Questioni aperte nella diagnosi di eiaculazione precoce

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As the American Psychiatric Association committees begin formal work on DSM-V, we welcome brief editorials on issues that should be considered in its formulation.

Issues for DSM-V: Sexual Dysfunction, Disorder, or Variation Along Normal Distribution: Toward Rethinking DSM Criteria of Sexual Dysfunctions

Human sexuality lately has become one of psychiatry's Cinderellas. That status has been reflected, among others, in the lack of movement in sharpening and redefining of the diagnostic criteria, and the lack of operational criteria for diagnosing human sexual dysfunctions/disorders similar to the operational criteria for diagnosing other mental disorders.

In our view, three important issues that need to be addressed in the next revision of DSM are 1) when does a sexual problem become a sexual dysfunction (1), 2) whether there should be a specific duration criterion for sexual dysfunction(s) akin to the duration criterion for many other mental disorders, and 3) whether distress (used across DSM) should be used as a diagnostic criterion of sexual disorders. These issues are actually intertwined.

"When does a sexual problem become a sexual dysfunction?"

According to the analysis by Laumann et al. (2) of the National Health and Social Life Survey, the prevalence of sexual dysfunction in the United States is 43% for women and 31% for men. However, as Bancroft et al. (1) pointed out, it is not clear what proportion of problems identified in this and other epidemiological studies as sexual dysfunction could be best identified as "adaptive or understandable reactions to current circumstances." Discussing methodological problems across epidemiological studies, such as questions about the frequency of dysfunction and different periods of duration (e.g., previous year [2] or previous 3 months [3]), Bancroft et al. suggested that we need to be cautious about estimating the prevalence of "sexual dysfunction" in the population. We propose that sexual dysfunction needs to be separated from transient alterations of sexual behavior related to life stress, interpersonal problems, or due to various other disorders (which could be defined, for example, as adjustment disorder with sexual dysfunction, sexual dysfunction due to mental disorder, or sexual dysfunction due to a general medical condition).

The DSM criteria for many disorders include the duration of illness or disturbance, ranging from weeks to 6 months. However, duration is not a part of the diagnostic criteria for sexual dysfunctions. Yet, including a duration criterion of 6 months, for example, may help to identify more homogenous group(s) and distinguish sexual dysfunction(s) from transient alterations of sexual behavior due to stress. In a study by Mercer et al. (4), persistent sexual problems lasting at least 6 months in the preceding year (6.2% of men and 15.6% of women) were less frequent than sexual dysfunction lasting 1 month and less frequent than estimates of sexual dysfunction in other studies (e.g., 31% and 43% respectively in the Laumann et al. study [2]). We believe that the duration criterion of 6 months should be added to the future diagnostic criteria together with a refined (e.g., frequency or occurrence at a specific percentage of the time) definition of specific sexual dysfunction.

Marked distress or interpersonal difficulty is a criterion of all DSM-defined sexual dysfunctions. Intuitively this criterion helps to delineate a disorder or dysfunction from a normal variant of functioning. However, some studies (e.g., that of Bancroft et al. [1]) that estimated the prevalence of sexual dysfunction did not ask about distress, or found that a significant portion of those suffering from sexual dysfunction were not distressed by it. Oberg et al. (5) noted that less than 45% of Swedish women with manifest low in-

AJP 2007

Richard Balon, R. Taylor Segraves, Anita Clayton

Definizione evidence-based della EP-LL (lifelong)

(ISSM definition of Primary Premature Ejaculation*)

- Un'eiaculazione che si verifica sempre o quasi sempre prima o entro circa un minuto dalla penetrazione vaginale

  e

- L'incapacità di ritardare l'eiaculazione in tutte o quasi tutte le penetrazioni vaginali

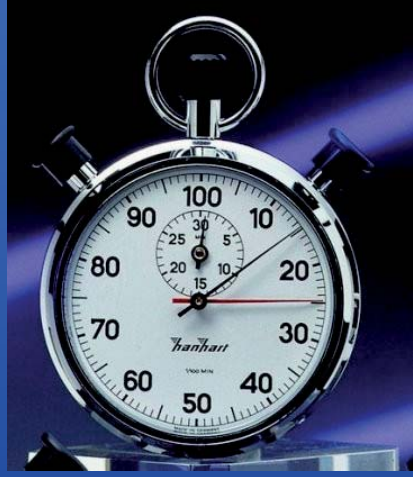
  e

- Conseguenze personali negative come distress, disagio, frustrazione e/o rifiuto dell'intimità sessuale

McMahon et al.: An evidence-based definition of lifelong premature ejaculation: Report of the **International Society for Sexual Medicine (ISSM)** Ad Hoc Committee for the definition of premature ejaculation. J Sex Med, 5, 7, 1590–1606, 2008

