

Bölüm 27

PREMATÜR EJEKÜLASYON

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GİRİŞ

Erkekler ergenliğe ulaşıp cinsel olarak aktiv hale gelmeye başladıkça, ejekülasyon zamanları ve ejekülasyon durumları üzerinde algıladıkları kontrolleri zamanla değişir (1). Sonuç olarak erkeklerde görülen en sık cinsel fonksiyon bozukluğu olan prematür ejekülasyon(PE) ortaya çıkabilir (2,3). PE'nin cinsel birliktelik kalitesini bozabileceği, sıkıntı ve endişe ile sonuçlanabileceğinin hatta partnerler arasındaki ilişkileri etkileyebileceğini kanıtlanmıştır (4). PE ile ilgili ilk bilimsel yayın Schapiro'nun 1943 yılında 1130 erkeğin verilerini incelendiği makaledir. O zamandan günümüze kadar PE tip dünyasında birçok yoldan incelenmiş fakat net bir görüş birliği sağlanamamıştır. Son yıllarda PE tüm yönleriyle ciddi bir şekilde yeniden gözden geçirilmiş ve Uluslararası Cinsel Sağlık Derneği(ISSM) konsensus panelinde alınan kararla yeni tanımlama yapılmıştır (5). ISSM tanımlamasına göre PE, aşağıdaki belirtilere sahip bir erkek cinsel işlev bozukluğu olarak kabul edilmiştir:

- İlk ilişki deneyiminden itibaren her zaman veya hemen hemen her zaman olan; vajinal penetrasyondan önce veya vajinal penetrasyonun başlamasından itibaren 1 dakikadan daha kısa süre içerisinde gerçekleşen yaşam boyu prematür jekülatyon(LPE), veya ejekülasyon latens zamanında sıklıkla 3 dakika veya daha kısa süren belirgin azalmanın olduğu edinilmiş prematür jekülatyon(APE);
- Hemen tüm vajinal penetrasyon durumlarında ejekülasyonu geciktirememeye ve kontrol edememe;
- Stres, endişe, üzüntü gibi olumsuz kişisel sorunlara neden olma, ve /veya cinsel ilişkiden kaçınma.

Amerikan Psikiyatri Birliğinin yönettiği Mental Hastalıkların Tanısal ve İstatistiksel El Kitabı (DSM-V)'nda ise PE tanısı için kriterler aşağıdaki gibidir (6).

- A. Sürekli veya tekrarlayan şekilde; cinsel aktivite sırasında vajinal penetrasyonun başlamasından itibaren 1 dakika içinde veya kişinin isteği dışında ejekülasyon paterni;
- B. Kriter A' da ki durum en az 6 aydır var olmalı;
- C. Hastaya klinik olarak önemli bir sıkıntıya sebep olmalı;
- D. Bu cinsel fonksiyon bozukluğu, cinsellik dışı herhangi bir başka mental bozukluk veya ilişkide yaşayan ciddi sıkıntı veya bir madde/ilaç kullanımı veya medikal rahatsızlığa bağlı olmamalı.

Ayrıca yakın zamanda Waldinger tarafından PE dört alt gruba kategorize edilerek yeni bir öneri ortaya konulmuştur. Buna göre PE; yaşam boyu, edinilmiş, doğal değişken ve prematür benzeri ejekülatur disfonksiyon olarak 4 gruba ayrılmıştır (7). Bu yeni gruplandırma hastaların sınıflandırmasına,

