
Preface

Premature ejaculation (PE) is a common—albeit only recently recognized—sexual symptom. However, it is still far from being a common reason to consult a doctor. The various reasons for this are discussed in this book.

An evidence-based definition of lifelong PE has been elaborated by the International Society for Sexual Medicine. On the other side of the coin, acquired PE is still awaiting an appropriate definition. Despite the large and ever-growing production of clinical reports and basic findings, some doctors still believe that the etiology of PE is unknown. In addition to the reluctance of sufferers to seek medical advice, then, the idea that “no etiology = no diagnosis” is another reason that PE is not a high priority for doctors.

There is yet another level of complication. While PE is objectively considered a male symptom, its perception is almost entirely related to the partner’s subjective pleasure. For this reason, I define couples where the man ejaculates earlier than desired by his partner as “asynchronous”. In such couples, sex is still possible, but the quality of the sexual relationship is lost. Alongside this is the fact that most couples still perceive PE as a psychological problem. I am afraid that all too many doctors share this opinion with their non-patients. Consequently, while doctors may feel required to treat the sexual dysfunction, they are not necessarily willing or able to intervene to improve the quality of the sexual relationship.

The result of all these intertwining factors is that some regulatory agencies still believe that a drug for PE is “just” a lifestyle treatment, thus demonstrating their profound ignorance of the tragic impact that PE can have on both quality of life and general health. This unhelpful attitude means that treating PE can itself be problematic. There is as yet just one approved oral treatment, dapoxetine, but even that is currently approved in relatively few countries. The pharmacological treatment of PE is thus often off-label.

The aim of this first textbook on PE, which I am honored to be editing with two giants in the field—Chris McMahon and Marcel D. Waldinger—is... politically incorrect. My aim is, in fact, to medicalize the symptom of PE! I am a molecular biologist with experience as an endocrinologist and andrologist, now holding the position of Professor of Sexology at the Faculty of Psychology in an Italian university. Given this background, I could not possibly be against a holistic perspective considering the failures of the body alongside the intrapsychological and

relational factors causing a loss of control over ejaculation. However, the medical world has spent more than a century looking for possible psychological causes of PE. I believe it is now time to consider it as a symptom caused by various organic and nonorganic risk factors (the term preferred in this book, over the more common “etiologies”) deserving medical care and attention. Premature ejaculation is, in fact, a true medical need, a multidimensional disorder comprising a physical dysfunction with psychosocial components. Its medicalization does not exclude the role of psychological factors in its pathogenesis.

The international team of authors we have chosen to collaborate with us in this reference book are the scientists and opinion leaders who have produced data in the field of PE. Their acknowledged authority is demonstrated by the fact that virtually all published articles dealing with this topic include their work in the bibliography.

In conclusion, readers of this book will discover the state of the art of basic research into PE and its taxonomy, epidemiology, etiology, diagnosis, treatment, and follow-up. This is a reference book, but it is also a work-in-progress. The field is, in fact, still in its infancy, but it is rapidly growing, expanding, and changing. I hope that the contents of this book may prove fertile ground for cultivating scientific thought, to the benefit of our real interest: the sexual health of couples.

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Premature Ejaculation

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