* http://www.issm.info/v4/data/issm/committees/premature_ejaculation.asp

Nella diagnosi di EP:



- Non conta solo il tempo

  (IELT: intravaginal ejaculatory latency time: Tempo di Latenza Eiaculatoria Intravaginale, cioè il tempo che intercorre tra l'introduzione del pene in vagina e l'eiaculazione**)**

  ma anche:

  1) la sensazione di assenza o di perdita del controllo

  2) la genesi di distress nel paziente e nella coppia

Patient Reported Outcomes (PRO): Premature Ejaculation Profile, PEP

(subjective PRO misures)
(partner PRO misures)

	Misura	Domanda	5 possibili risposte
1.	Controllo sull'eiaculazione	Nell'ultimo mese, come descriveresti il controllo sull'eiaculazione durante il rapporto sessuale?	0 = molto scarso fino a 4 = molto buono
2.	Distress personale legato all'eiaculazione	Nell'ultimo mese, sei stato molto stressato dalla velocità con cui giungi all'eiaculazione durante il rapporto sessuale?	0 = estremamente fino a 4 = per niente
3.	Soddisfazione dei rapporti sessuali	Nell'ultimo mese, la tua soddisfazione nei rapporti sessuali era:	0 = molto scarsa fino a 4 = molto buona
4.	Difficoltà interpersonale legata all'eiaculazione	Nell'ultimo mese, quanto il problema dell'eiaculazione precoce ha causato delle difficoltà nella relazione sessuale con la tua partner?	0 = tantissimo fino a 4 = per niente

•Patrick DL et al.: Premature ejaculation: An observational study of men and their partners, J Sex Med, 2, 3, 358-367, 2005
•Giuliano et al: Premature Ejaculation: Results from a Five-Country European Observational Study, European Urology, 53, 1048–1057, 2008
•McMahon CG: Ejaculatory latency vs. Patient-Reported Outcomes (PROs) as study end ponts in premature ejaculation clinical trials, European Urology, 52, 321-323, 2007
•Rosen RC et al.: Correlates to the clinical diagnosis of premature ejaculation: results from a large observational study of men and their partners, J J Urology, 177, 3, 1059-1064, 2007

Interim Position Statement sulla EP-A (Acquisita)

(ISSM: International Society for Sexual Medicine
e
EAA: European Academy of Andrology)

LA EP-A è un sottotipo di EP caratterizzato da:

- un sostanziale decremento del tempo eiaculatorio rispetto alla precedente esperienza del maschio

  +

- L'incapacità di ritardare l'eiaculazione in tutte o quasi tutte le penetrazioni vaginali

  +

- Conseguenze personali negative come distress, disagio, frustrazione e/o rifiuto dell'intimità sessuale

modificata da E. Jannini, convegno STEP, 19 ottobre 2009

Questionario per la diagnosi di EP (1)

	Not difficult at all	Somewhat difficult	Moderately difficult	Very difficult	Extremely difficult
1. How difficult is it for you to delay ejaculation?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

	Almost never or never 0%	Less than half the time 25%	About half the time 50%	More than half the time 75%	Almost always or always 100%
2. Do you ejaculate before you want to?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
3. Do you ejaculate with very little stimulation?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

	Not at all	Slightly	Moderately	Very	Extremely
4. Do you feel frustrated because of ejaculating before you want to?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
5. How concerned are you that your time to ejaculation leaves your partner sexually unfulfilled?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

Symonds T, Perelman MA, Althof S, Giuliano F, Martin M, May K, Abraham L, Crossland A, Morris M:
Development and Validation of a Premature Ejaculation Diagnostic Tool
Eur Urol, 52, 2 , 565–573, 2007

Questionario per la diagnosi di EP (2)

	Per niente difficile	Un po' difficile	Moderatamente difficile	Molto difficile	Estremamente difficile
1 Quanto è difficile per te ritardare l'eiaculazione?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

	Quasi mai o mai 0%	Meno di metà delle volte 25%	Circa metà delle volte 50%	Più della metà delle volte 75%	Quasi sempre o sempre 100%
2 Ti capita di eiaculare prima che lo desideri?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3 Ti capita di eiaculare a ogni minima stimolazione?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

	Per niente	Un po'	Moderatamente	Molto	Moltissimo
4 Eiaculare prima che lo desideri ti fa sentire frustrato?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5 Quanto ti preoccupa che la tua velocità di eiaculazione lasci insoddisfatta la tua partner?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

< 9 NO EP ; 9 – 11 probabile EP ; > 11 EP

Problemi aperti nella diagnosi di EP: il dibattito in corso

Waldinger MD, Schweitzer DH:
The DSM-IV-TR Is an **inadequate** diagnostic tool for premature ejaculation.
J Sex Med. 2007 May;4(3):822-3.