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KAYNAKÇA

1. Puppo V, Puppo G: Comprehensive review of the anatomy and physiology of male ejaculation: Premature ejaculation is not a disease. *Clin Anat.* 2016; 29(1): 111–9.
2. Serefoglu EC, Yaman O, Cayan S, et al. Prevalence of the complaint of ejaculating prematurely and the four premature ejaculation syndromes: results from the Turkish Society of Andrology Sexual Health Survey. *J Sex Med* 2011;8:540–8.
3. Shaer O. The global online sexuality survey (GOSS): The United States of America in 2011 Chapter III—premature ejaculation among English speaking male internet users. *J Sex Med* 2013;10:1882–8.
4. Kempeneers P, Andrianne R, Cuddy M, Blairy S. Sexual cognitions, trait anxiety, sexual anxiety, and distress in men with different subtypes of premature ejaculation and in their partners [J]. *J Sex Marital Ther*, 2018;44(4):319–332. DOI: <https://doi.org/10.1080/0092623X.2017.1405299> .PMID:29161211.
5. Serefoglu EC, McMahon CG, Waldinger MD, et al. An evidence-based unified definition of life long and acquired premature ejaculation: Report of the Second International Society for Sexual Medicine Ad Hoc Committee for the Definition of Premature Ejaculation. *Sex Med* 2014;2:41–59. doi:10.1002/sm2.27.
6. Segraves RT. Considerations for an evidence-based definition Of premature ejaculation in the DSM-5. *J Sex Med* 2010;7(2 Pt 1):672-679.
7. Waldinger md.premature ejaculation: state of the art. *urolclinnortham*. 2007 nov; 34(4):591-9, vii-viii.
8. Porst H, Burri A. Novel Treatment for Premature Ejaculation in the Light of Currently Used Therapies: A Review. *Sex Med Rev*. 2019 Jan;7(1):129-140. doi: 10.1016/j.sxmr.2018.05.001.
9. Gao J, Zhang X, Su P, et al.:Prevalence and factors associated with the complaint of premature ejaculation and the four premature ejaculation syndromes: a large observational study in China. *J Sex Med*. 2013; 10(7):1874–81.
10. Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors. *JAMA* 1999;281:537–44.
11. Porst H, Montorsi F, Rosen RC, et al. The Premature Ejaculation Prevalence and Attitudes (PEPA) survey: prevalence, comorbidities, and professional help-seeking. *Eur Urol* 2007;51:816–23. discussion 824.
12. McMahon CG, Abdo C, Incrocci L, Perelman M, Rowland D, Waldinger M, Xin ZC. Disorders of orgasm and ejaculation in men. *J Sex Med*. 2004 Jul;1(1):58–65. Review.
13. Waldinger MD. Recent advances in the classification, neurobiology and treatment of premature ejaculation. *Adv Psychosom Med* 2008; 29: 50–69.
14. Lee, J.H., et al. Relationship between premature ejaculation and chronic prostatitis /chronic pelvic pain syndrome. *J Sex Med*, 2015. 12(3)697.
15. Majzoub, A., et al. Premature ejaculation in type II diabetes mellitus patients: Association with glycemic control. *Transl Androl Urol*, 2016. 5: 248.
16. Bolat, D., et al. The relationship between acquired premature ejaculation and metabolic syndrome: a prospective, comparative study. *Int J Impot Res*, 2017. 29: 105.
17. Ventus, D., et al. Life style Factors and Premature Ejaculation: Are Physical Exercise, Alcohol Consumption, and Body Mass Index Associated With Premature Ejaculation and Comorbid Erectile Problems? *J Sex Med*, 2016. 13: 1482.
18. Xia, Y., et al. Relationship between premature ejaculation and depression: A PRISMA-compliant systematic review and meta-analysis. *Medicine (Baltimore)*, 2016. 95:e4620.
19. Waldinger, M.D., et al. Familial occurrence of primary premature ejaculation. *Psychiatr Genet*, 1998. 8: 37
20. Scroponi, E., et al. Prevalence of chronic prostatitis in men with premature ejaculation. *Urology*, 2001. 58: 198.
21. Shamloul, R., et al. Chronic prostatitis in premature ejaculation: a cohort study in 153 men. *J Sex Med*, 2006. 3: 150.
22. Carani, C., et al. Multicenter study on the prevalence of sexual symptoms in male hypo- and hyperthyroid patients. *J Clin Endocrinol Metab*, 2005. 90: 6472.
23. Laumann, E.O., et al. Sexual problems among women and men aged 40-80 y: prevalence and correlates identified in the Global Study of Sexual Attitudes and Behaviors. *Int J Impot Res*, 2005. 17: 39.
24. Palmieri, A., et al. Ejaculatory abstinence influences intravaginal ejaculatory latency time: results from a prospective randomized trial. *Urol Int*, 2012. 88: 459.
25. El-Nashaar, A., et al. Antibiotic treatment can delay ejaculation in patients with premature ejaculation and chronic bacterial prostatitis. *J Sex Med*, 2007. 4: 491.
26. Shabsigh, R. Diagnosing premature ejaculation: a review. *J Sex Med*, 2006. 3 Suppl 4: 318.
27. Sharlip, I. Diagnosis and treatment of premature ejaculation: the physician's perspective. *J Sex Med*, 2005. 2 Suppl 2: 103.
28. Althof, S.E. Prevalence, characteristics and implications of premature ejaculation/rapid ejaculation. *J Urol*, 2006. 175: 842.
29. Althof SE, McMahon CG, Waldinger MD. An Update of the International Society of Sexual Medicine's Guidelines for the Diagnosis and reatment of Premature Ejaculation (PE).*Sex Med*. 2014 Jun;2(2):60-90. doi: 10.1002/sm2.28. Review.
30. Jannini E, Maggi M, Lenzi A. Evaluation of premature ejaculation *J Sex Med* 2011;8:328–34.
31. Serefoglu EC, Cimen HI, Ozdemir AT. Turkish validation of the premature ejaculation diagnostic tool and its association with intravaginal ejaculatory latency time. *Int J Impot Res* 2009;21:139–44.

