



Premature Ejaculation When Your Penis Has ADHD

It's easy to understand why most men would be too embarrassed to call a healthcare provider about premature ejaculation. The receptionist always asks why you want to see the doctor. "Uh, 'cause I come in about three seconds?" Worse yet, most healthcare providers know more about the rings of Uranus than they do about premature ejaculation. That's why this chapter is kept as up-to-date as possible, and why some of the world's top researchers are consulted. Perhaps you and your doctor can learn together.

Terms like premature ejaculation, PE, early ejaculation, and rapid ejaculation are used interchangeably, but they all mean the same thing. You would think it would be easy to define premature ejaculation, but it was only recently that researchers and clinicians finally agreed on a working definition. Even then, their definition is more limiting than many would have wanted. You'll see why in the pages that follow. You'll also see that there are many myths and misperceptions about PE.

This chapter begins with a look at what PE is and ends with the treatments that are currently being used. One of the biggest problems with premature ejaculation is that a man's partner is seldom part of the conversation or the solution. That's not good. This chapter is for sexual partners as well as for men with PE. Hopefully you'll both read it and discuss the sections that are meaningful for you. There's no reason why PE needs to ruin your enjoyment of sex.

ISSM on Jizzing

According to the International Society for Sexual Medicine (ISSM), premature ejaculation is when a man usually comes in less than a minute and has little if any control over it, and he feels distress as a result.

Depending on whose statistics you use, almost 98% of men are able to last for more than a minute. This leaves between 1.5% and 2.5% of men who qualify as having PE. But if you add another thirty seconds to

the ISSM definition by including men who come in less than a minute and a half, up to five times as many men have premature ejaculation, as long as they feel a lack of control and it's causing them distress.

The reason ISSM has taken such a conservative approach is that it wanted to limit its definition to what is truly known and can be validated with research. Otherwise, there is a chance PE would not be accepted as a legitimate diagnosis in the medical world. Treatment would not be reimbursable and drug companies might stop their research. Unfortunately, using only a minute as a definition of PE allows drugs that don't work very well to appear to be more effective than they are.

The Problem with "What's Average"

In a study of nearly 500 couples from five countries who timed their intercourse, the lion's share of the men lasted between two and nine minutes. Few men lasted longer than eighteen minutes and half of the men lasted for less than six minutes. Condom use and circumcision did not have an impact one way or the other.

The men over-estimated the amount of time it took them to come by an average of 31% or almost two minutes. So guys who came in six minutes thought they lasted for close eight. There is also more variation in how long each individual male lasts than was previously thought.

A lot of PE researchers don't think it's relevant to list an average time for intercourse. That's because there are men who last for a minute and who satisfy their lovers with all the things they do rather than just intercourse. And there are plenty of men who can last for ten or more minutes and aren't satisfying lovers.

Researchers would want you to remember there's way more to being a good lover than how long you last. Consider this book: only one chapter is on intercourse. That should tell you there is way more to satisfying sex than when a penis is in a vagina.

Parallel Parking and Premature Ejaculation

Another problem with defining premature ejaculation based on the clock alone is that it doesn't speak to the speed and intensity of the thrusting. Some of the men who were part of a huge study said they are able to last more than a minute but that they ejaculated within ten thrusts or less. That works out to about six seconds per thrust. ("One Mississippi, two Mississippi, Three Mississippi, Four Mississippi, Five Mississippi, Six Mississippi" for each thrust.) This would be like having

intercourse in slow motion, which is what some men do in order to last longer. Also, some men think about dead animals or when they dropped the winning touchdown pass in a championship game in order to last longer. This makes sex less fun for themselves and their partners.

Most men who don't have PE are able to get control by stopping for a bit or pulling out and changing positions. They don't have to slap a governor on their sexual excitement from start to finish. Doing so is one of the burdens of having PE. Female partners will often keep their hips still and mute their excitement in an attempt to help a partner with PE to last longer. They throttle down their sexual excitement, which results in their being less satisfied.

The Grim Reaper of Sexual Fun

For most men who come in less than a minute, premature ejaculation feels like a joke their body is playing on itself. Their penis feels like it's had hundreds of thrusts before their partner barely has her panties off. As much as they would love to have intercourse, they start to dread it because they feel like losers who can't please their partners.

Some women feel that premature ejaculation is "his problem" and their partner is the one who needs to fix it. However, a man with PE can no more will himself to delay coming than he can will world peace.

Erections don't fare well in an environment of dread. So a lot of guys with PE not only worry about coming too soon, they also worry about not being able to get it up or keep it up once they do. Their orgasms are not always as enjoyable as for men who have better control. There are plenty of men with PE who fear new relationships or avoid them rather than having to face the embarrassment of PE.

Is Premature Ejaculation Inherited?

According to the latest research, there seems to be a genetic influence that impacts some men who have PE. So it is possible that a man with premature ejaculation may have more in common with his father and brothers than meets the eye. Or maybe not.

