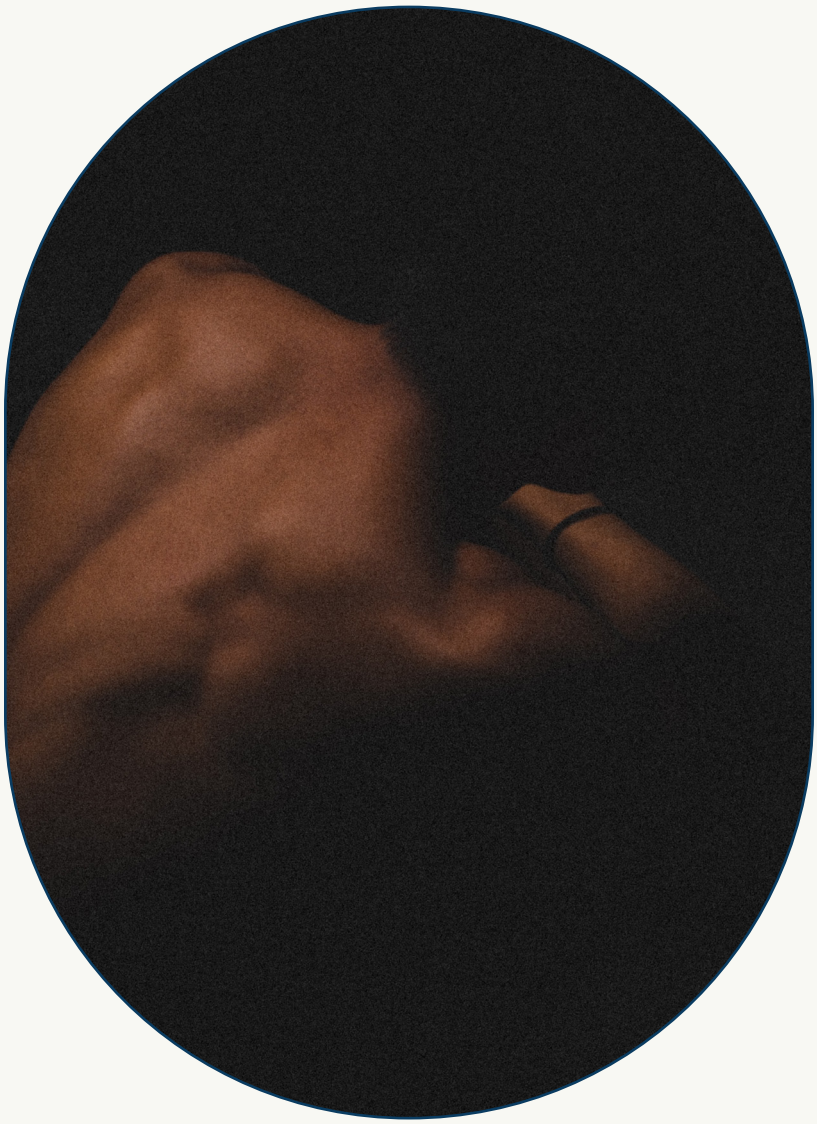
FRENCHIE M.D.

FRICTION FREE HEALTHCARE



PREMATURE EJACULATION

FACT SHEET

AN INTRODUCTION INTO PREMATURE EJACULATION

Premature ejaculation is when you ejaculate sooner than you or your partner would desire. A few definitions exist out there but really, subjective measures are more important than formal times. It is the most common ejaculatory disorder affecting at least 1 in 3 to 1 in 5 men aged 18-59 [1]. However, people are reluctant to talk about the issue so the incidence is most likely to be higher. It is considered to be the most common male sexual disorder, so just remember you are most certainly not alone, and there is help out there to improve your sex life!

What causes premature ejaculation?

