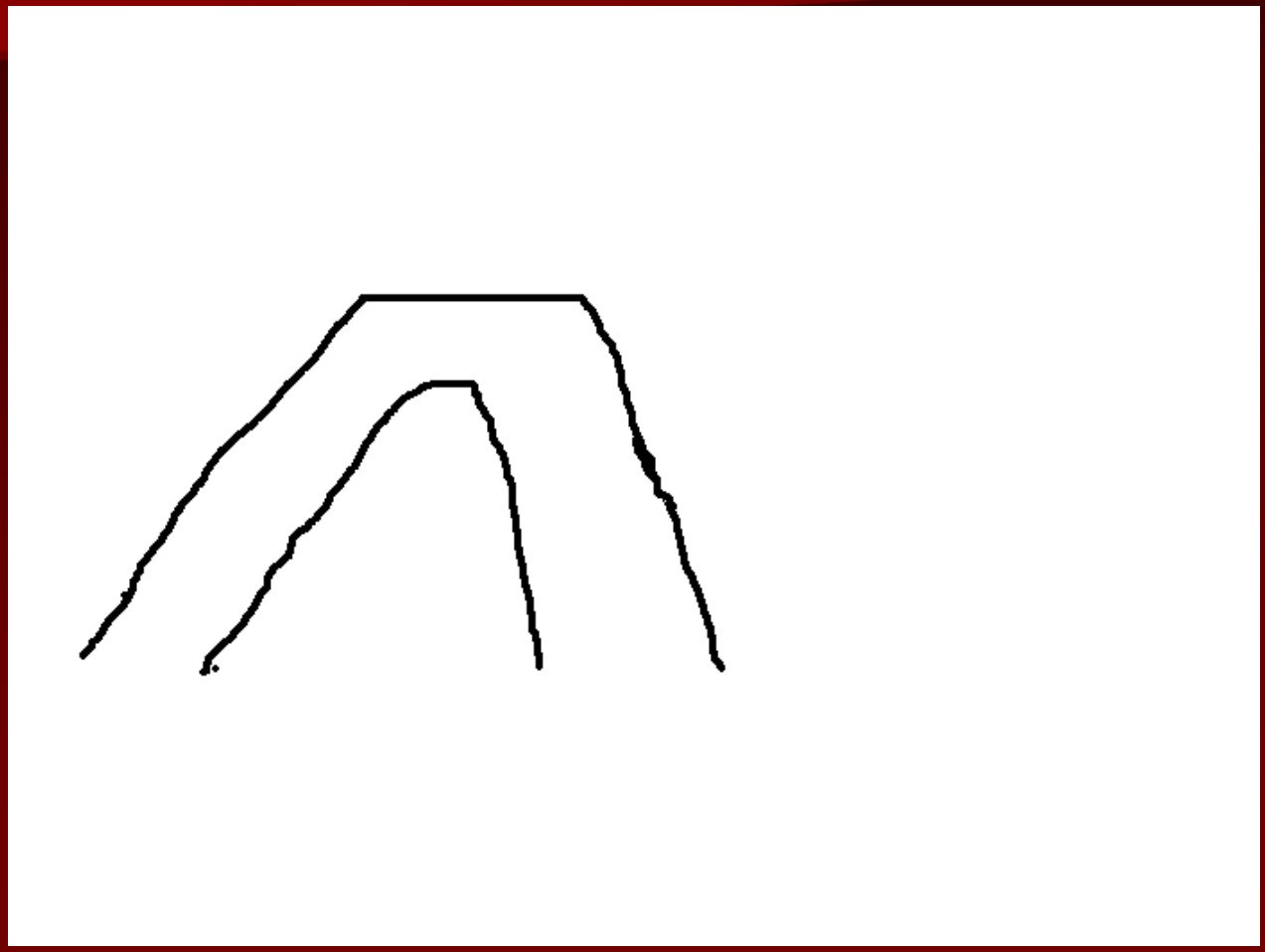


Diagram-3

Diagram-4
Demonstrating BURKI'S Technique

Excitement, Plateau, Orgasm & Resolution phase in normal individuals & PE



ADVANTAGES.

- Burki,s maneuver has visible superiority because
- It is simple and easy, applied quickly with no fumbling.
- It can be self administered unlike coronal squeeze technique.
- It is not painful or hazardous.
- Perhaps greatest advantage is that it can be used during intercourse. One needs not to withdraw his penis.
- This technique can be integrated with basilar squeeze technique so to produce even better results.

Biological Treatments

- Topical use of anesthetic like xylocain 5%
- SS cream
- SSRIs and clomipramine
- Gabapentine
- Sublingual Depoxetine
- Magnesium for hypomagnesmia
- Ciprofloxacine for UTI
- ICI papaverine or alprostadil
- Viagra for secondary PME

Thank you!