While genetics might be a factor in PE, there is not a specific gene for premature ejaculation. To quote one researcher, "PE is influenced by many things, most of which are not understood. The genetic influence on PE is likely to be indirect." This means the genes that effect PE probably influence other things first, such as your mood, appetite, emotions, and temperament. These may or may not have an effect on your ability

to control your ejaculation. So it's a long and winding trail from what's happening in your genes to what's happening in your jeans. Saying that genetics can influence whether you have PE simply means the chances are greater that you will come sooner than someone without that particular gene configuration. Beyond that, we do not have enough knowledge about PE to be more specific.

If you are the partner of a man with PE, it's best to leave the genetic research to the geneticists. Do not succumb to the temptation of asking your lover's mother, "Mrs. Snappy, does your husband come as quickly as your son?" But in case you do, be sure to let us know what she says.

El Prematuro Loco

There are a number of men who are sure they have PE when they don't. The majority of the men who describe themselves as having premature ejaculation do not have anything close. When a man assumes he has PE but doesn't, we say he is *El Prematuro Loco*.

Someone with a real case of premature ejaculation can hardly last a minute. But a man with *El Prematuro Loco* can go for several minutes during intercourse while thrusting at a satisfying clip for both he and his partner. He is within the range of average, sometimes at the high end of average. Being able to last that long would make a man who really does have premature ejaculation smile from ear to ear.

Education, reassurance, and sometimes counseling is enough to help a man with *El Prematuro Loco* stop focusing on what he perceives to be his short-comings, and to work instead on finding ways to give his partner extra pleasure besides just thrusting. So if you are a man who feels he has premature ejaculation but doesn't really, why not start talking to your partner about your concerns? It could be she wants something different in bed than for you to last longer.

If she does want you to last longer, some of the retraining techniques mentioned later in this chapter might help. If you can already last for a few minutes, you've got a lot more room to teach yourself to improve your hang time than a guy who lasts for 30 seconds. You might not have to be fighting your body's genetics, neurology or psychology in order to last longer.

Also, a reality check is in order for today's porn-inspired couple who assumes that every guy can thrust like a robot. The vast majority of men in porn take nearly toxic doses of boner drugs, and they wouldn't be in porn if they didn't have excellent control to begin with.

Control Issues

Surveys have shown that 50% of men feel they can control when they ejaculate during intercourse. Being able to control when you come is beyond the comprehension of a man who has premature ejaculation. Unfortunately, research also shows that partners of men with PE often believe that a man can control it if he tries. For most men with PE, this is not possible.

While some women blame themselves when a partner has erection problems, they tend to blame their lover for PE. Couples would have way more fun if they learned to have sex that's based less on what a man can do with his penis. Making it safe for your partner to act out some of her sex fantasies with you would make you a better lover than most.

Lifelong vs. Acquired – How Psychology Can Impact Biology

Most men who have PE have had it in varying degrees from the time of their first intercourse. This is known as lifelong premature ejaculation. However, there are some men who had decent control until the PE Fairy waved a wand of quickness over their penis. So if you were okay to begin with and then start to ejaculate rapidly, you might have "acquired PE."

Consider the case of Bill, who is a construction worker and who scheduled an appointment with a urologist to deal with his premature ejaculation. Bill rarely had trouble with his ejaculation until recently.

If Bill's urologist had been too busy to ask about Bill's relationships, he would have missed that Bill recently started dating Jenni who is a corporate CEO. She is high-powered and white-collar, while Bill carries a hammer and is blue-collar. Bill has felt inadequate from the start with Jenni, given that she's drop-dead gorgeous and makes about ten times as much money as he does. Bill's premature ejaculation started soon after he began dating Jenni.

Bill got his PE along the way as opposed to always having struggled with it. What Bill needed were some sessions with a therapist to help him deal with his conflicted feelings about being in a relationship with Jenni. (Thanks to sex therapist Stan Althof for providing this example.)

Possible Risk Factors

If you have recently started to ejaculate rapidly and no earthshaking life changes have occurred that might explain it, such as finding your wife in bed with the teenager who mows your lawn, then it is a

good idea to have a complete physical exam.

Before assuming PE has a physical cause, be aware there has been little evidence to support a medical or psychological cause of premature ejaculation. As of press time, the best that can be said is more and better studies need to be done.

To date, one study found that between 50% and 70% of men with a hyperthyroid have PE. After receiving successful treatment for their thyroid problem, the rate of PE dropped from 50% to 15%. On the other hand, there was not a single case of hyperthyroidism in a study of 620 men who have lifelong PE. So while any man with acquired PE should get his thyroid checked, it's unlikely that thyroid is the cause of PE in a man who's always had premature ejaculation.

There are some indications that prostate infections might be a cause of PE. The trouble with these studies is they aren't particularly sound from a scientific point of view. Prostate infections are something to be aware of regarding PE, especially PE that is acquired, but that's about it.

There is a high association between premature ejaculation and erectile dysfunction in men who have diabetes, and a moderate association between PE and erectile dysfunction in general. In these cases, trying one of the boner drugs like Viagra is something to consider.

