



Psychological Interventions for Premature Ejaculation

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Disclosures

- Dr. Althof serves as a Principal Investigator, Consultant, Member of the Speaker's Bureau or Advisory Board for:
 - Abvie
 - Allergan
 - Eli Lilly
 - Ixchelsis
 - Menarini
 - Palitan
 - Plethora
 - Promonescent
 - Sprout
 - S1 Pharma
 - SSI
 - Trimel
 - Vyrix



Landscape Has Dramatically Changed for the Treatment of PE

- Prior to 1990 psychotherapy was considered the treatment of choice for men suffering from PE
- After 1990 clinicians began experimenting with off-label administration of SSRIs
- After 2006 Dapoxetine was approved for the treatment of PE in over 50 countries
- In the future there is likely to be an FDA approved medication for this indication
 - New trials with different mechanisms of action are ongoing
- Ideal treatment would be combined psychological and pharmacological intervention

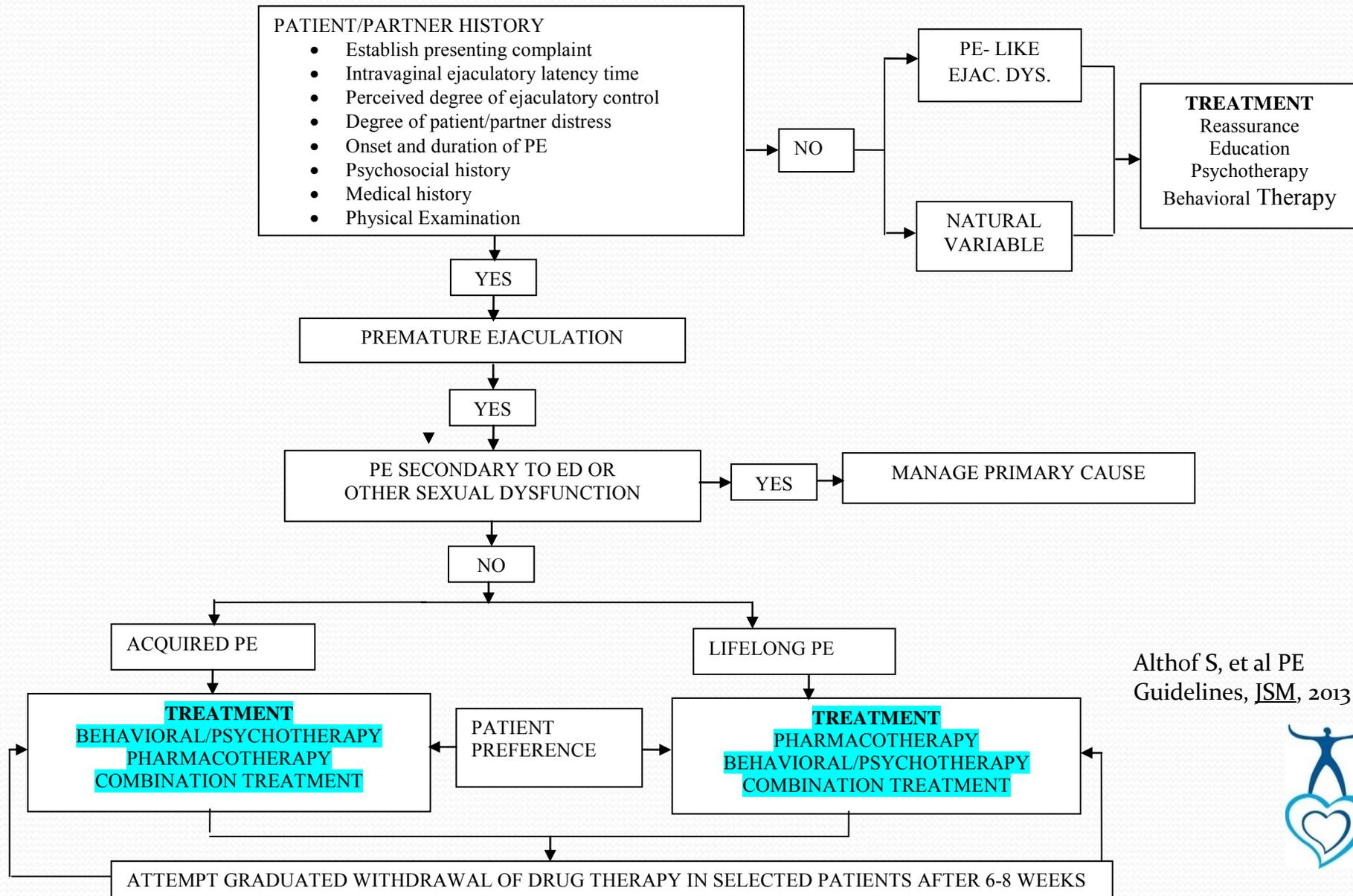


DSM-5 Definition of Premature Ejaculation (302.75)