Shabsigh R, Rowland D:
The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision as an **appropriate** diagnostic for premature ejaculation.
J Sex Med. 2007 Sep;4(5):1468-78.

Verso il DSM V:

Proposte per una nuova classificazione dell'Eiaculazione Precoce

	Lifelong PE	Acquired PE	Natural Variable PE	Premature-Like Ejaculatory Dysfunction
1	Very short IELT	(Very) short IELT	Normal IELT	Normal / long IELT
2	Neurobiological genetic	Medical psychological	Normal variation	Psychological
3	Medication	Medication psychotherapy	Reassurance	Psychotherapy
4	Low prevalence	Low prevalence	High prevalence	High prevalence

Figure 1 Proposal for a new classification of PE for the DSM-V.
The arrow shows different continuums of PE subtypes; from very short to normal and long IELT durations, from more neurobiologically to more psychologically determined subtypes and from rather small prevalence to possibly high prevalence in the general population.
PE = premature ejaculation; IELT = intravaginal ejaculatory latency time.

Primaria (Lifelong)

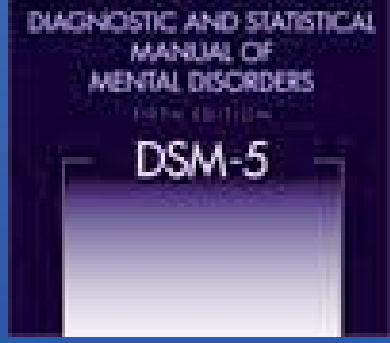
Secondaria (Acquired)

Situazionale o episodica (Natural Variable: "Normal" variation in sexual performance)

Pseudo-precoce, da erronea convinzione (ejaculation time in the "normal" range, i.e. around 3-6 minutes, or more, i.e. between 5-25 minutes) (!)

Waldinger MD, Schweitzer DH, J Sex Med, 5, 1079-1087, 2008

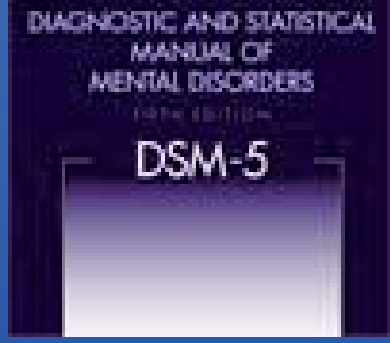
DSM 5 – DRAFT (febb. 2010) (1)



- 302.75 Premature Ejaculation (Early Ejaculation[25])
- A. Repetitive **pattern of ejaculation occurring within approximately one minute of beginning of sexual activity on 75% of occasions** and before the person wishes it. The difficulty must persist for a minimum of **6 months**. This definitional change would apply only to lifelong (since the onset of sexual activity) premature ejaculation occurring with vaginal intercourse and not to acquired premature ejaculation or to premature ejaculation occurring in other sexual activities.[26]
- B. The problem causes clinically significant distress or impairment.[27]

www.dsm5.org

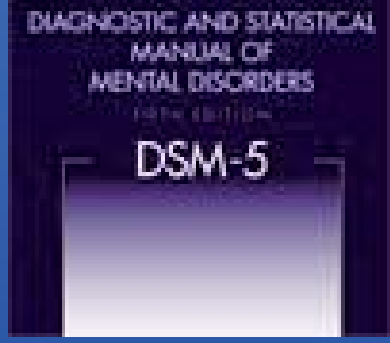
DSM 5 – DRAFT (febb. 2010) (2)



Rationale:

- [25] Substitute descriptive terminology for an inaccurate, pejorative term.
- [26] Studies of heterosexual men complaining of lifelong (since the onset of sexual activity) premature ejaculation have found that the majority of such men have an ejaculatory latency of less than one minute. A multinational survey of men's ejaculatory latencies found that 99.5 % of men had ejaculatory latencies exceeding one minute.
- [27] The terms marked distress or interpersonal difficulty have been widely interpreted by various investigators and has led to inconsistent definitions of syndromes. (…). Deletion of marked distress or interpersonal difficulty and replacement with: B. The problem causes clinically significant distress or impairment.

www.dsm5.org



DSM 5 – DRAFT (febb. 2010) (3)

- **Severity:**

  Dimensional Assessment Instrument for Rapid Ejaculation

- Over the past six months, how rapidly have you usually ejaculated after beginning a sexual activity?
  - 0. 60 seconds or more
  - 1. between 45 and 60 seconds
  - 2. between 30 and 45 seconds
  - 3. between 15 and 30 seconds
  - 4. at start of sexual activity
  - 5. prior to start of sexual activity