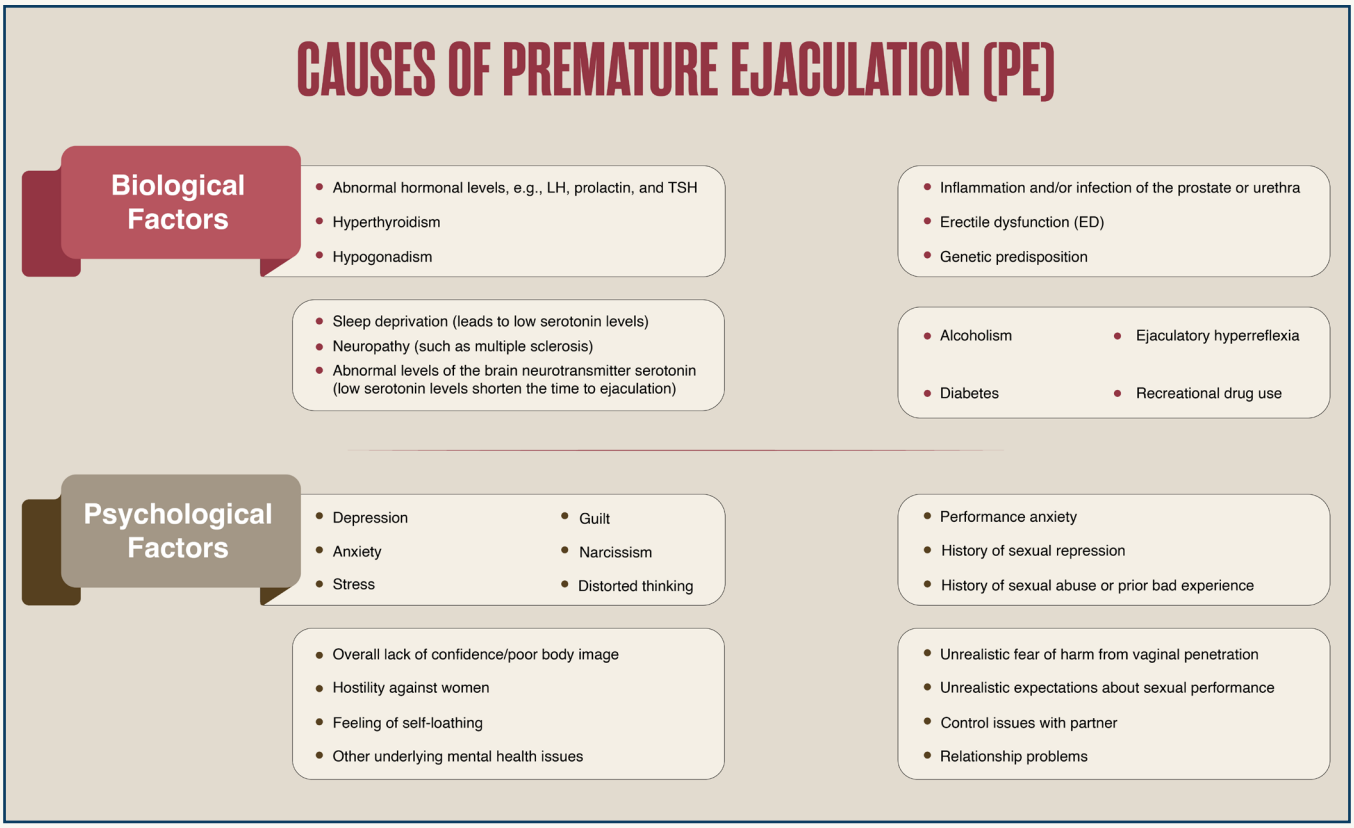
The cause of premature ejaculation varies from person to person, with a mixture of associated underlying conditions or culprits at play.

It is classified into primary (lifelong) or secondary (acquired) premature ejaculation [1].

Primary (lifelong) PE is where:
- you have never had control of ejaculation
- there is a lower set point for ejaculatory control
- it is unlikely to be caused by an underlying disease

Secondary (acquired) PE is where:

- you may have previously been able to control ejaculation
- commonly associated with erectile dysfunction (ED) or other underlying conditions listed below



DIAGNOSIS & MANAGEMENT
PREMATURE EJACULATION

How is PE diagnosed?

A history is usually sufficient to elicit a diagnosis, and your doctor may use some validated questionnaires (such as the Premature Ejaculation Diagnostic tool available through our Frenchie MD platform) and organise a blood test to exclude other causes or determine any risk factors associated with erectile dysfunction, a common cause for premature ejaculation.

How is PE managed?

Management depends upon the aetiology, but should adopt a holistic biopsychosocial approach taking into account your needs and preferences and the underlying causes. The mainstays of therapy include medications such as selective serotonin reuptake inhibitors (SSRIs)], topical anaesthetics like our L'Endurance spray. When psychogenic and/or relationship factors are present, therapy, counselling, or coaching can be extremelly helpful.

