**Is sexual orientation linked to premature ejaculation risk? Exploration of possible mechanisms.**

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**Background**

The existing data suggests that there are possible differences in the prevalence and risk of/for ejaculatory problems between men of various sexual orientations. More specifically, although not consistently demonstrated across available body of research, straight men more often report or are diagnosed with premature ejaculation (PE) than gay men and gay men more often with delayed ejaculation (DE) than straight men. Comparable data for bisexual men is missing. The observed differences between sexual minority and straight men seem also to depend on whether identity, attraction or behavior is used as a proxy for sexual orientation.

Several mechanisms for these possible differences have been proposed; differences in the meanings attached to sexual performance/dysfunction or performance anxiety being one of them.

**Aim**

The major aim of our analysis is to answer the question on the possible link of sexual identity to PE risk diagnosis?

Additional aim is to explore possible factors which could explain this relation, with the inclusion of minority stress processes.

1. All men
2. Descriptive statistics: continuous and categorical
3. Univariate (for PEDT continuous or categories; in multivariable I would prefer categories):

* Sexual identity (self-identification) - samoopis
* Demographics (intervals/categories as in ED/JSR arcticle)
* Performance anxiety
* Somatic and mental health and substances
* Number of sexual partners (last 12 months)
* Number of different activities performed/Variety of sexual activity?
* Relationship status [the character of a relationship: exclusive vs non-exclusive, duration, partner’s gender for men in relationships]
* Minority stress processes
* The question on the control of Delayed Orgasm, possibly more often in gay men.

Zamieszkanie/edukacja/zamieszkanie/finance – prosto

Związek – ekskluzywny vs. Nieekskluzywny

Liczba parterow – 12 mies.

1. Multivariable (for PEDT categories):
   * All significant in univariate
2. Men in relationships only

* As in: I3
* Exclusive vs non-exclusive
* Duration
* Partner’s gender

1. Minority men only

* As in: I3
* Minority stress processes

Categories for PE are as follows:

PE: ≥11

Probable PE: 9-10

No PE: ≤ 8

I was wondering if not to include a composed variable into analyses (as in ED/JSR paper)

“Preference for insertive sex” [penetration, insertive in top 3]

pleasure with insertive sex/co kto lubi? [lauman – opozniony orgasm?]

1,2 lub 3 🡪

“Preference for receptive sex” [?]

Orgasmic function – to ciekawe

SOBOTA ------------------- !!!!!!!!!!!!