Early ejaculation has been reported as a side effect of withdrawal from SSRI antidepressants. Some recreational drugs might also contribute to premature ejaculation.

Aside from genetic influences, one study suggests that a short frenulum could help trigger PE in men who have lifelong premature ejaculation. Theoretically, having a shorter frenulum could cause excessive tension in the area of the glans corona, which is one of the most sensitive and nerve-filled parts of the penis. However, controlled studies need to be done regarding the short-frenulum theory before any credence is given to it.

In time, it's possible that physical causes of PE will be discovered. Currently, the data is limited and sometimes contradictory.

Your First Time vs Youthful Exuberance

In a recent study in Finland, a lot of men who don't have PE reported ejaculating in under a minute the first time they had intercourse. Many of these men ejaculated before their penis got its first feel

of their partner's vagina. But they've had normal ejaculation times ever since. So there's a big difference between mastering the anxiety and inexperience of your first couple of times and coming quickly for the rest of your life.

In most men with PE, ejaculation control doesn't improve with age. And in many cases, premature ejaculation gets worse as relationships get longer. That wouldn't be the case if time and experience were the cure for premature ejaculation.

A Reality Check with Your Partner

Women often assume their male partners are not concerned about having PE when the man himself might be an anxious mess. At the same time, there is often a major disconnect between what a man thinks his partner wants and what she really wants.

So if either of you is concerned about PE, the first thing to do is to talk about it together. She might prefer that you spend more time kissing, caressing, or giving her oral sex. Maybe she wants you to be more of a take-charge kind of guy when it comes to sex. Or she might want you to last longer, but hasn't let you know because she's been afraid of hurting your feelings. Either way, talking it over is an important step when one or both of you is concerned about premature ejaculation.

Myths To Fry

In trying to understand more about PE, it is helpful to look at what people used to believe caused it. Some sex educators and therapists still adhere to these myths:

Goat Gonads! Premature ejaculation was first described in medical literature in the late 1800s. That's when PE, impotence, and just about everything that could possibly go wrong with a man was blamed on masturbation or "self-pollution." Even having intercourse more than once a week was a concern among the anti-ejaculation fanatics of the day. To help revitalize and rejuvenate the body, more than a thousand men were given testicular grafts from sheep, monkeys, goats, deer, and other men.

Vasectomies to Prevent the Spilling Seed: In the late 1800s and early 1900s, there was so much concern about losing semen that men would get vasectomies to keep their sperm inside their bodies. That's how vasectomies originally became popular—not for birth control, but as a

way of returning a man's "masculine essence" into his own body. Even Freud got a vasectomy when he was 67, clearly not for birth control.

Being Pissed Off: In the 1920s, a psychoanalyst by the name of Karl Abraham suggested that PE resulted from a man's unconscious anger at women. Rapid ejaculation was a man's way of symbolically peeing inside of his partner's vagina. How charming. We have since discovered that men with PE aren't more angry at women than men without PE.

A Headache in Your Penis: In the early 1940s, another German psychiatrist, Bernard Schapiro, speculated that PE was a psychosomatic illness, like anxiety-related headaches. He said that PE was the result of a man's psychological conflict expressing itself bodily. This, too, is false.

PE from Jerking Off Quickly: In the late 1970s, renowned sex therapists Masters and Johnson changed the premature ejaculation landscape by claiming that PE was a learned experience. They believed PE was something males taught themselves when they rushed their way through masturbation or had rushed sex in a car or did it with a prostitute. We now know that popping out quick ones is not the cause of premature ejaculation. However, it is possible that if a man was born with a shorter fuse to begin with, the rushed experiences he had when he was a teenager could have had more of a lasting impact than if he had been born with a penis that was wired like a porn star's. In this situation, the squeeze-technique that Masters and Johnson suggested might be helpful in extending his hang time (explained in the treatment section of this chapter).

From Zero to Sixty in 2.46 Seconds: In the late 1980s, sex researcher Helen Singer Kaplan proposed that men with PE never developed the ability to experience a gradual buildup of sensation in their penis. Kaplan believed most guys have an early warning system in their penis and are able to say to themselves, "It's starting to feel like I'm getting close—I'll slow down my thrusting or change positions so I can delay coming." But for the man with PE, ejaculation arrives like a sneak attack. He gets no warning signals until it's too late to delay. Kaplan also felt that anxiety fueled PE.

Kaplan's theories held sway for many years, and they shouldn't be quickly dismissed. But when men with PE are given medications that allow them to delay their ejaculation, they can have the same range of sensory awareness in their penis as guys who don't have premature

ejaculation. It is also interesting that tramadol and SSRIs, which are drugs that help with anxiety, also help decrease PE. However, it's more likely these drugs delay ejaculation by impacting the centers in the nervous system that trigger ejaculation.

Porn Causes PE: This is one of the most recent and more bizarre theories about the causes of premature ejaculation. If porn were a cause of premature ejaculation, we would have seen a huge increase in the number of men with PE during the past two decades. There has been no such increase. However, if this theory were true, it would be interesting to know if men with DSL come faster than men with dial-up used to!