Primary PE

- 1st line: SSRI (selective serotonin reuptake inhibitors), reducing penile sensation, e.g. using topical penile anaesthetic sprays like L'Endurance (ideally only use with a condom or apply 30 mins prior to intercourse to reduce the chances of affecting your partner's sensation).
- 2nd line: Behavioural techniques and/or counselling. [1]

Secondary PE

If secondary to ED, this needs to be managed first (such as with PDE5 inhibitors).

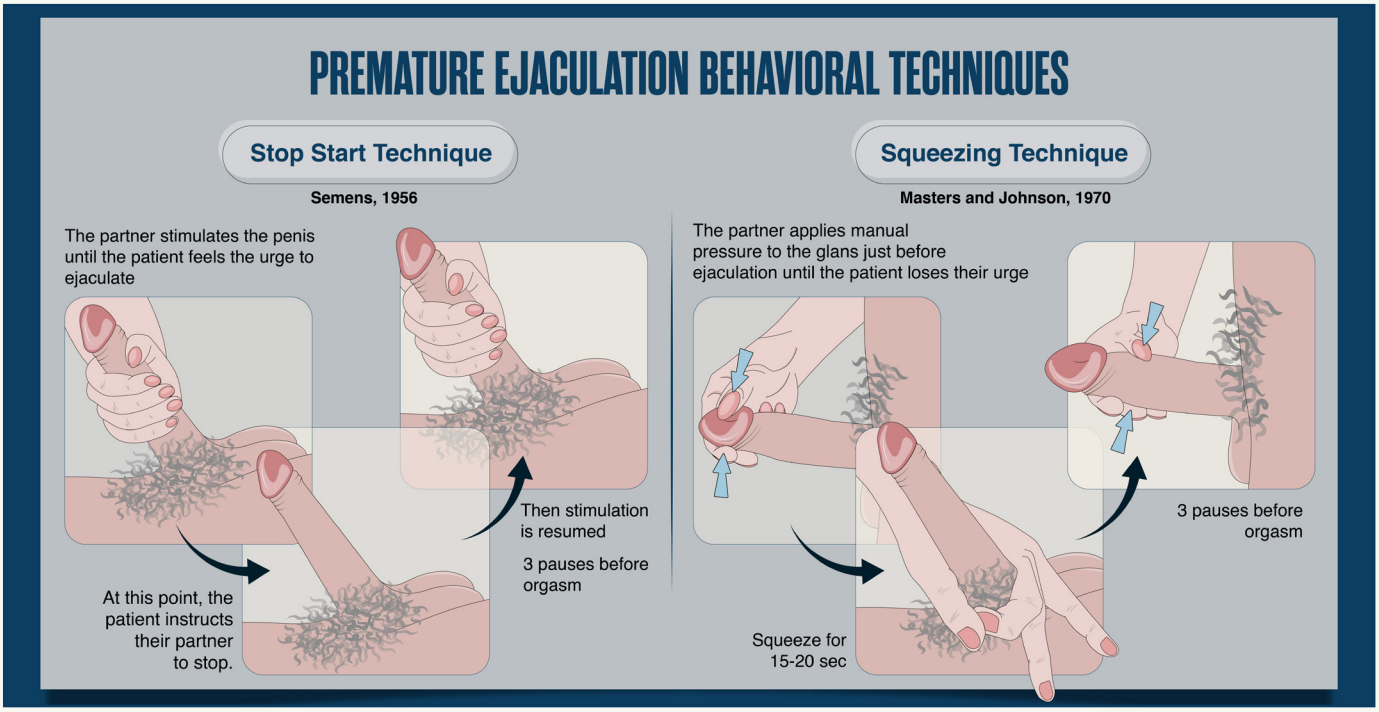
- 1st line: Behavioural techniques and/or counselling.
- 2nd line: SSRI, reducing penile sensation with topical numbing agents (like our L'Endurance spray, lignocaine) and/or PDE5 inhibitors. [1]

Antidepressants (SSRI, TCA): A common side-effect of some selective serotonin reuptake inhibitors (SSRI) and tricyclic antidepressants (TCA) is delayed ejaculation which is why they are used for premature ejaculation, alongside managing any low mood or anxiety. Commonly used agents include Dapoxetine, Fluoxetine, Paroxetine, Sertraline and Clomipramine).

Phosphodiesterase inhibitors: such as Sildanefil, Taldanefil are used to address underlying Erectile Dysfunction, commonly associated with PE.

