CORRESPONDENCE

Introduction Into the Diagnostics and Treatment of Premature Ejaculation

by Dr. med. Michael J. Mathers, FEBU, Dr. med. Jan Schmitges, Prof. Dr. med. Theodor Klotz, MPH, Prof. Dr. med. Frank Sommer, in volume 50/2007

Sexuality Has Many Facets

This interesting article leaves many questions unanswered. Even though meaningful long-term studies are lacking, the authors neither discussed the course of premature ejaculation between individuals and in the same individual nor whether symptoms are due to a particular sexual partner or to the man's "form of the day." Etiologically, distress or particular personality traits were left out of the discussion, as were aspects of whether premature ejaculation is the cause or effect of a partner interaction that may be problematic only at second glance, whether the symptoms occur regularly, or whether the same man also has these problems while masturbating. And what about the influence of circumcision? It seems that the regions with a reportedly high prevalence of premature ejaculation – such as South America and Asia – represent typical "macho" cultures, rather than focusing on the female orgasm in particular, as the authors claim.

If the high prevalence of 30% worldwide (1) is true then this could be due to a physiological variant to the norm. To suggest that this has the status of an illness – presumably in order to have reasons for (psycho)therapeutic or pharmacological interventions, financed by the health insurance companies – is something that should be subject to critical questioning (2). The authors do not mention that human sexuality may have many more facets and be much more subtle (3) than the actual act of intercourse would reflect. From this perspective, in many men, the subjective experience of illness – which may well be zeitgeist-oriented and depend on their individual disposition – might even be increased. However, a man's procreative ability does not seem to be appreciably affected by premature ejaculation. Further, at a time of high global promiscuity, premature ejaculation may be an advantage in terms of procreative strategy, pointedly formulated as in the tried and tested principle: "The early bird catches the worm."

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Understanding of Sexuality

Deutsches Ärzteblatt is to be commended for giving a prominent position to a review article on the most common sexual disorder in men. However, even though the first key word is "sexual medicine," the current state of knowledge in sexual medicine – as has been offered in Germany for 10 years in sexual medical curricula for urologists as well – is not adequately reflected.

The authors give an overview of medication options for the treatment of premature orgasm without taking into consideration the biopsychosocial understanding of sexuality that is fundamental to sexual medicine and focusing on the couple dimension. On the one hand, the wealth of neurobiological findings about partner relationships – including their implications for the development of sexual dysfunction – is ignored, and on the other hand, the separation between psychogenic and somatic (mainly pharmacological) treatment options is perpetuated when it should be overcome in the interest of both partners. Consequently, the different listed treatment options, including sexual therapy with the couple, are not in one hand, but the urologist is responsible for medication and the psychotherapist for couples counseling. Sexual medicine uses medication as an integral part of a total treatment plan for the couple in a targeted way, once sufficient information is available about the relationship and the meaning associated with sexuality by the patients. Such an integrated perspective would have greatly benefited the article.

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Subspecialty Training in Sexual Medicine

Although the authors are justified in complaining about the lack of medical care for patients with sexual dysfunction, they have regrettably neglected crucial aspects which are specific for sexual medicine.

The term "premature ejaculation," used in the title and text of the article, would have needed commenting and is inappropriate – although used in ICD-10 and DSM-IV: it is the man's orgasm that is premature, not his ejaculation. Furthermore, the authors correctly emphasize the need for a comprehensive sexual

history. But two major points are missed in this regard, namely that one has to be trained in taking a sexual history, and that, wherever possible, the female partner should participate in the consultation: sexuality always affects the couple.

The authors write from their specifically urological perspective and hence fail to consider the particularities of sexual medicine as an interdisciplinary, cross-sectional discipline, i.e. the focus on the couple in diagnostics and therapy and a biopsychosocial understanding of the etiology and treatment of sexual dysfunction. However, particularly these aspects caused the German Medical Association in 1995 – at the initiative of the Academy for Sexual Medicine (ASM) – to encourage the establishment of an independent curriculum in sexual medicine (1). In accordance with this curriculum sexual therapeutic interventions therefore do not require a specialization in psychotherapy, but in sexual medicine. Meanwhile sexual medicine has been included as a certified subqualification into the regulations for postgraduate education by the Berlin Medical Association (2). Aspects of sexual medicine have also been included into the regulations for subqualification in andrology and, again at the behest of the ASM, in the intensive courses of the German Society of Andrology. At the European level, a curriculum that incorporates these standards is being offered by the European Academy for Sexual Medicine (EASM) (3).

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In Reply:

We are pleased to have triggered an interdisciplinary discussion with our article on premature ejaculation – the best result that an introductory article could hope for. Professor Bosinski is right to emphasize the importance of sexual medicine as an interdisciplinary, cross-sectional subspecialty.

In the same way, the medical/scientific problem of premature ejaculation has been discussed since the 19th century – when it was known as dysgenesia anticipans. Ejaculation itself may be the final part in the sequence of male sexual function "libido – erection – penetration – reaching orgasm," but it has many facets and many aspects, including biopsychosocial phenomena.

By worldwide consensus, ICD-10 and DSM-IV use premature ejaculation as the term, although the problem may well affect the couple, as mentioned in our

article. However, it seems necessary to point out that single men may also be affected. Whether the strong emphasis on the couple aspect is therefore always useful for subject and patient will certainly require discussion. We see parallels to the discussion about erectile dysfunction, some 10 years ago, which was initially conducted in a similar manner. The authors agree that an understanding of the biosocial aspects of sexuality is important. But it is doubtful whether this should be the subject of a scientific-clinical introduction into an important interdisciplinary topic. We welcome the commentary as a valuable stimulus for a vocational discussion.

Casting doubt on the prevalence rates of premature ejaculation is certainly legitimate, but the argument that these may be a variant of the norm because of their dimension (30%) is something of a surprise. All renowned medical societies have defined premature ejaculation as an illness. We therefore cannot agree with our colleagues Dr Haufs and Gruhn. Whether medical interventions should be financed by the statutory health insurance companies is another question. The same question is relevant for organ-related erectile dysfunction.

We can only agree that qualifications and further education in sexual medicine are important. Sexual medicine has not been included as an optional subject in any study regulations in Germany. The Academy for Sexual Medicine is thankfully active in the area of continuing medical education and further professional training and is lobbying for an inclusion of sexual medicine as an additional subspecialism into the template for further education laid out by the German Medical Association. However, these efforts have not been successful so far. The additional qualification in andrology is a first attempt to emphasize aspects of sexual medicine. We can only hope that these measures will contribute to the training/teaching in sexual medical history taking that Professor Bosinski is demanding.

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Conflict of interest statement

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