

**AUA, PE Plenary. Sunday, May 20, 2018**

# Sex Coaching: How The Sexual Tipping Point Model<sup>®</sup> Helps Optimize The Diagnosis & Treatment Of PE

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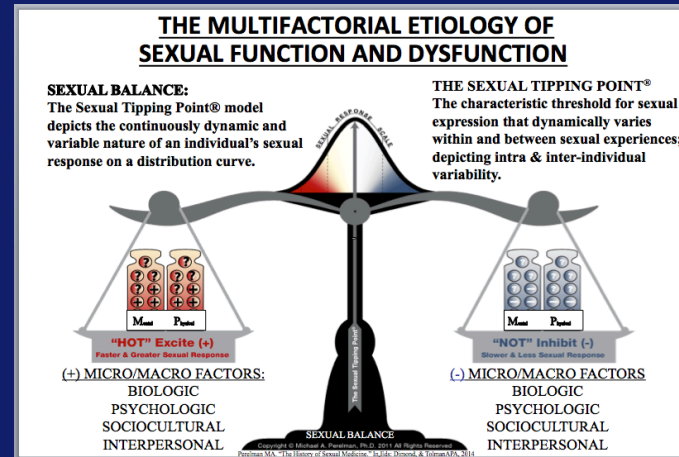
New York, NY, USA

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# 2018 PERELMAN DISCLOSURES

Item	Company	Applies to	Financial	Relationship Type	Begin Date	End Date
1	AMAG	Self	Yes	Consultant or Advisor	01/02/2016	present
	Advisory board					
2	Springer Publications	Self	Yes	Health Publishing	10/01/2012	present
	Emeritus Editor in Chief of Current Sexual Health Reports					
3	Valeant	Self	Yes	Consultant or Advisor	02/20/2017	present
4	MAP Education and Research Fund	Self	No	Leadership Position	08/01/2012	present
	Founder and President of this 501(c)(3) public charity devoted to education of healthcare professionals.					
5	Palatin	Self	Yes	Consultant or Advisor, Investment Interest	02/02/2009	present