Research Findings on the Man with a Pronto Penis

When researchers placed sensors on men's penises and showed them sexually exciting materials, they expected the men with PE to have a more rapid sexual response. Yet they weren't able to find any differences between men with PE and those who had good control. Time to erection was about the same.

So the researchers made the situation more like real life. They put "pleasure devices" on the men's penises so the men would feel physical stimulation while they were watching dirty movies. And that's when they found that nearly 60% of premature ejaculators would quickly blow a wad as opposed to only 5% of the men who didn't have a problem with coming too soon. This finding helped give credence to the idea that men with premature ejaculation might be wired to come sooner than men who don't have PE. But it doesn't mean they can't retrain themselves.

Semen Samples

Anxiety about sex with a partner does not appear to be the cause of premature ejaculation. Researchers have had premature ejaculators and controls masturbate in the lab to give semen samples. The men with PE came out of the rest room with their semen in a cup faster than the men who were controls. Given that they were masturbating, anxiety about sex with a partner was not the reason why the men with PE produced their semen samples sooner than men without PE.

Research Findings—Neurology and Heart Rate

When men who don't have PE are having intercourse, their heart rate slows down after their penises get hard, even though they are getting aerobic exercise from thrusting during intercourse. When they are

about to ejaculate, their heart rate speeds up again.

But when a man with PE becomes sexually aroused, his heart beat is likely to remain rapid from the moment he gets hard until he ejaculates. His nervous system doesn't shift into the intercourse version of cruise-control. He is on the verge of ejaculating from the get-go. It is possible that by doing the retraining techniques listed later in this chapter, a man with PE can learn to drop his heart rate like one who doesn't have PE.

Erection Issues

You would think that men with PE would get erect sooner than controls. However, the opposite is true for some groups of men with PE. A number of men with PE also have varying degrees of erectile dysfunction. This dovetails with why some men with PE respond well to erection drugs such as Viagra, Cialis, and Levitra. Perhaps these are men whose PE is related to erectile dysfunction. Or maybe their erectile dysfunction is due to their distress about having PE, and the erection drugs help alleviate the fear that they won't be able to get it up.

Some men who don't have PE complain that the boner drugs make their penis feel somewhat wooden. This would be a case of one man's poison being another man's cure.

Even if the erection drugs don't help a man last longer the first time he ejaculates, they do help most men to get a subsequent erection sooner. Most men will be able to thrust longer the second time around.

Emotional Reaction

Men with PE often have more negative feelings about sex than men who have control over their ejaculations. Therapists used to assume it was the negative feelings that were causing the premature ejaculation rather than being a result of it. But the men with PE did not look forward to having intercourse because they believed they were going to disappoint their partner. Many of the negative feelings that men with PE have about sex stop once they are able to get more control over their ejaculations.

Lasting Longer Doesn't Make Partners More Satisfied

The results of a recent FDA trial on a treatment for premature ejaculation trumpeted how it added extra minutes to the men's thrusting times. But in spite of the great results, the men's partners didn't report

significant increases in their own sexual satisfaction.

So maybe the problem wasn't as bad as the guys with PE assumed. Or maybe sexual satisfaction is more complex than we think. Sexual problems don't exist in a vacuum. When it comes to sexual intimacy, mutual pleasure can't always be measured with a stopwatch. This takes us back to a central theme throughout this chapter: men with PE are often so focused on their failure that they aren't able to enjoy ways of making sex more fun and rewarding. By the time a man with PE tries the retraining techniques or uses drugs for it, sexual excitement in the relationship might need to be rekindled.

Plenty of men learn to compensate for PE by becoming really good at pleasing a woman with oral sex or different kinds of massage. Some couples act out fun scenarios and kinky fantasies together. There's no reason why coming quickly should get in the way of having great sex.

The Other 97% of Your Body and Mind

It can be helpful for a man with PE to become more aware of the sensations in other parts of his body in addition to his penis. Not enough can be said about allowing a partner to touch you from head to toe while you let your body relax. This kind of non-pressured exploration is often the cornerstone of sex therapy. Some couples enjoy using different materials and fabrics to massage each other from head to toe. Good results can be had with feathers or furry mitts, as well as a silk scarf or piece of rayon. Some couples might be into leather, latex, or rubber. Others find the feel of a partner's fingertips to be exquisite.

The Most Important Ingredients

In helping a man to last longer, don't forget to have a sense of humor. Humor is the sexual lubricant for the soul. The chances are, a man with PE is angry and frustrated with himself. Humor and a tolerance for frustration can go a long way.

None of the treatments on the pages that follow are a cure. However, they can help, and sometimes a great deal. But they do require motivation and a long-term commitment by both partners.

The couple must find ways for the man's partner to get off besides having intercourse. That way she won't feel resentful, he won't feel guilty, and they will both get to experience what it is like when she can open up and no longer needs to mute her excitement. This is one of the

first things a couple should work on, as opposed to just focusing on the man's penis.