- A. A persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 minute following vaginal penetration and before the individual wishes it.
 - B. The symptom in Criterion A must have been present for at least 6 months and must be experienced on almost all or all (approximately 75%-100%) occasions of sexual activity (in identified situation contexts or, if generalized, in all contexts).
 - C. The symptom in Criterion A causes clinically significant distress in the individual.
 - D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition
- Specify
 - Lifelong vs. Acquired
 - Generalized vs Situational
 - Severity: Mild, Moderate or Severe



Recommended Treatment Algorithm for Premature Ejaculation



Althof S, et al PE Guidelines, *JSM*, 2013



Premature Ejaculation: Psychological Treatment

- Present day psychotherapy for PE is an integration of psychodynamic, behavioral, cognitive and systems approaches within a short-term psychotherapy model
- Harness the power of the mind to teach men a set of skills



Distorted Perceptions of the Psychological Treatment of PE

- Stop\Start and the Squeeze Techniques are NOT the mainstays of psychological intervention
- While behavioral methods are employed, much of the work focuses on the subjective life of the patient and/or partner
 - Meaning of the symptom for that particular patient
 - Relationship dynamics
 - Confidence and performance anxiety



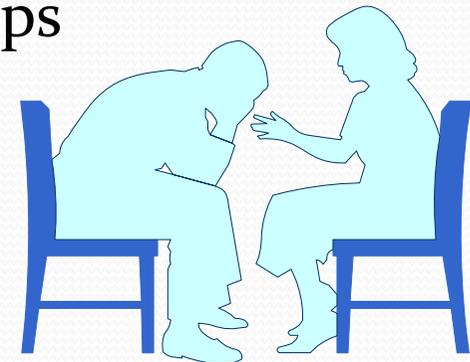
Psychotherapy Harnesses the Power of the Mind to Teach Men a Set of Skills

1. Learn techniques to control and delay ejaculation
2. (Re)gain confidence in their sexual performance
3. Lessen performance anxiety
4. Modify rigid sexual repertoires
5. Surmount barriers to intimacy
6. Resolve interpersonal issues (that cause/maintain PE)
7. Come to terms with interfering feelings and thoughts
8. Increase communication
9. Turn conflict and useless friction into intimacy, fantasy and stimulation
10. Minimize or prevent relapse



Impact of PE

- PE is associated with diminished sexual satisfaction for the patient and partner
- PE negatively impacts on self-esteem, sexual confidence, and intimacy
- Men with PE are significantly bothered by the dysfunction
- Partners of PE men are likewise significantly bothered
- PE has detrimental effects upon relationships
- PE interferes with single men beginning new relationships



The Burden of PE on the Relationship

- Strain on relationship
 - Mistrust of partner
 - Perceived selfishness of man
- Difficulty initiating and maintaining relationships
- Dissatisfaction with sexual relationship
- Inability or lack of desire to communicate
 - Partner has not raised the problem
 - Fears hurting man's feelings
 - Does not know how to discuss
 - Some think it is a normal condition
 - Many think there is no solution



Women's Perceptions of Their Partners' Ejaculatory Function

- 1,463 women from 3 countries participated in a web survey to examine their perceptions of their partners' ejaculatory function as well as other aspects of PE that cause distress
- They found a significant correlation between the importance of ejaculatory control and felt distress
- Women with fewer sexual problems considered ejaculatory control more important and reported more PE related distress



Women's Perceptions of Their Partners' Ejaculatory Function

- More importantly, the study highlights that the male's lack of attention and focus on performance was the most frequently reported reason for sexual distress (47.6%), followed by the short time between penetration and ejaculation (39.9%) and the lack of ejaculatory control (24.1%)
- Almost a quarter of women noted that the man's ejaculatory problem had previously led to relationship breakups
 - Women who considered duration to be important were more likely to report breakups



Behavioral Therapy of PE

- Squeeze technique
 - Masters & Johnson (1970)
 - Withdrawal and squeeze of the glans penis
- Factors influencing success
 - Heightened male awareness of sexual sensations
 - Decreased emphasis on coitus



Sexual Excitement Is Not ALL or Nothing!!

- Stop-start technique
 - Semans (1956); Kaplan (1983)
 - Pause sexual stimulation at impending ejaculation
- Graduated behavioral exercises that teach familiarity with intermediate excitement levels
 - Masturbation → Foreplay → Intercourse
 - Resolving interpersonal
 - Resolving intrapsychic issues
 - Addressing cognitive distortions



James Semans MD



Cognitive Restructuring-

Some Negative Thoughts to Avoid

- I'm a complete failure because I come to quickly
- I couldn't control it last time, so I won't this time either
- My partner says it's OK because she doesn't want to hurt my feelings
- I don't need to ask...I know how she feels
- I'm sure it's going to be the same thing this time
- I think I'm a lousy lover, therefore I am
- If I fail again, what's going to happen?
- I should...if only I could...I ought to try...



Early Reported Outcomes-Masters and Johnson - The Challenge to the Field

- Masters and Johnson set a very high bar for sex therapy outcome research
- Never before or since has there been such a highly successful treatment program
 - Based on 186 men the reported failure rates after treatment and at 5 year follow-up was 2.2% and 2.7% respectively
- Thus, few innovations were forthcoming

Masters W, & Johnson V. (1970) *Human Sexual Inadequacy*.