# The STP Model Optimizes Diagnosis & Treatment Of PE By Facilitating The Best Risk/Benefit Balance

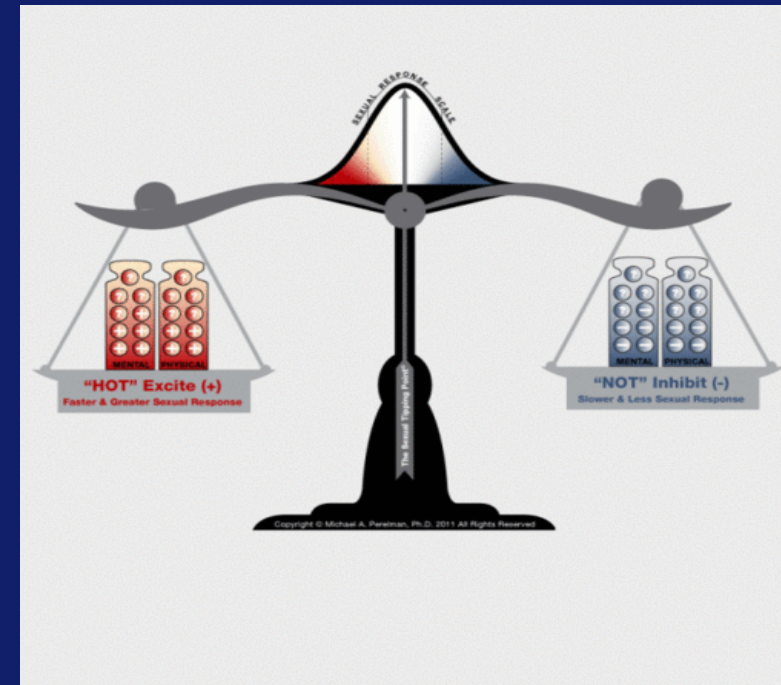


## AGENDA

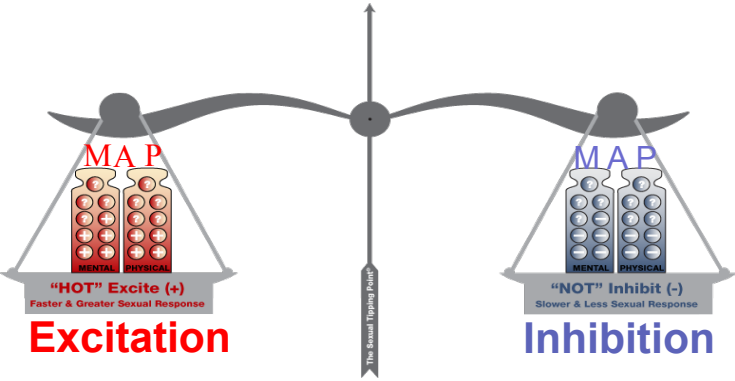
1. Describe the **Sexual Tipping Point®** model's approach to illustrating the etiology, diagnosis and treatment of SD.
2. Taking a "sex status," within a STP framework.
3. What is the most critical issue to identify, for your patient with PE?

# The STP Model Helps Optimize The Diagnosis & Treatment Of SD

- The STP easily depicts both the mental and physical elements of sexual function and dysfunction.
- **Why is that important?**
- Sexual response (including IELT) is always both mental and physical.
- PE is an endpoint, that is not merely based on medical-biological factors.



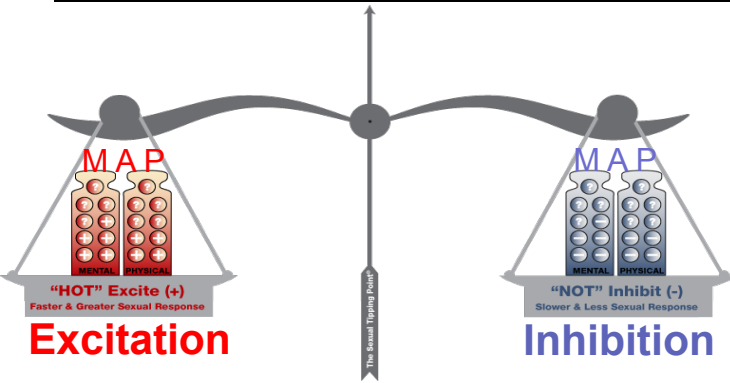
# KEY TO THE SEXUAL TIPPING POINT® MODEL SYMBOLS



2 pairs of interconnected **containers** on balance **pans** (**excitation**/**inhibition**) hold all known/unknown **Mental And Physical factors**.

The circles in the containers represent all the billions of factors regulating sexual response, and range from **polymorphisms** that predispose faster or slower IELT, to the **socio-cultural** factors that might regulate the **frequency** of coitus for an observant couple.

# KEY TO THE SEXUAL TIPPING POINT® MODEL SYMBOLS



2 pairs of interconnected **containers** on  
2 balance beam **pans** hold all known & unknown  
**Mental And Physical factors** regulating sex.

It is a variable control model with factors that are dialed up or down.  
Each factors' dimmer switch has variable polarity and valence.



Each factor's setting varies as to  
its degree of **HOT** or **NOT**  
**Sex Positive (+)** or **Sex Negative (-)**

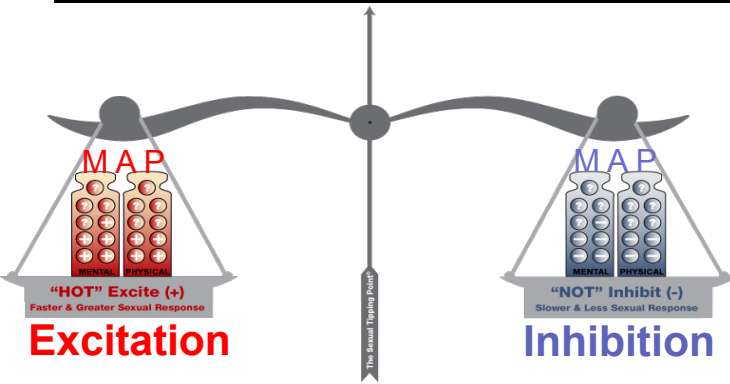


Some Factors May Be Neutral (=)



Some Factors Are Still Unknown (?)