Relationship Fears & Resistances

Helen Singer Kaplan said that the men who were unable to complete her program for rapid ejaculation usually had wives or girlfriends who did not necessarily want them to last longer. The two men mentioned below were rapid ejaculators as well as contributors to *The Guide*. They were kind enough to share their personal stories for you to read.

Zeus suspected his wife didn't want him to improve his sexual function and that she would resist helping him do something about it. He was right. His wife didn't enjoy sex, or not with him anyway. The faster he came, the better. In addition, she didn't want him having sex with anyone else. She assumed he would be less likely to have extramarital affairs if his problems with PE remained.

Heathcliff had a secret and didn't know if Catherine would want to help. While caring greatly for each other, their sex life had never been a central part of their relationship. After several years, he finally asked for her help with his premature ejaculation. He received an unexpected reply. She told him she often masturbated after he went to sleep, keeping her sexual needs to herself because she didn't think he was interested. They began masturbating together and started feeling sexually intimate for the first time in their lives. They found many ways to please each other sexually. By this time, Heathcliff had become such a changed man that not even his neighbors could recognize him.

Rather than bulldozing ahead with the treatments that are mentioned in this chapter, why not start by having talks about it first? You might want to include a discussion about what it would be like if you were able to make changes in your sex life. Even if you both want changes, each of you might have your own fears and concerns.

Treatments for Premature Ejaculation

The rest of this chapter lists drugs, creams, condoms, and behavioral techniques that are being used to treat PE. Since PE isn't a disease and it doesn't have a specific cause, the best treatment will depend on your biology, psychology, and partner situation. In exploring treatment options, you will need to be flexible and adventurous—two qualities that can be in short supply when you are frustrated with yourself.

A logical treatment to try first would be exercise and the retraining techniques. One version is free, and these methods have no side effects.

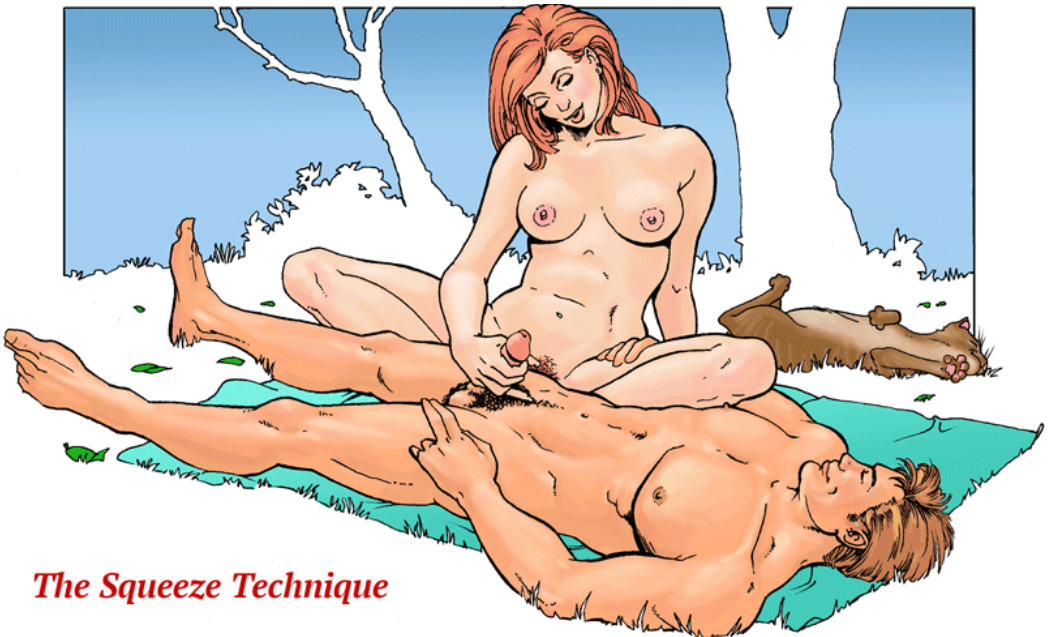
Can Exercise Help Decrease PE?

Shortly before this book went to press, one of the top researchers of premature ejaculation published the result of a study where he found that men who exercised less were more likely to have PE symptoms. The researches found a slight connection between alcohol use and PE, and no association between PE and BMI (body mass index) which is a measure of body fat based on height and weight. Obviously, more research is needed.

Teaching an Old Dog New Tricks: The Squeeze Technique

The squeeze technique for premature ejaculation has been around for almost as long as the penis itself. It has had different variations, one being called "the start stop technique." Its goal is to take you to the edge of ejaculation, but not over. This will help your body learn how to be in a high state of arousal without ejaculating.

You would think there would have been dozens of studies investigating the efficacy of this technique; not so. Since the squeeze technique is free, drug companies haven't lined up to fund the research. And



The Squeeze Technique

our government rarely chomps at the bit to fund studies on improving sexual pleasure. Two studies that were done on the squeeze technique during the 1980s showed that a number of men had success with it initially, but most of the gains were lost over time. This is not unusual regarding sex. Sex therapists often schedule follow-up appointments for any kind of problem every six months after successful treatment. That's because sexual problems have the tenacity of the cockroach. There can also be a placebo effect with any kind of sexual intervention, which means it works at the start because you believe it will. So don't be surprised if you need to do squeeze-technique refreshers every couple of months. But this should be fun. And think about the benefits if it helps you last longer.

