Sexual Fitness

For Men

Overcoming Rapid Ejaculation

Information for Users of our service

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Do I have a problem with rapid ejaculation?

How long should sex last? There aren’t any hard and fast rules: the best answer is, as long as the couple involved wants it to. Some couples might be very satisfied with, say, twenty minutes of sexual touching and caressing, followed by intercourse that lasts a couple of minutes; whereas others might enjoy having intercourse lasting ten, twenty, thirty minutes or more.

There probably isn’t a man alive who doesn’t ejaculate (also referred to as come or cum) more quickly than he was expecting to, once in a while. What we mean by “rapid ejaculation” is a pattern of:
- coming before, during or very shortly after penetration, which
- occurs at least half of the time, and
- which causes you and/or your partner disappointment and distress.

In the most severe cases, a man might ejaculate just by thinking about or preparing for sex, before he or his partner has even touched his penis (while he is undressing, for example).

If this doesn’t sound like you, but you worry you might be suffering from rapid ejaculation because you think you should be lasting longer, then the first thing to ask yourself is, says who? Is it you who wants to enjoy longer intercourse? Or is it that you think your partner wants you to last longer? If it’s the latter, have you actually asked her (or him)? Sometimes we find a man has unrealistic expectations about how long sex should last and thinks he should be thrusting away like a piston engine for hours, based on what he’s heard, read, or seen in the movies… but in fact it turns out that his partner is perfectly happy with the way things are, or even wishes intercourse didn’t go on quite so long! Communication can be a wonderful thing …

If, however, it’s clear that your pattern of ejaculatory control is causing problems for you and your partner, then this leaflet aims to help you do something about it.

Who is affected?

Rapid ejaculation is one of the most common sexual problems, affecting around four out of every ten men. The problem is seen most often in:
- Younger men, with limited sexual experience
Men who have recently started a sexual relationship with a new partner
Men who have infrequent sexual intercourse.

Most men with this difficulty have always had it, i.e. they have never been able to gain control over when they ejaculate once they are sexually aroused; this is called primary rapid ejaculation. In other cases, however, the difficulty can develop later in life, perhaps following years of satisfactory functioning, either because of a change of circumstances, or sometimes as an early sign of the onset of erectile dysfunction or other disease; this is known as secondary rapid ejaculation.

What causes rapid ejaculation?

The causes are still not fully understood. Although we know that anxiety is perhaps the most important factor, and that early sexual experiences are often implicated, it is not certain whether some men also have an inherent physical reason for being more easily aroused than other men are, for example a difference in the way ejaculatory function is mediated by the nervous system, or sensitivity in the skin of the penis.

It is believed that the following factors can all have a role in primary rapid ejaculation:

- Infrequent sexual activity
- A lack of sexual knowledge, in particular a lack of awareness of the sensations that precede orgasm
- Early sexual experiences that were rushed, uncomfortable and included a fear of discovery, for example secret masturbation in a bedroom shared with a brother, or hurried sex the back of a car
- Sexual guilt or negative views about sex, perhaps caused by a restrictive or strict religious upbringing, or by being uncomfortable with certain sexual fantasies
- Neurological problems which means the arousal circuit is not fully intact
- Low free testosterone levels.

The following factors are more likely to be implicated in secondary rapid ejaculation:

- Infrequent sexual activity
- Prior sexual experiences in which the man has felt a failure or been shamed
- If his partner has a sexual problem such as a lack of desire, the man may adapt by learning to “get it over with quickly”
Similarly, the onset of erectile dysfunction can cause a man to use high levels of fantasy to try to keep his erection, leading to over-excitement and ejaculation.

Disease such as urological disorders, prostatitis or diabetes mellitus

Withdrawal from ephedrine, trifluoperazine and opiate drugs.

What effect does it have?

Rapid ejaculation can cause a lot of misery and conflict in a relationship. At an emotional level, the man will often feel ashamed, humiliated and inadequate, while his partner feels frustrated and angry – “this wouldn’t happen if he just tried harder”. If he senses his partner’s annoyance - especially if it spills over into sarcastic and cutting remarks - this will only serve to make the problem much worse. This is because over-excitement and anxiety produce a very similar effect in the body - and both are basic features of rapid ejaculation. Hence, the more he thinks, ‘I mustn’t come too soon, or else my partner will be furious’, the more likely he is to do just that. This means that partners have a crucial role in helping a man to overcome rapid ejaculation: treatment is much more likely to be successful if the man’s partner is willing to attend sessions at the Clinic and to work on the problem at home with him in a kind and co-operative way.

