Psychosexual Therapy Should be Considered First Line Therapy for the Management of Delayed Ejaculation

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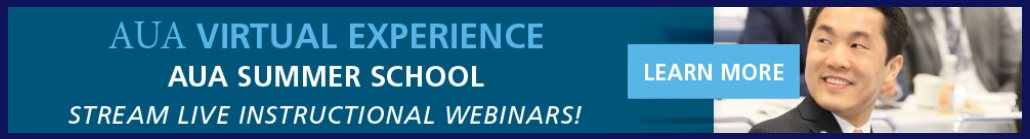
PERELMAN DISCLOSURES

Company	Position	Financial	Relationship Type		End Date
MAP Education and Research Foundation	**Founder & President of this 501(c)(3) public**	No	Leadership	8/1/12	present
Springer Publications	**Emeritus Editor in Chief, Current Sexual Health Reports**	No	Health Publishing	10/1/12	present
Palatin	Self	Yes	Consultant, Advisor, or Investment Interest	2/2/09	present
Roman	Self	Yes	Consultant, Advisor, or Investment Interest	1/3/19	present
Sprout	Self	Yes	Consultant or Advisor, Investment Interest	6/12/13	present

Psychosexual Therapy Should be Considered First Line Therapy for the Management of Delayed Ejaculation

- **I want to thank the program committee for inviting me to speak on this frequently misunderstood topic.**

And thanks, to the AUA, for their summer program's emphasis on: "Recognizing the role of mental health professionals in managing disorders of ejaculation."



And most important to this WRESTLEMANIA debate:
Thanks to Dr. Shindel, for Chairing the AUA Committee, "Guidelines On Ejaculation Disorders," which recommended:

"Clinicians should consider referring men diagnosed with lifelong or acquired delayed orgasm to a mental health professional with expertise in sexual health."

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But the title of this debate should have been:

- **"Sex Coaching (by any of you) should be the first line therapy for DE," whether you're a urologist, PA, nurse, or mental health clinician.**
- **You do NOT need to be a skilled sex therapist, to assist many men with DE.**
- **You only need to ask key questions and provide crucial suggestions to make a difference in their lives!**

Perelman, M, "What a Sex Therapist Wants You To Know About Treating Men With Sexual Disorders," In Essentials of Mens' Health, Ed. O' Leary, M and Bhasin, S. McGraw-Hill Global, 2020.

Perelman, M, Invited Commentary: Sex Coaching for Non-Sexologist Physicians: How to Use the Sexual Tipping Point Model. *The Journal of Sexual Medicine*, Vol.15, Issue 12. Dec. 2018.

Perelman, M. "Psychosexual therapy for delayed ejaculation based on the Sexual Tipping Point® Model," Translational Andrology and Urology-Focused Issue on Ejaculatory Dysfunction-Edited by Dr. Chris G McMahon, Home / Vol 5, No 4 (August 2016).

Why Is That?

- Overwhelmingly, the DE cases you see are SITUATIONAL DE:
  - "Only occurring with certain types of stimulation, situations, or partners."
  - The vast majority of DE patients are complaining about DE during coitus and can ejaculate with self-stimulation.
  - The following information will allow you to help many men with DE, without the need for drugs and and may negate the need for a mental health referral!

WHAT TO DO FIRST?

- Per the AUA, a good sex history will likely expose the psychosocial & cultural reasons for DE: insufficient penile or psychological stimulation, high frequency and/or idiosyncratic masturbation, preference for masturbation over partnered sex, and psychological conflict regarding ejaculation.
- These issues often combine and overlap.

  - Ask specific questions like:

    " Tell me what you mean by DE."

    " What do you think is causing this problem?"

  - Listen , clarify, & question further depending on time availability.

  - Decide to counsel yourself or or refer to a professional with sex therapy expertise, depending on the history's psychosocial severity.

https://www.auanet.org/guidelines/guidelines/disorders-of-ejaculation, accessed 2021.10.15

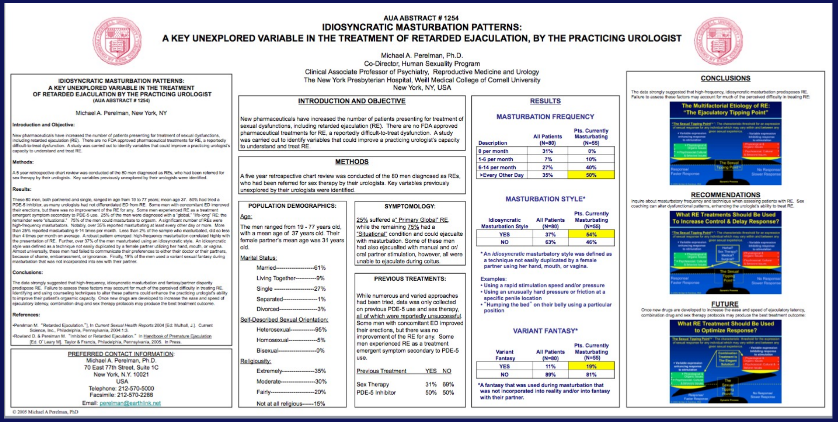
Perelman, M, Invited Commentary: Sex Coaching for Non-Sexologist Physicians: How to Use the Sexual Tipping Point Model. *The Journal of Sexual Medicine*, Vol.15, Issue 12. Dec. 2018.