Squeeze-Technique Particulars

You both get naked and kiss and fool around. Then you kiss and fool around some more. At some point, which is totally up to the two of you, the female partner says, "On your back, dude!" She then starts stroking his penis handjob style. While it's usually done without lube, there's nothing that says lube can't be used. See what works best for the two of you.

The man's job is to tell his partner what he's feeling in his penis. As soon as he feels like he is reaching the point of no return, he asks her to stop stroking and that's her cue to start squeezing—right below the head for 10 to 20 seconds. Then, after a minute or so, the man's urge to ejaculate should subside, and his partner can start stroking his penis again. Repeat at least three or four times. When the two of you decide his penis has had a good enough workout, she can stroke him to ejaculation.

After a few weeks of doing it this way, the woman might experiment with switching techniques. Rather than stopping and squeezing when her partner tells her he's about to come, she might try rubbing the head of his penis instead. So she goes from choking his chicken to polishing its helmet. As for erections, don't worry about them. What a man should be focused on is trying to tolerate more sensation.

A variation on the squeeze technique is called *the stop-start technique*. Instead of squeezing when the man is close to coming, his partner removes her hand from his penis. It's totally your call as to which technique you'd prefer to use.

From Squeezing to Intercourse: When the two of you feel you are getting more control over the situation, the woman might try stimulating the penis with her lips instead of her fingers, or by sitting on top of the man and rubbing his penis with her genitals. This is called femoral intercourse. It is where the shaft of the penis glides through the labia like a hot dog in a bun. The penis doesn't go into the vagina. The woman can lift her pelvis up when her partner is close to coming.

After another week or two, she might try putting the man's penis inside of her vagina while she is on top. Try keeping it there for a few minutes without thrusting very much. This helps the man get used to the warm sensations, and there's nothing that says she can't be caressing her clitoris or breasts while his penis is inside her vagina.

The Point of No Return: When doing the squeeze technique, it is helpful to recognize when a man is approaching the Point of No Return. This is when nothing short of stepping on a land mine will keep him from ejaculating. Signs that ejaculation is eminent include: the veins in his penis start to bulge, his penis gives a sudden throb, the color of the head darkens, his testicles suck up into his groin, his muscles start to tighten, his hips thrust, and he starts to groan or invokes the name of various deities. Appreciate how well you are doing if the man can stay close to the point of no return for several minutes without going over the edge.

Also, it helps if the couple can cut themselves plenty of slack. There will be times when a guy reaches the point of no return before his partner can squeeze or pause. It's no big deal. Doing the squeeze technique should be fun, and occasionally funny. It's not a competition.

Before Squeezing, Stop Apologizing and Thinking about Other Things

Some of the most annoying aspects of premature ejaculation that women report are the constant apologies and self-criticism that men express after coming too soon. This puts their partners off. If you decide to work on these exercises together, the man needs to promise he will no longer apologize or berate himself for coming too soon.

Men with PE will also try to delay ejaculation by thinking about something unsexy, which would be like a race-car driver thinking about golf when he's entering a high-speed turn. To think about something besides pleasure is not a good way to last longer. It could lead to erection problems, so you'll then have ED and will still come too soon. As

you are doing these exercises, let yourself feel totally turned on.

Pelvic Floor Exercises

Researchers from the University of Rome recently published a study titled *Pelvic floor muscle rehabilitation for patients with lifelong premature ejaculation: A novel therapeutic approach*. You are encouraged to do a browser search and read the study. This study seems to demonstrate that a number of men with serious lifelong PE can be helped without drugs.

Promescent—A Delay Spray

Sprays and creams for PE that help numb a penis have been around for decades. All of these sprays and creams contain similar numbing agents, such as lidocaine, prilocaine and benzocaine. The problem has been with the delivery system. Most of the numbing agent molecules have remained evenly distributed throughout the creams they are mixed in and do not make contact with the skin. As a result, they are not quickly absorbed and the man has to wear a condom to keep the numbing cream from touching his partner's clitoris. The creams also have a tendency to numb out the penis.

Drug companies have spent millions of dollars trying to create a delivery system for the numbing agents that allow just enough of the molecules to get to the skin of the penis where they can be rapidly absorbed without leaving a residue that will numb a partner's genitals. The well-funded company that invented Promescent believes they have succeeded. They also believe that Promescent will not numb out a man's penis if he begins to have intercourse within five minutes of application.

Promescent is a cousin of a product called SD502 that is used for pain relief for burn victims, although not necessarily burn victims with premature ejaculation. Promescent is not a cure for premature ejaculation, but something a man can use five minutes before intercourse. Promescent is anything but cheap, but it doesn't require a prescription and there appear to be no side effects.