Psychotherapy Outcome for the Treatment of PE

- Post Masters and Johnson the results have been more modest
 - Kaplan reported an 80-90% success rate with primary PE
 - Hawton reported initial success rates 64%
 - Over three years success rate dwindled to 25%
- Relapse prevention strategies would obviate this decline
 - “Booster” sessions for better maintenance

Hawton K, et al. (1986) *Journal of Sex & Marital Therapy*. 27: 665-75

Kaplan H. *How to Overcome Premature Ejaculation*. Bruner/Mazel, New York 1989

McCarthy B (1993) Relapse prevention strategies and techniques in sex therapy. *J Sex Marital Ther* 9:142-147



A Controlled Study of Two Psychological Interventions

Group N = 38	Pre-Treatment Mean IELT- seconds	Post-Treatment Mean IELT seconds	3 Month Follow-up Mean IELT Seconds
Behavioral	57	472	490*
Functional- Sexological	43	468	413*
Waiting List	63	60	

De Carufel F, Trudel G. (2006) Effects of a new functional sexological treatment for premature ejaculation. *Journal of Sex & Marital Therapy*. 32: 97-114.



Factors that Contribute to Successful Treatment Outcome

- Quality of couple's general relationship, specifically the female partner's relationship satisfaction
- Motivation of the partners, particularly the male
- Absence of serious psychiatric disorder in either
- Physical attraction between the partners
- Early compliance with the treatment program

Hawton K et al. *Behav Res. & Therapy*. 1986, 24: 655-675

Hawton K et al. *Arch Sex Behav* 1992, 21: 161-175



Limitations of Psychotherapy for PE

- Lack immediacy
 - Therapy takes time to be effective
- Efficacy
 - Good initially
 - Tends to diminish over time
- More difficult to treat men not in stable relationships
 - Having a motivated and supportive partner is helpful
- Time consuming and costly

Cochrane Review of Psychosocial Interventions for PE

Authors' conclusions

Overall, there is weak and inconsistent evidence regarding the effectiveness of psychological interventions for the treatment of premature ejaculation. Three of the four included randomised controlled studies of psychotherapy for PE reported our primary outcome (Improvement in IELT), and the majority have a small sample size. The early success reports (97.8%) of Masters and Johnson could not be replicated. One study found a significant improvement from baseline in the duration of intercourse, sexual satisfaction and sexual function with a new functional-sexological treatment and behavior therapy compared to waiting list. One study showed that the combination of chlorpromazine and BT was superior to chlorpromazine alone. Randomised trials with larger group samples are still needed to further confirm or deny the current available evidence for psychological interventions for treating PE.



Combination Therapy

- Also known as “coaching” or “integrated therapy”
- Not a novel concept
- Successfully employed in the treatment of depression and PTSD
- Important aspect of treatment of diabetes and breast cancer because psychosocial support is a crucial aspect of care giving

Althof, S. E. (1998). New roles for mental health clinicians in the treatment of erectile dysfunction. *Journal of Sex Education and Therapy*, 23, 229–231.

Althof, S. E., (2003). *Handbook of clinical sexuality for mental health professionals* (359–376). New York: Bruner-Routledge.

Perelman M. In: Balon R, Segraves R, eds. *Handbook of sexual dysfunction*. New York: Marcel Dekker, Inc.; 2005:13–41

Rosen RC. Medical and psychological interventions for erectile dysfunction: toward a combined treatment approach.

In : Leiblum SR, Rosen RC, editors. *Principles and Practice of Sex Therapy*. New York: Guilford Press; 2000



Combination Therapy- The Essential Premise

- Combination therapy identifies and addresses the psychosocial factors while patients simultaneously make use of and have success with a variety of efficacious medical treatments for sexual problems
 - Is not a long-term sustained intervention
- Combination therapy leads to:
 - Increased efficacy of the medical intervention
 - Increased treatment satisfaction
 - Decreased rates of discontinuation
 - Increased relationship satisfaction

Abdo et al, 2008; Aubin et al, 2009; Bach et al, 2004; Banner et al, 2007; Chen, 2002; Hartmann et al, 1993; Lottman et al, 1998; Melnick et al, 2005; Phelps et al, 2007; Tita et al, 2006; Wylie et al, 2003



PE and Combination Therapy

- Three studies report on combined pharmacological and behavioral treatment for PE
- Each study reported on a different medication- sildenafil, citalopram, clomipramine. Pharmacotherapy was given in conjunction with a behavioral treatment and compared to pharmacotherapy alone
- **In all three studies combination therapy was superior to pharmacotherapy alone on either IELT and/or the Chinese Index of Premature Ejaculation**

Tang W, et al. *Zhonghua Nan Ke Xue*. 2004;10: 366-67.

Li P, et al. *Zhonghua Nan Ke Xue* 2006;12: 717-19.

Yuan P, et al. *Chinese Journal of Andrology*. 2008;22: 35-38.



Conclusions

- Psychotherapy for PE remains a viable treatment alternative
- Can modify feelings and behaviors that are not accessible by pharmacotherapy alone
- Combined with pharmacotherapy likely to offer patients/partners the best result