Rapid ejaculation can also lead to other problems in sexual functioning, both for the man and for his partner. The man who is worried about coming too soon is likely to get into a number of habits that make sexual dissatisfaction more likely:

1. He may be so preoccupied with trying to control his ejaculation that he becomes a spectator in the lovemaking, rather than a full participant. If this leads to a reduction in pleasure and sensation for him, this may have a negative impact on his levels of sexual desire, and lead to a difficulty in getting future erections.

2. Similarly, if he tries “thinking about something else” during sex in the mistaken belief that this will help him to last longer, his partner may well sense detachment and emotional distance, and feel unhappy as a result.

3. He may reduce the length of time spent in foreplay in an attempt to get on to intercourse before he comes; as a result, his partner is not sufficiently aroused and is even less likely to have
an orgasm, compounding the sense of dissatisfaction between them.

Very often, the net result of all this is that the couple start to attempt lovemaking less and less often; and you won’t need two guesses for on the effect this has on the man’s tendency to come too quickly.

**Is there a cure?**

Happily, many men are able to overcome this problem in time with specialist help. At the Porterbrook Clinic, you will be invited to attend an assessment interview, ideally with your sexual partner if you have one, where a thorough psychosexual, relationship and medical history is taken, and a tailored treatment plan will be devised.

The early part of therapy will involve helping you both to understand the condition and to share with each other how you feel about it. We will also help you find ways to improve your intimate relationship while treatment is underway. Your therapist may teach you how to practice pelvic floor exercises (also called Kegels) regularly, to help you understand your pelvic area better and to tone your muscles. (Ask your therapist for a copy of the leaflet ‘Pelvic floor exercises for men’ produced by the NHS in Sheffield).

Relaxation exercises are also useful to help you to reduce your anxiety levels – ask for the leaflet in this series, “Relaxation”.

Treatment specific to the problem can be divided into two main approaches:

1. Exercises that teach you voluntary control of the ejaculatory process;
2. Physical treatments that prolong the time it takes you to reach orgasm, if it is not possible for you to gain ejaculatory control.

**1. Learning Control**

This programme has three elements, but before you start you need to get any notion out of your head that you will be able to control ejaculation better if you do not think about what you’re doing or how excited you are. In fact the opposite is true – in order to learn how to control your ejaculatory response, you need to understand much better how your body works, which means paying very close attention indeed to the sensations and thoughts that you have as you approach orgasm.
A positive attitude of mind is important throughout the exercises: if something goes wrong (e.g. you ejaculate before you intend to), and it probably will sometimes, just put it down to experience and try again another time. Don’t turn it into a catastrophe; it isn’t. It's just what happens when you’re learning a new skill.

Your therapist will decide with you whether you would be best starting with option a) or option b); both lead on to c).

**It is crucial that you do not try at any stage to have sexual intercourse until you get to that point in the programme, as this would undo all your hard work.**

**Option a) Stop/Start**

Choose occasions when you have plenty of time and complete privacy. First, you need to identify your ‘point of no return’, to learn what that feels like.

This first set of exercises is carried out on your own.

1. Start by relaxing - make yourself comfortable, allow your shoulders to fall away from your ears, and take two or three deep breaths. Make sure you breathe out for longer than you breathe in - for example, breathe in to the count of three, then out to the count of four.

2. Now imagine you have a scale of arousal, where 0 is no arousal at all, and 10 is ejaculation. Start to stimulate your penis using your hand (do not use lubrication at this point), and as you do so try to imagine your excitement rising along that scale until it reaches the top (10) and you ejaculate. Really focus on the different sensations in your penis, scrotum and the rest of your body. Picture your ‘point of no return’ as being when you reach 8.

3. You may need to do this two or three times to fix in your mind what the different levels feel like. You might do this on the same occasion if you have plenty of time (you’ll probably need at least 20 minutes to recover before starting again), or on different occasions.

4. When you’ve got a handle on what the different sensations feel like, start again, but this time stop all stimulation when you get to ‘5’ on your scale. Concentrate on the sensations and take a few deep breaths. When your level of excitement drops back down to a 1 or
2, start stimulating your penis again. This may take anything from a few seconds to a minute or more. (If you find you need to stop again almost immediately, you will need to stop for a longer time; if, on the other hand, you find you are losing your erection, you will need to stop for a shorter period next time).