NOTE: When this spray was in Phase II clinical trials, it seemed like the researchers were having to move heaven and earth to squeeze significance out of the results. However, Phase III trial results looked more promising. The proof will be in the ejaculating.

A concern with this cream and the company that makes it is the degree of hype and the huge amount of marketing dollars that are

being spent. If you are looking for a delaying cream or spray, this is probably the one to try. But you might do just as well with the squeeze technique, or perhaps a combination of the two.

Trojan Extended Pleasure and Durex Performax Condoms

These condoms have benzocaine gel on the inside to desensitize or numb out the penis. It is fascinating to read user reviews. They tend to either be 5 stars or 1 star, with guys and their partners either loving them or hating them. The biggest complaint is that these condoms numb out the penis so much that some men lose all sensation, and their erection as well. The biggest praise is that they numb out the penis enough so a man can last longer than he normally does.

Men who have tried both brands tend to prefer one or the other. So you might try both and see if one works better for you. Do not put these condoms on too soon before intercourse. Otherwise, your penis could feel like your gums after getting novocaine at the dentist's office. Do read the instructions, and be careful not to get the gel from the inside of the condom on a woman's genitals. Also, as a woman with a numb mouth flamed on a user forum: "Do not give a blow job after a man takes one of these bad boys off!"

Treatments –The Drugs

Most of the drugs that are now used for PE were not designed for PE, just like Viagra was not designed for ED. The ejaculation-delaying properties of drugs like tramadol and SSRI antidepressants were first discovered as unwanted side effects. Most of these drugs have not yet been approved for treating PE and may never be approved for it. *They do not necessarily work well and all have side effects.* Also, many of the researchers who are doing studies on these drugs consult for the drug companies that make them and receive compensation for doing so.

The Ugly Side of Progress

More and more research is being done on premature ejaculation, especially since the drug companies realize they would have a pharmaceutical gold mine on their hands if they could come up with a pill that helps men last longer without putting them to sleep, zapping their sex drives, or making their penises feel like lead pipes. The problem will be in how drug companies will market the PE drugs. They'll try to convince young men that their sexual self-esteem will rise exponentially if

they take the new intimacy-enhancing pills. Soon enough, men who last “only” six minutes—which is close to the amount of time that half of all men last during intercourse—will assume they have premature ejaculation and will want to take the new drug. So while there will be a definite upside to a medication that works for men who truly have PE, there may also be an ugly underbelly.

Treatments—Pills

As of press time, most pills used as treatments for premature ejaculation are not approved for that purpose. Using them would be off-label and the wisdom of doing so is between you and your healthcare provider. The following summaries are for information only and might not reflect the latest research which you are encouraged to keep up on.

Also, all of the medications mentioned have side effects which could be negligible for some men, but truly bothersome for others. The possible side effects include dry mouth, nausea, headaches, weight gain, insomnia, erectile dysfunction, low sex drive, the occasional suicide attempt, drug addiction, fertility problems and liver damage.

Up to 90% of men who start taking drugs for PE discontinue them because they don’t work as well as promised or because of the side effects. If the pills alone don’t help you last longer, some physicians suggest combining them with the squeeze technique or layering them, such as using an SSRI with a boner drug, or a boner drug with a delaying spray. There are currently only a few studies to guide us on combining medications for PE, and when studies are paid for by the manufacturers of the drugs, we have no idea if the results are truly valid.

SSRI Antidepressants (brand names include Paxil, Prozac, and Zoloft): A common side effect for SSRI antidepressants is delayed ejaculation. The delay in ejaculation can be so significant for a man who doesn’t have PE, that taking SSRI antidepressants can make him feel like he’s wearing a dozen condoms. This is why SSRIs could be just what the doctor ordered for men with premature ejaculation if it weren’t for the other side effects. There are some SSRIs that delay ejaculation more than others, but the additional side effects can be problematic. The front line SSRI that one sexual medicine expert prescribes is Zoloft (generic name is sertraline). He says there are other SSRIs that might be better for PE, but he finds Zoloft is better tolerated. He also likes the fact that Zoloft has a generic version that doesn’t cost his patients as much.

Keep in mind that SSRIs can cause ED and kill your libido. They can cause headaches, nausea, drowsiness, weight gain, and other physical and mental nastiness. They may cause an increased risk of suicide in young men. Also, some men with PE who find early success with SSRIs report their PE returns after several months. Do not even think of taking SSRI antidepressants for premature ejaculation if you are bipolar.

Dapoxetine (Priligy): Some researchers assumed that a fast-acting SSRI with a short half-life would be a good on-demand solution for premature ejaculation. While one SSRI by the name of dapoxetine (Priligy) has been approved in other countries for on-demand treatment for PE, our own FDA was not particularly impressed. Up to 90% of men who are given this drug for PE stop using it before the end of a year. This should say volumes about the side effects vs. the lack of efficacy.

Sildenafil: A group of researchers has reported that on demand use of a drug called sildenafil 4 mg which is taken three hours before intercourse has fewer side effects than dapoxetine and results in a decent delay in ejaculation. Way more research is needed, but you might keep an eye out for this regimen.

