

Rapid Ejaculation (Orgasm)

What is Rapid Ejaculation/Orgasm?

Rapid ejaculation occurs when a man ejaculates or achieves orgasm before they desire, which can lead to distress. Rapid ejaculation often occurs within one minute of penetration; it also may also occur during masturbation, but is often more distressing when a partner is involved. Rapid ejaculation is a common sexual complaint. Estimates vary, but as many as 1 out of 3 men say they have experienced this problem. While rapid ejaculation may not be bothersome to everyone, some may feel distressed and frustrated, and revert to avoiding sexual intimacy.

There are several factors that may contribute to rapid ejaculation. Younger men with infrequent sexual activity are at increased risk for rapid ejaculation. Men with erectile dysfunction also have a higher incidence of rapid ejaculation. Biologically, the scientific literature suggests that a genetic component may contribute to rapid ejaculation; specifically, this is associated with certain subtypes of serotonin receptors in the brain and nerves.

Rapid ejaculation is a treatable condition. Medications, counseling and/or sexual techniques can help manage this, and as a result, improve your sexual confidence and the quality of sexual activity for you and your partner.

Treatment for Rapid Ejaculation/Orgasm:

There are 3 approaches to treating rapid ejaculation/orgasm: (1) Behavioral approaches, (2) Barriers or numbing agents, (3) Oral pills.

Behavioral Approaches:

1. Practice the “squeeze” and “stop, start technique” outlined here:
<https://www.prematureejaculation.org/squeeze-technique.html>
2. Experiment alone or with your partner with Sensate Focus. This is where a couple explores each other’s body using different types of stimulation, while being aware of all of their senses to allow for discovery of what is pleasurable. This is an intimacy building exercise which can facilitate sexual connection and understanding. This may also be helpful in slowing the sexual encounter and being more mindful of various parts of the body that can be responsive to sexual touch.
3. Try to orgasm about 2 to 3 times a week, which might help to increase the latency.
4. Try to be sexual again hours afterwards. There may be a delay in the time to ejaculation or orgasm.
5. Engage in sexual positions that minimize deep penetration and are more taxing on the body. For example, standing and/or holding/supporting the partner.
6. Consider purchasing the book “Lasting Longer” by Dr. Sy Silverberg. This book outlines a treatment program for premature ejaculation.

Barriers and Numbing Agents:

1. Look into using a desensitizing gel, such as Uxor or EMLA cream, which can help prolong orgasm.
2. Try using natural condoms that might be helpful for decreasing the sensory stimulation to the penis.

Oral Medications:

1. Antidepressant medications have been shown to effectively delay the time to ejaculate/orgasm. The specific class of antidepressants are SSRI's (Selective Serotonin Reuptake Inhibitors). Examples include paroxetine, fluoxetine, sertraline, duloxetine.
 - a. Paroxetine appears to have the strongest effect. Improvements in time to ejaculation usually start within 5-10 days of taking the medication. Potential side effects may include fatigue, mild nausea, loose stools, decreased libido and mild erectile dysfunction. Patients should not take these medications if they are on monoamine oxidase inhibitors (MAOi) class of medications.
 - b. On demand dosing (i.e. taken hours prior to desired use) of these medications have also been used with some effect, but is less effective than daily dosing of these medications.