5. This time, let your excitement build to a 6, then stop exactly as before.

6. On the third occasion, get to a 7 before stopping.

7. The fourth time, allow yourself to ejaculate if you want to.

8. Repeat nos 4, 5, 6 and 7, daily if possible, but at least three times a week, until you are able to stimulate your penis for at least 15 minutes before ejaculating.

9. When you can do this without difficulty, repeat the exercise, but start to use a lubricant on your hand when you stimulate your penis. This will increase the pleasurable feelings and will therefore increase the challenge.

10. Once you have mastered this, add some variation into your stimulation, for example by using different speeds or changing the type of stroke you use. When you can regularly stimulate your penis for 15 minutes or more with a lubricated hand, and can include some variations, you can move onto the next set of exercises.

**This set of exercises is carried out with your partner (if you have one). Again, it may take some weeks to complete the set, but try to practice at least three times a week:**

1. Show the leaflet to your partner and make sure she (or he) is ready and willing to help. Agree that under no circumstances will you attempt intercourse during the exercises, until you are instructed to do so.

2. Agree a word you will use to ask your partner to stop.

3. Repeat the stop/start exercises as above until your partner can stimulate you using a dry hand for 15 minutes before you ejaculate. You may need to ask her to stop many times when you start out, but in time, your ability to control your excitement should grow.

4. Once you can comfortably last 15 minutes, ask her to repeat the exercises with a lubricated hand.
When you feel you have good control during manual stimulation, your therapist might suggest you repeat the exercise using oral stimulation, if that is something you both enjoy.

**Option b) Squeeze technique**

In this technique, your partner stimulates your penis until it becomes erect, then squeezes it as follows:

*Hold the penis firmly between your thumbs and forefingers, with your thumb on the frenulum, and the two fingers on the opposite side of the penis where the glans meets the shaft of the penis (see Figure 1 & 2). Squeeze hard for a few seconds.*

This will make you lose the desire to ejaculate, and lessen the rigidity of your penis. Some couples find that if they can enjoy 15 minutes or more of sex play (by repeating this procedure several times) without the man ejaculating, this can both be enjoyable, and give them a big confidence boost.

**c) Control during penetration**

Once you and your partner have mastered either stop/start or the squeeze technique, or (even better) both, you will be ready to move on to the exercises shown in another leaflet in this series, “Stage Three – A New Way to Make Love”. Your aim will be to transfer the
control you have learned during manual stimulation to being inside your partner. If necessary, your therapist will help you to incorporate the stop/start or squeeze techniques during intercourse.

2. Physical treatments

a) Desensitizing band

This is a special latex ring designed to be used on the penis during manual stimulation every day for up to 30 minutes, to desensitise the penile tissue. (See Figures 3 & 4) It must not be used during intercourse.

b) Pharmaceutical options

- A number of anti-depressant drugs make orgasm harder to reach, even at low doses. These include paroxetine, sertraline and clomipramine which are referred to as SSRI agents. There are two disadvantages to this treatment: the first is that there can be side effects, including loss of sexual desire, headache, insomnia and nausea; the second is that there is often no lasting effect – if you stop taking the drug, you will probably be back to square one. Studies suggest, however, that intermittent use of a drug such as sertraline (i.e. a few
hours before you want to have sex) can be as effective as continuous use, and this can help to reduce unwanted side effects.

- The oral treatment sildenafil (Viagra) can also be useful for delaying orgasm, particularly if you are suffering from erectile dysfunction as well as rapid ejaculation. It is not clear how much this is due to the psychological effect of knowing that you will be able to get another erection, even if you come before you want to the first time. This can reduce anxiety.

- Topical local anaesthetic creams or ointments such as lidocaine can help to reduce sensation when rubbed into the frenulum 15-30 minutes before intercourse. This has drawbacks, however. It can cause discomfort on the penis; it reduces pleasurable sensations; and it can transfer to your partner, reducing her (or his) sensations too.

If you would like to try any of the pharmaceutical options, your therapist can refer you to one of the Porterbrook medical team.

If you use condoms, some now have a local anaesthetic agent within the condom to further delay ejaculation. One example is Durex Performa.

**Helpful books on this subject include:**

A *New Male Sexuality* by Bernie Zilbergeld (Bantam Doubleday Dell Publishing, 1999)

*Coping with Premature Ejaculation: How to Overcome PE, Please Your Partner, and Have Great Sex* by Michael Metz and Barry McCarthy (New Harbinger, 2003)

*How to Overcome Premature Ejaculation* by Helen Singer Kaplan (Brunner/Mazel Inc, 1989)