Althof SE, Rosen RC, Perelman MA, Rubio-Aurioles, E. "Standard Operating Procedures For Taking a Sexual History." Journal of Sexual Medicine, September 2012;

Idiosyncratic Masturbation

- But detailed questions about masturbation will likely provide information that may allow you to begin coaching the patient to success yourself and potentially negate the need for a referral.

- My 2005 AUA poster presentation first documented “Idiosyncratic Masturbation” and high frequency masturbation as hidden causes of DE.



High Frequency & Idiosyncratic Masturbation

As noted in the Guidelines chaired by Dr.Shindel:

- "some men report ….high-frequency masturbation, and/or an idiosyncratic masturbation style (i.e., referring to speed, pressure, and intensity that do not mimic sensations during intercourse), or a discrepancy between the reality of sex with a partner and sexual fantasy."
- Ejaculation frequency is often a primary cause of DE especially as men age.
- With age, some men used to high masturbation frequency can no longer sustain it, with out losing the ability to ejaculate with their partner.
- Ejaculatory thresholds differ across men and across situations as described by Sexual Tipping Point Model.
- This is all illustrated and fully explained on the mapedfund.org website for those seeking greater understanding.

https://www.auanet.org/guidelines/guidelines/disorders-of-ejaculation, accessed 2021.10.15

http://www.mapedfund.org, accessed 2021.10.15

Some Example Probes For Inquiry About Masturbation

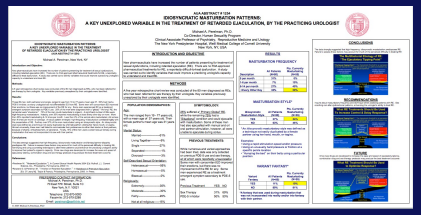
Question the man meticulously regarding his:

- Masturbation habits, including technique and frequency, speed, pressure, etc.
- "Does technique change as ejaculation approaches?"
- "What is the latency time to ejaculation?"
- "Are lubricants used or dry; what is body posture…position?"
  - eg sitting, standing, or a more atypical techniques,
  - eg. grinding forcefully against the bed.

- Most importantly, " What's different in your experience of self-stimulation vs partner-stimulation?
- "What physical sensations and thoughts are different?"
- You are assessing for immersion in erotic vs anti-erotic intrusive thoughts:
  e.g, "It's taking too long!".
- "Have you communicated your preferences to your partner?"
  - "What was your partner's response?"

If You Or Your Patient Are Uncomfortable With This Plan…

RECOGNIZE FOR YOURSELF AND TELL HIM:



- "Accumulating evidence indicates men suffering from DE, masturbate in a manner that is different from how their partner's hand, mouth, vagina or anus feels."
- "Understanding of how you stimulate yourself and if it differs from your partnered experience will help me assist you."

The Psychology Today Blog called "Why Delayed Ejaculation Is More Common Than Folks Realize." summarizes masturbation's putative role in the etiology of DE.

Caveat: **However, only counsel to your and your patient's comfort level**.

- **If either of you are too uncomfortable, refer to a clinician with sex therapy specialization, which then would be the best first line treatment.**

https://www.psychologytoday.com/us/blog/sexual-tipping-point/201812/why-delayed-ejaculation-is-more-common-folks-realize

DE Will Often Require Alteration of Masturbatory Habits: Whether Type of Friction, Frequency and/or Fantasy

- The solution is usually decreasing ejaculatory frequency while finding ways to increase the quality of friction and erotic thought per the Sexual Tipping Point Model.
- Typically, he must temporarily suspend masturbatory activity and limit ejaculatory release to his/their desired goal activity:
  -- Usually penetrative sex.
- Temporarily refraining from ejaculating alone, will cause the desire for a "release" to increase, and the stimulation needed to ejaculate during partnered sex to more easily occur.
- While this may not suffice to solve the problem entirely, success during partnered sex, has increased probability.

Perelman, M. "Understanding, Diagnosing and Treating Delayed Ejaculation Using the Sexual Tipping Point Model," In P. Nobre et al (eds), Encyclopedia of Sexuality and Gender, Springer International Publishing AG, 2021.

Exception

- The exception to the above are the limited number of primary DE cases.
- Psychosocial factors will still contribute,

  but the likelihood of biomedical etiology is high.

- Then AUA guidelines recommending a physical exam and/or laboratory testing, must be added to the always necessary good sexual history.

- Etiological factors including but not limited to anatomic, hormonal, neurologic, iatrogenic, and pharmaceutical factors must then be ruled out.

https://www.auanet.org/guidelines/guidelines/disorders-of-ejaculation, accessed 2021.10.15

Final Words

- How to negotiate with the patient to follow your guidance, and enlisting cooperation and the other aspects of sex coaching, are too complex to describe in the 6 minutes allotted to this presentation.

- But complete guidance can be found at mapedfund.org, which offers free download of all materials needed under the PRESENTATIONS & PUBLICATIONS drop down menu.

Per AUA guidelines:

- **Behavioral interventions are a low-risk option, that may help some men with DE enhance arousal and trigger orgasmic response.**
- They should be your first line therapy!

Thank you for listening.