32. Althof SE. Evidence based assessment of rapid ejaculation. *Int J Impot Res* 1998; 10 (suppl 2) :S74–6,discussion S77–9.
33. Pryor JL, Broderick GA, Ho KF, Jamieson C. Comparison of estimated versus measured intravaginal ejaculatory latency time in men with and without premature ejaculation. *J Sex Med* 2005;3:54.
34. Rosen R, McMahon C, Niederberger C, Broderick G, Jamieson C, Gagnon DD. Correlates to the clinical diagnosis of premature ejaculation: Results from a large observational study of men and their partners. *J Urol* 2007;177:1059–64.
35. Corona G, Jannini E, Maggi M. Inventories for male and female sexual dysfunctions. *Int J Impot Res* 2006;18:236–50.].
36. Althof S, Rosen R, Symonds T, Mundayat R, May K, Abraham L. Development and validation of a new questionnaire to assess sexual satisfaction, control and distress associated with premature ejaculation. *J Sex Med* 2006;3:465–75.
37. Patrick DL, Giuliano F, Ho KF, Gagnon DD, McNulty P, Rothman M. The premature ejaculation profile: Validation of self-reported outcome measures for research and practice. *BJU Int* 2008;103:358–67.
38. Bao B, Shang J, Wang J. Efficacy and safety of behavioral therapy for premature ejaculation: Protocol for a systematic review. *medicine (Baltimore)*. 2019 Jan;98 (3):e 14056. doi: 10.1097/MD.00000000000014056
39. Cooper K, Martyn-St James M, Kaltenthaler E, et al. Behavioral therapies for management of premature ejaculation: a systematic review. *J Sex Med* 2015;3(3):174–88.
40. Andersson KE, Mulhall JP, Wyllie MG. Pharmacokinetic and pharmacodynamic features of dapoxetine, a novel drug for ‘on-demand’ treatment of premature ejaculation. *BJU Int*. 2006 Feb;97(2):311–5.
41. Dresser MJ, Desai D, Gidwani S. Dapoxetine, a novel treatment for premature ejaculation, does not have pharmacokinetic interactions with phosphodiesterase-5 inhibitors. *Int J Impot Res* 2006;18:104–10.
42. Porst H, McMahon C, Althof S, Sharlip I, Bull S, Rivas DA. Baseline characteristics and treatment outcomes for men with acquired or lifelong premature ejaculation with mild or no erectile dysfunction: Integrated analysis of two phase III dapoxetine trials. *J Sex Med* 2010;7:2231–42.
43. McMahon CG, Althof SE, Kaufman JM. Efficacy and safety of dapoxetine for the treatment of premature ejaculation: Integrated analysis of results from five phase 3 trials. *J Sex Med* 2011;8:524–39.
44. Jannini EA. Editorial comment on: Dapoxetine for the treatment of premature ejaculation: Results from a randomized, double-blind, placebo-controlled phase 3 trial in 22 countries. *Eur Urol* 2009;55:967–8.
45. Pryor JL, Althof SE, Steidle C. Efficacy and tolerability of dapoxetine in treatment of premature ejaculation: An integrated analysis of two double-blind, randomised controlled trials. *Lancet* 2006;368:929–37.
46. Levine L Evaluation of Withdrawal Effects with Dapoxetine in the Treatment of Premature Ejaculation (PE). Poster presented at SMSNA 2006.
47. Waldinger MD, Zwinderman AH, Schweitzer DH, et al. Relevance of methodological design for the interpretation of efficacy of drug treatment of premature ejaculation: a systematic review and meta-analysis. *Int J Impot Res* 2004;16:369–381.
48. Porst H. Premature ejaculation. In: Porst H, Reisman Y, eds. The ESSM syllabus of sexual medicine. Amsterdam: Medix Publishers; 2012. p. 547–594.