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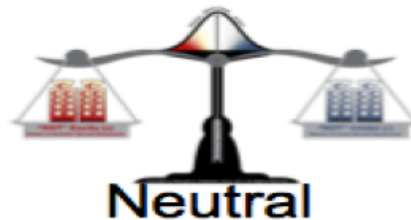


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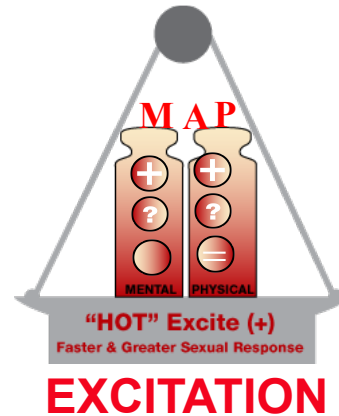
Some Factors Are Unknown(?)

**A Sexual Tipping Point® is displayed on a bell shaped scale & depicts the dynamic combination of all these factors at any moment in time.**



# Initial Take Away Points?

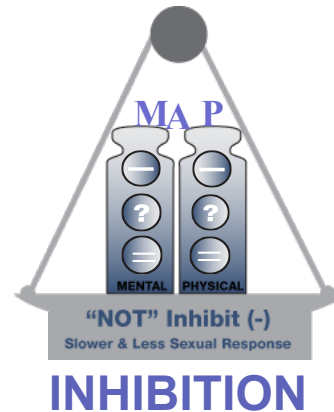
First:  
PE always has multiple  
Biomedical-Psychosocial  
& Cultural Etiological Factors.



Third:  
Identifying key etiological  
factors will determine the  
initial treatment targets.



Second:  
A man's ejaculatory tipping  
point is determined by the  
net sum of those factors.



Fourth:  
Explaining the STP  
formulation & treatment  
targets to the patient  
inspires hope.



# How To Identify Those STP Factors?

## **AUA Guideline** on the Pharmacologic Management of Premature Ejaculation

Erectile Dysfunction Guideline Update Panel, AUA, 2004

### **Recommendation 1:**

**“The diagnosis of PE is based on sexual history alone.”**

# 2nd Agenda Item: Sex Status

Getting a **sex status** is the key to a successful, rapid, rapport-based history taking.

- The sex status is not a questionnaire or a test.
- Unlike a complete review of systems, it **is a flexible, focused history taking method** to uncover key bio-medical-psychosocial and cultural factors.



Kaplan HS, The Sexual Desire Disorders 1995;  
Perelman MA. *Int J Impot* 2003; Res (15 Suppl  
5):S67-74;  
Perelman MA, FSD. In: Goldstein et al, 2005.

# Key Concepts & Questions For Diagnosing & Treating PE

**First:** Ask specific questions, listen, clarify:

- “ **What do you mean by PE.**”
- “ What do you think is causing this problem?”  
*rule out ED...*

**Second:** For me, the best single question you can ask is:

**“ Tell me about your last sexual experience?”**

- That gives me a “video picture” in my mind,  
that helps me identify **immediate and remote causes.**
- **Your focus will be on the predisposing & maintaining causes...**
- Its sex coaching not deep psychotherapy.

# Most Important Diagnostic Issue To Clarify, Is Whether He Can Differentiate PS From Emission (EI) & Ejection

## PE FINAL PATHWAY:

Men with PE typically lack skill in identifying PS and/or adequately managing their body's response to PS (progressively escalating sensations of sexual arousal during coitus), regardless of other predisposing etiological factors; whether genetic serotonin thresholds, nerve transmission rates, or psychosocial-cultural variables.

# Three Common Errors Made By Men With PE

## 1. **Some cannot discern Premonitory Sensations (PS)**

- Too fast for awareness: > muscle tension, > heart rate, testicular elev. etc.
- Some recognize, but ignore PS and hope they don't "cum" yet.

## 2. **Some confuse PS and the Emission Phase:**

He's thinking "Uh-Oh, I'm going to cum!" It's really, "Shoot I'm coming."  
He's confusing strong PS, with the emission stage of his ejaculation.

For him, it is too late to stop or slow down. No choice point!

## 3. **Subsequently: Ejection and Orgasm take place**

**2-4 seconds later, no matter what he does.**

- Trying to "hold back" only, results in an unsatisfactory partially RE.

# Is Incorporating Assessment of His Capacity To Discern The Difference Between PS & Emission Necessary ?

Yes! Because, AUA PE Guidelines Indicate:

Patients usually relapse when withdrawn from medical treatment. Current approaches (pills, topical creams or sprays), all emphasize symptomatic improvement, without considering long-term learning, relationship issues, or relapse with discontinuation.

Medical treatment of PE is limited, by PE's multi-dimensional etiology.