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Dapoxetina

- Categoria farmacoterapeutica:

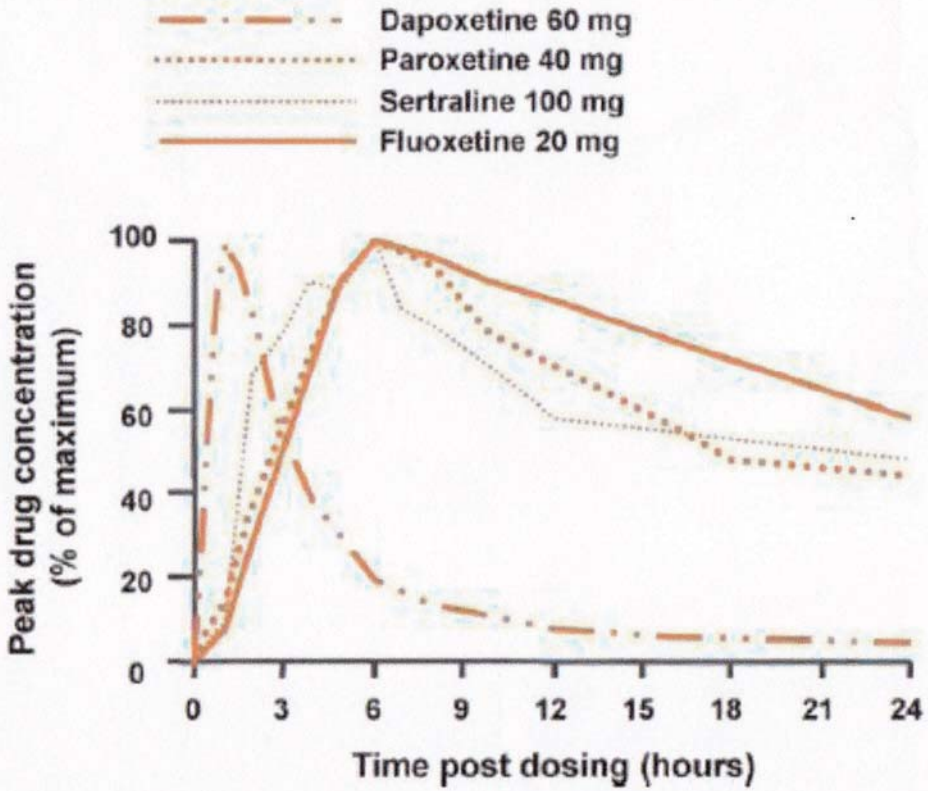
  "Altri Urologici",

  Codice ATC (classificazione Anatomica Terapeutica Chimica): G04BX14

- Gruppo terapeutico:

  Antidepressivi SSRI.

Farmacocinetica comparativa di dapoxetina vs. altri SSRI



Dapoxetina ha il profilo farmacocinetico più veloce di altri SSRI

Giuliano F, Clément P: Serotonin and premature ejaculation: from physiology to patient management, Eur Urol, 50, 454-456, 2006

Guidelines on

Male Sexual Dysfunction:

Erectile dysfunction and premature ejaculation

E. Wespes, E. Amar, I. Eardley, F. Giuliano, D. Hatzichristou,
K. Hatzimouratidis, F. Montorsi, Y. Vardi

2009

eau
European
Association
of Urology

Guidelines on male sexual dysfunction (EAU)

4.8.6 Guidelines on treatment of PE

Recommendation	LE	GR
• ED, other sexual dysfunction or genitourinary infection (e.g. prostatitis) should be treated first	2a	B
• Behavioural techniques have demonstrated benefit in treating PE. However, they are time intensive, require the support of a partner and can be difficult to do	3	C
• Pharmacotherapy is the basis of treatment in lifelong PE	1a	A
• Daily SSRIs are first-line, off-label, pharmacological treatment for PE. The pharmacokinetic profile of SSRIs is not amenable to pm dosing	1a	A
• Dapoxetine, a short-acting SSRI, has already been approved for the on-demand treatment of PE in seven European Countries	1a	A
• Topical anaesthetic agents provide viable alternatives to SSRIs (off-line)	1b	A
• Recurrence is likely after treatment cessation	1b	A
• Behavioural therapy may augment pharmacotherapy to enhance relapse prevention	3	C

LE = level of evidence; GR = grade of recommendation; ED = erectile dysfunction; PE = premature ejaculation; SSRI = selective serotonin reuptake inhibitor ; pm = on-demand adminstration

LE: Level of Evidence; **GR**: Grade of Recommendation