Boner Drugs (brand names are Viagra, Levitra, Cialis, and Stendra): Can erection drugs help men with PE? Yes and no. A number of men with PE have erection-related problems. But are the erection problems causing premature ejaculation, or does PE cause men so much distress that they end up having erectile dysfunction? Research to date has not found that Viagra helps men with PE to last significantly longer, but the men reported increased confidence, a greater perception of control, and more overall sexual satisfaction. There might be two reasons for this: Viagra may have resulted in more reliable erections, which would be a big relief. Viagra also helps men with PE to get it up more quickly after coming the first time. Most men with PE can last longer the second time if they can get it up again. (Research by the Levitra people found Levitra to be helpful for PE as well.)

If you and your healthcare provider decide to give the boner drugs a try, it's best to get samples and try each one. You might find one works better for you than the others. Consider using erection drugs with a delaying spray or in conjunction one of the retraining techniques.

Clomipramine (brand name is Anafranil): This is a tricyclic antidepressant that has been used for a long time to help people with obsessive

compulsive disorders. One of the side effects is that it delays ejaculation, which is why they started to use it for men with PE. A 25-mg dose taken 4 to 24 hours before intercourse is sometimes recommended. This can be raised to 50 mg, but with that can come increased side effects. A study was done in which a 10-30 mg dose was given on a long-term basis with satisfactory results.

As with SSRI antidepressants, be sure to understand the side effects, as there could be an increased risk for suicide among young men, although it's not known if that would be the case for young men who are taking it for PE and who are using it on demand as opposed to daily. Do not take this if you are bipolar or have erection problems.

Tramadol (brand name is Ultram): This is a centrally-acting opioid analgesic that appears to have few side effects at the low doses being used to treat PE. The doses of Tramadol used in PE studies are between 25 mg and 89 mg (the drug is approved for 400 mgs a day).

There is conflicting and limited research with an on-demand dose of 50 mg of Tramadol for PE. In one study that may not have had the best methodology, men who could only last for 19 seconds started lasting four minutes. Men who took 25-mg dose and who normally ejaculated in a minute went for more than six minutes. This drug is optimally taken two hours before intercourse.

While some studies have found Tramadol to be effective for premature ejaculation, another study comparing the on-demand use of Tramadol for PE with daily use of the SSRI antidepressant paroxetine (Paxil) found paroxetine shredding Tramadol when it came to delaying ejaculation at 12 weeks. The authors of the Paxil study also say that Tramadol had a negative effect on erections, while Paxil had a positive effect. In responding to the Paxil results, the lead researcher in one of the tramadol studies insists that Tramadol humbles Paxil as a drug for PE and claims his team never saw erection problems with men in their Tramadol studies. Plus, it's hard to find ED listed as a side effect for men taking 400 mg a day of Tramadol, let alone only 50 mgs every couple of days. Also, if you are considering Paxil for PE, keep in mind it can have wicked side effects.

Unfortunately, little is known about the effectiveness of Tramadol on PE after being used for extended periods of time. Tramadol is one of the only opioid drugs that is not a controlled substance in many parts of

the world. It has been around since the late 1970s and is even sold over-the-counter in some countries. However, in 2010 the FDA listed new side effect warnings for Tramadol, and it is unlikely Tramadol will ever be approved as a PE drug because it is an opioid. Mind you, it is commonly prescribed for backaches in much higher doses.

WARNING – Tramadol has become a highly abused drug worldwide. Some clinicians do not feel it is worth the risk of giving young men prescriptions for Tramadol due to its potential for abuse as a recreational drug. While the dose used for PE is a fraction of that which is needed to get a pain-killing effect, this is an important warning and should be taken very seriously. Tramadol can be a bear of a drug to get off of if you become addicted. Clearly, more research is needed to guide us on the wisdom of using Tramadol for PE.

Treatments—Penis Injections (Do Not Use These for PE!)

Penis injections can be helpful for men with erectile dysfunction who don't respond to the usual array of boner drugs. However, unscrupulous healthcare providers have been advertising the use of these injections for premature ejaculation. The *Journal of Sexual Medicine* has strongly warned against using penis injections for PE. Long-term penis damage can result.

Drug Precautions

Be sure to look up the side effects of any drug you are taking. As new drugs for PE enter the pipeline, posts will be done on them at www.Guide2Getting.com. Enter the letters "PE" in the search box.

A Special Thanks to: Patrick Jern of the Åbo Akademi University in Finland and the Sahlgrenska Academy in Sweden; New York City psychiatrist and sex therapist Stephen Snyder; Jason Feifer, an editor at Men's Health, Donald Strassberg of the University of Utah; David Rowland of Valparaiso University; Marcel D. Waldinger of University of Utrecht; Joseph Marzucco, urology specialist; Stan Althof of the Center for Marital and Sexual Health in South Florida; and Michael Metz, co-author with Barry McCarthy of *Coping With Premature Ejaculation*. Michael Metz has left us. Michael, may you rest each night in emerald meadows surrounded by smiling naked women.