Topical numbing agents like lignocaine spray: lidocaine works by reducing sensitivity in your skin. When it's applied to the tip of your penis, lidocaine makes you feel less sensation during foreplay and penetrative sex. This reduces your risk of ejaculating earlier than you or your partner would like you to when you have sex. It does not penetrate keratinised epithelium, and so only anaesthetises the glans of the penis, with no systemic side-effects and a low incidence of local side-effects.

Behavioural techniques: these include 'Stop-start' and 'squeeze' techniques described in the image below[2][3][4]. Other techniques include extended foreplay, pre-intercourse masturbation, diversifying masturbation strokes, cognitive distractions, alternating sexual positions, slowing down the pace during sex, deep belly breathing, taking breaks, and increasing the frequency of sex [5][6].



Psychosexual counselling: is a crucial but underutilised part of premature ejaculation management [5] [6]. Many people experience feelings of worthlessness, a disconnect between the level of sexual excitement they are experiencing and their sensory perception, fear of penetration, catastrophising and more. Trained therapists (psychologists, sex therapists) can help address any existing issues that have created the anxiety or psychogenic cause and methods to improve ejaculatory control including meditation, hypnotherapy and neuro-biofeedback.

How do I take my medications?

SSRI: Tablets such as SSRI's are usually introduced at a lower dose over a few days to reduce side effects (described below). These usually resolve after a few days, after which you take them as directed once daily.

Topical numbing sprays: Apply 30 minutes prior to intercourse to prevent transvaginal or transanal absorption. Use a condom if intercourse occurs sooner. Using condoms can diminish sensitivity and delay ejaculation, especially condoms containing anaesthetic. Combination treatment can be used if needed.

RISK FACTORS & MANAGEMENT
PREMATURE EJACULATION

What are the side effects of medications?

SSRI: Common side effects reported are fatigue, nausea, diarrhoea, dry mouth, and decreased libido.

PDE-5 Inhibitors: Common side effects include a flushed face, headaches, blocked nose, and gastric reflux. However, most of these adverse effects have a dose-response pattern i.e. higher doses cause more side effects.

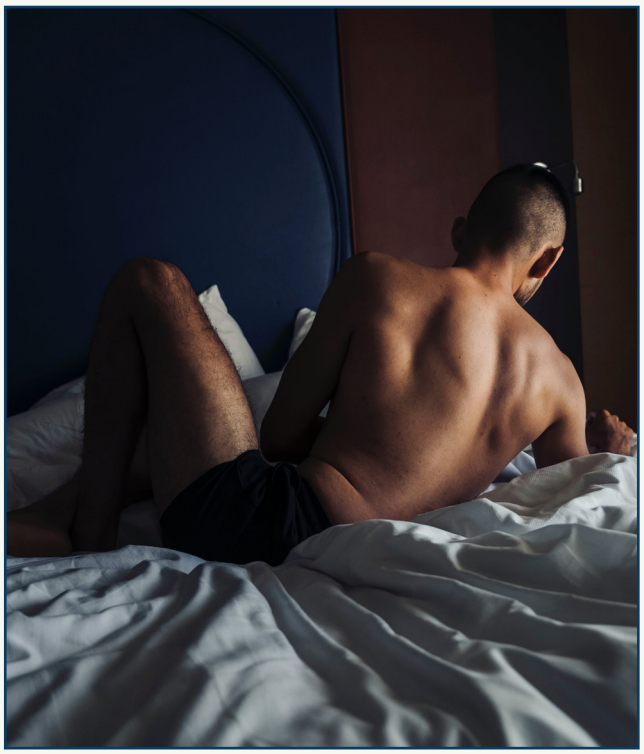
Studies show that the average rates are similar across the phosphodiesterase-5 inhibitors except for dyspepsia (lowest rates reported with avanafil), flushing (lowest rates reported with tadalafil), and myalgia (lowest rates reported with vardenafil and avanafil).

Tadalafil is associated with low back and leg pain which often goes away when the drug is stopped.

Rarer side effects include vision disturbance (Sildanefil can rarely cause blue vision) nonarteritic anterior ischemic optic neuropathy (NAION) and hearing loss.

If you experience any of these common or rarer symptoms, it is important to stop the medication and inform your doctor.

Topical numbing sprays: Local anaesthetic gels/creams can diminish sensitivity and delay ejaculation and excess use can be associated with a loss of pleasure, orgasm and erection



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