49. Akasheh G, Sirati L, Noshad Kamran AR, et al. Comparison of the effect of sertraline with behavioral therapy on semen parameters in men with primary premature ejaculation. *Urology* 2014;83(4):800–804.
50. Koyuncu H, Serefoglu EC, Yencilek E, et al. Escitalopram treatment for premature ejaculation has a negative effect on semen parameters. *Int J Impot Res* 2011;23(6):257–261.
51. Tanrikut C, Feldman AS, Altemus M, et al. Adverse effect of paroxetine on sperm. *Fertil Steril* 2010;94(3):1021–1026.
52. Castiglione F, Albersen M, Hedlund P, et al.: Current Pharmacological Management of Premature Ejaculation: A Systematic Review and Metaanalysis. *Eur Urol*. 2016; 69(5): 904–16.
53. EAU Guidelines. Edn. presented at the EAU Annual Congress Barcelona 2019. ISBN 978-94-92671-04-2.
54. Bar-Or, D., et al. A randomized double-blind, placebo-controlled multicenter study to evaluate the efficacy and safety of two doses of the tramadol orally disintegrating tablet for the treatment of premature ejaculation within less than 2 minutes. *Eur Urol*, 2012. 61: 736.
55. Kirby, E.W., et al. Tramadol for the management of premature ejaculation: A timely systematic review. *Int J Impot Res*, 2015. 27: 121.
56. Martyn-St James, M., et al. Tramadol for premature ejaculation: a systematic review and meta-analysis. [Review]. *BMC Urol*, 2015. 15: 6.
57. McMahon, C.G., et al. Efficacy of sildenafil citrate (Viagra) in men with premature ejaculation. *J Sex Med*, 2005. 2: 368.
58. McMahon, C.G., et al. Efficacy of type-5 phosphodiesterase inhibitors in the drug treatment of premature ejaculation: a systematic review. *BJU Int*, 2006. 98: 259.
59. Wang, W.F., et al. Phosphodiesterase 5 inhibitors in the treatment of premature ejaculation. *Int J Androl*, 2006. 29: 503.
60. Moudi, E., et al. Comparison Between Tadalafil Plus Paroxetine and Paroxetine Alone in the Treatment of Premature Ejaculation. *Nephrourol Mon*, 2016. 8: e32286.
61. Men, C., et al. Efficacy and safety of phosphodiesterase type 5 inhibitors on primary premature ejaculation in men receiving selective serotonin reuptake inhibitors therapy: a systematic review and meta-analysis. *Andrologia*, 2016. 48: 978.
62. Morales, A., et al. A review of the current status of topical treatments for premature ejaculation. *BJU Int*, 2007. 100: 493.
63. Sachs, B.D., et al. Maintenance of erection of penile glans, but not penile body, after transection of rat cavernous nerves. *J Urol*, 1991. 146: 900.

64. Wieder, J.A., et al. Anesthetic block of the dorsal penile nerve inhibits vibratory-induced ejaculation in men with spinal cord injuries. *Urology*, 2000. 55: 915.
65. Martyn- St. James, M., et al. Topical anaesthetics for premature ejaculation: A systematic review and meta-analysis. *Sex Health*, 2016. 13: 114
66. Mark, K.P., et al. Event-level impact of Promescent on quality of sexual experience in men with subjective premature ejaculation. *Int J Impot Res*, 2016. 28: 216.
67. Busato W, Galindo CC. Topical anaesthetic use for treating premature ejaculation: A double-blind, randomized, placebo controlled study. *BJU Int* 2004;93:1018–21.
68. Wyllie, M.G., et al. The role of local anaesthetics in premature ejaculation. *BJU Int*, 2012. 110: E943.
69. Rowland D, McMahon C, Abdo C, ChenJ,upJannini E, Waldinger MD, Ahn TY. Disorders of orgasm andejaculation in men. *J SexMed* 2010;7:1668–86.