## **British Society for Sexual Medicine (BSSM)**

## **Treatment Algorithm for Premature Ejaculation (PE) July 2013**



Although reliable information on the prevalence of lifelong and acquired PE is lacking when based upon patient self-report, PE is the most common male sexual dysfunction. Lifelong PE is defined as:

A male sexual dysfunction characterised by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration and the inability to delay ejaculation on all or nearly all vaginal penetrations, and negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy.'

To help you manage PE appropriately, we have proposed the following algorithm to guide you through the treatment options.

## It is important to distinguish between Erectile PATIENT/PARTNER HISTORY Six questions that can help to identify PE are: Dysfunction (ED) and PE so the following **Establish presenting complaint** questions are useful: Can you delay ejaculation before vaginal penetration? Time taken to ejaculate after vaginal What is the time between penetration and ejaculation? Is your erection hard enough to penetrate? Can you delay ejaculation? Perceived degree of ejaculatory control Do you have difficulty in maintaining your erection Do you and/or your partner feel bothered, annoyed, Degree of patient/partner distress until you ejaculate during intercourse? and/or frustrated by your PE? Do you ever rush intercourse to prevent loss of your Onset and duration of PE Is your PE affecting your relationship? **Psychological history** erection? Do you and/or your partner avoid sexual intercourse **Medical history** because of embarrassment? NO YFS PF **PFIIKE** NATURAL **EJACULATORY** YES **VARIABLE DYSFUNCTION** PE SECONDARY TO ED OR **MANAGE PRIMARY** OTHER SEXUAL DYSFUNCTION **CAUSE TREATMENT** NO Reassurance Education **Psychotherapy** Lifelong and acquired PE can be Behavioural therapy differentiated by enquiring: When did you first experience PE? Have you experienced PE since your first sexual experience on every/almost every attempt and with every partner? **ACQUIRED PE LIFELONG PE TREATMENT TREATMENT** Behavioural/psychotherapy **Pharmacotherapy Pharmacotherapy PATIENT** Behavioural/psychotherapy Combination treatment **PREFERENCE** Combination treatment Attempt graduated withdrawal of drug therapy in selected patients (generally acquired PE), after 6-8weeks TREATMENT OPTIONS Pharmacotherapy · Short half-life on demand SSRIs specifically suggesting a role in treating PE e.g. dapoxetine - which is the only oral licensed medication for the treatment of PE Off label SSRIs and TCAs that have been used as a daily treatment for PE e.g. paroxetine, sertraline, fluoxetine, citalopram and clomipramine PDE5 inhibitors used on demand as a combination treatment with SSRIs, when PE co-exists with ED · Tramadol, an opiate derivative (usually used as an analgesic) but could be used where PE co-exists with a need for analgesia Topical therapies: · Off label lidocaine/prilocaine Behavioural/psychological

Algorithm is based on guidance from The International Society of Sexual Medicine (The Journal of Sexual Medicine 2010; 7:2947-2969)

Therapies have been incorporated for a number of years but quantitative research shows benefit is not forthcoming. Nevertheless many patients are understandably anxious and may appreciate