



Premature Ejaculation: A Psychophysiological Approach for Assessment and Management

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This article distinguishes several subtypes of biogenic and psychogenic premature ejaculation (PE) according to their etiologic features: the physiological PE types of (a) neurologic constitution, (b) acute physical illness, (c) physical injury, and (d) pharmacologic side effect; and the psychological PE types of (a) psychological constitution, (b) acute psychological distress, (c) relationship distress, and (d) psychosexual skills deficit. Attention is given to assessment and differential diagnosis, and to specific treatment of the types of PE, such as the pharmacologic management of difficult neurologic cases. Effective psychosexual treatment combines multiple strategies such as physiological relaxation, pubococcygeal muscle training, cognitive and behavioral pacing strategies, and the involvement of the partner in the therapy. Treatment should determine the specific type of PE and comprehensively address its particular features in order to improve long-term treatment effectiveness.

Premature ejaculation (PE) is the inadvertent and unsatisfying rapid speed of male ejaculation. Studies suggest that PE is the most common male sexual problem and it affects approximately 29% of all men, according to the representative U.S. sample data reported by Lauman, Paik, & Rosen (1999). Survey estimates (Metz, Pryor, Abuzzahab, Nesvacil, & Koznar, 1997) vary considerably from 1% to 75% of men depending on the sample and criteria used to define PE. The current standard for classifying human sexual dysfunction

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