Treating PE Is More Than Just Improving IELT.  
The ISSM Definition Also Emphasizes Control & Distress!

AUA PE Guidelines, 2004;  
Perelman, M. Handbook of Sexual Dysfunction, 2005  
Perelman MA. *J Sex Med.* 2006;3:1004-1012.

# How to Integrate Medical Treatments & Sex Coaching.

**First visit:** Following dosing & medical treatment instructions:

- Teach ejaculation's two stage physiology.
  - **Teach the difference between PS, Emission and Ejection.**
- If he is unaware of PS during coitus, assess if he is able to delay with manual (self/partner) or oral stimulation? If so, how?

**If he doesn't do the same during coitus, how might he?**

- Instruct him how to adjust his mind & body when experiencing PS
- Suggest he practice with stop/start & slow/fast/slow masturbation.
- Encourage foreplay & focusing on sensations, not avoiding them.
- As needed, suggest discussion points to have with his partner.

# STP Model: Integrate Medical Treatments With Sex Coaching?

## Follow-up Visit(s):

- **Reassessment: Repeat taking a Sex Status**
- What went well, what were the difficulties?
- Offer suggestions for each of the obstacles.
- Opportunity to wean, and provide relapse prevention guidance.

## Referral?

- Frequently, you will be able do this sex coaching!
- **But, with > psychopathology and relationship strife, the less likely medication, education and coaching alone will succeed.**
- Identifying psychosocial factors doesn't require you to treat them.

## When to refer for adjunctive sex therapy?

- **Upon patient request**
- **Or when you decide your sex coaching is insufficient.**



# Sexual Dysfunction Management Guidelines Based On Severity Of Psychosocial Obstacles

	Mild PSOs	Moderate PSOs	Severe PSOs
Urologist As Sex Coach	Frequently	Sometimes	Rarely
Multidisciplinary Team	Frequently	Frequently	Frequently

**PSOs = Psychosocial obstacles**

# The STP Model Helps Optimize The Diagnosis & Treatment Of SD

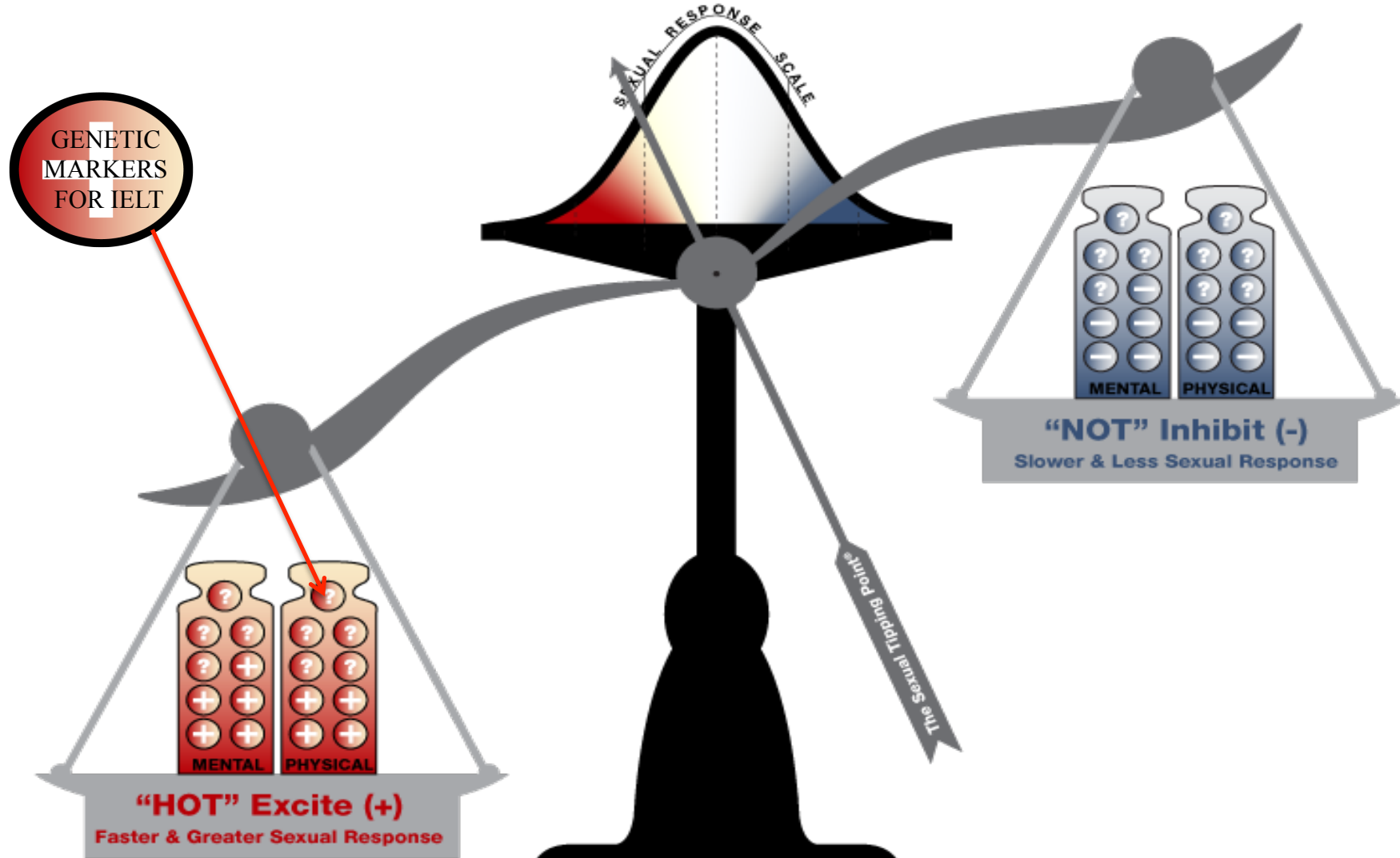
## Thank You For Listening!



STP videos and related publications and presentations  
are available free at: [mapedfund.org](http://mapedfund.org)

For questions contact [michael@mapedfund.org](mailto:michael@mapedfund.org)

# The Sexual Tipping Point® Model: Past, Present & Future

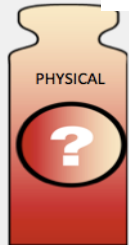


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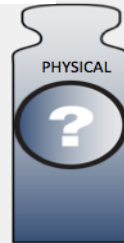
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# Future SD Treatments

## There Will Be New Drugs



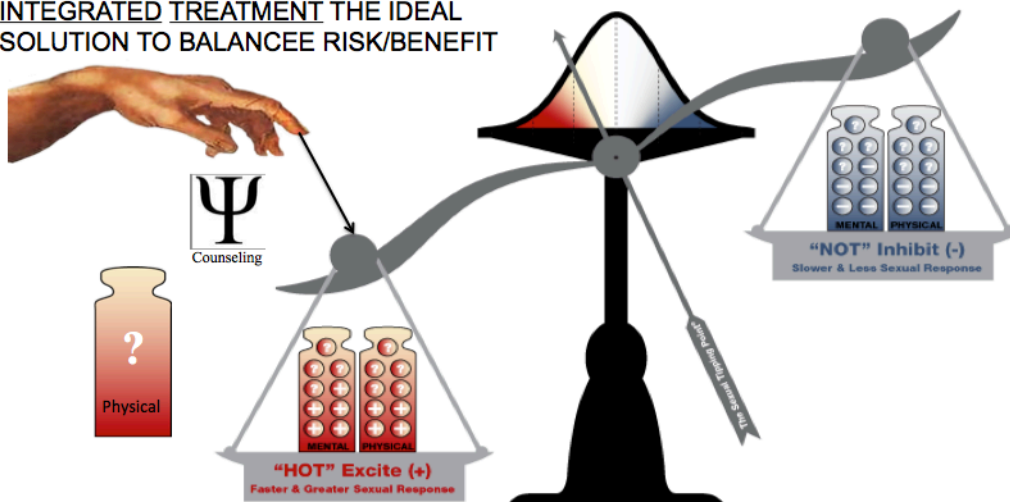
WE WILL BETTER UNDERSTAND HOW THE BRAIN MANAGES TO BOTH INHIBIT AND/OR EXCITE, AND WILL DEVELOP DRUGS AROUND THAT KNOWLEDGE MAKING PERSONALIZED SEXUAL MEDICINE A REALITY!



Transdisciplinary Research

## Sexual Balance: STP Illustrating an Integrated Treatment of ED

INTEGRATED TREATMENT THE IDEAL SOLUTION TO BALANCE RISK/BENEFIT



Collaboration in which exchanging information, altering discipline-specific approaches, sharing resources and integrating disciplines achieves a common scientific goal (Rosenfield 1992).

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