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LETTER TO EDITOR

Premature Ejaculation: Proposed Diagnostic Criteria, A Letter to Editor

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1. Introduction

Premature Ejaculation (PE) is a common male sexual dysfunction. But its diagnosis is still a challenge for clinicians (1). People are either reluctant to approach doctors with their sexual problems or those who approach health care providers are reluctant to ask for proper history (2). Although being the most common sexual dysfunction, there is no clear-cut case definition or criteria for the clinical diagnosis which can be used in day-to-day practice.

International Society of Sexual Medicine (ISSM) 2014 defines PE as "Ejaculation that always or nearly always occurs prior to or within about 1 minute of vaginal penetration from the first sexual experience (lifelong PE) or a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired PE)." It is associated with "The inability to delay ejaculation on all or nearly all vaginal penetrations" resulting in "negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy" (3).

Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) defines PE as: "A persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 minute following vaginal penetration and before the individual wishes it . The symptom must have been present for at least 6 months and must be experienced on almost all or all (approximately 75–100%) occasions of sexual activity (in identified situational contexts or, if generalized, in all contexts). The symptoms cause clinically significant distress in the individual" and "The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition" (4).

Various definitions of PE include vague terms such as "bothersome reduction in latency time", "before the individual wishes it", "clinically significant distress" and so on, making a diagnosis, still a challenge (3, 4). Most of the currently available definition contains a lot of subjective components, which can be varied as per the perception of the patient and clinician. A validated questionnaire is difficult to use in routine clinical practice and most of the time it is used as a research tool.

Clinician always looks for criteria, which is simple, practical, and feasible to apply in day-to-day practice. The lack of such clear-cut diagnostic criteria is a major challenge in the diagnosis of premature ejaculation. We are proposing criteria for the diagnosis of premature ejaculation, based on our clinical experience and knowledge gathered from literature which can be followed in day-to-day clinical practice.

2. Proposed diagnostic criteria for PE

The proposed diagnostic criteria for PE has 4 components: Subjective criteria, objective criteria, frequency-duration criteria, and exclusion criteria (see table 1).

2.1. Subjective criteria

The patient described symptoms suggestive of early ejaculation resulting in sexual discomfort or dissatisfaction is the central component of PE diagnosis. Early ejaculation may be from the beginning of sexual life (i.e., first becomes sexually active) or developing after satisfactory sexual performance preceding the onset. Based on the onset of PE symptoms it can be classified as life-long PE, which starts from the beginning of sexual life and acquired PE, which starts after a period of satisfactory sexual performance (5, 6). The inability to delay ejaculation is a contributing factor to PE (7). Hence it is not considered an essential component in making a diagnosis of PE. It is difficult to gather correct information regarding ejaculatory control from the patient. Negative personal con-

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sequences of PE include personal distress, relationship issues with a partner; anxiety, depression, reduced confidence and self-esteem, etc. These consequences depend upon various factors like personal, socio-cultural, and interpersonal relationships (8). These features indicate the impact of PE in a person's life and indirectly indicate the severity of PE. Hence these are not considered an essential component in making the diagnosis of PE.

2.2. Objective criteria

Two objective factors useful in the diagnosis of PE are intravaginal ejaculatory latency time (IELT) and the number of intra-vaginal thrusts before ejaculation (NITBE). IELT is the time between vaginal penetration and intravaginal ejaculation in heterosexual intercourse. It is usually measured with help of a stopwatch handled by the female partner. The median IELT was found to be 5.4 minutes (range, 0.55–44.1 minutes) (9). Stop-watch IELT (SW-IELT) estimation is difficult in the clinic and most of the time clinician has to rely on self-estimated IELT (SE-IELT), which is often found to be inaccurate. Most people consider the Stop-watch IELT measurement as intrusive and disrupting sexual pleasure and spontaneity. Measurement of IELT, which is used to define early ejaculation, is inconvenient for a significant proportion of couples and not very accurate. The number of Intra-vaginal thrusts before ejaculation (NITBE) can also be used as an objective criterion to diagnose PE (10). The average time required for one Intravaginal Thrust is between 0.8 to 1.4 seconds and hence the average number of Intravaginal thrusts in one minute varies from 42 to 75. Considering the median time for sex is 5.4 minutes, the number of intravaginal thrusts during one sexual intercourse can vary around from 231 to 405. So, the Number of Intravaginal Thrusts Before Ejaculation (NITBE) less than 42 indicates severe PE and between 43 and 84 moderate PE, and between 85 and 126 as mild PE. NITBE is more convenient and is a better indicator than IELT to define PE. But not only the number of thrusts but also the speed of thrust influences ejaculation. Moreover, the speed of Intra-vaginal thrust is not uniform throughout the intercourse and it becomes faster towards ejaculation limiting the use of NITBE as an objective component. Significant persistent reduction in IELT or NITBE from the previous status is also included as objective criteria, which if present point towards acquired PE.

2.3. Frequency-duration criteria

Early ejaculation occurring in most occasions (more than 75% of occasions) for at least during the last 6-months is required to make a diagnosis of PE. Transient early ejaculation is seen in those with infrequent sexual intercourse or abstinence from sex for a longer time.

2.4. Exclusion criteria

Exclusion of non-sexual mental disorder, the consequence of severe relationship distress or other significant stressors, attributable effects of a substance/medication, or another medical condition that will better explain the sexual dysfunction has to be ruled out before making a diagnosis of premature ejaculation.

3. Interpretation of Diagnostic criteria of PE

Diagnosis of confirmed PE requires at least essential subjective criteria along with objective criteria within the described frequency-duration period satisfying exclusion criteria (see table 2). Those who fulfil subjective criteria without objective criteria fall under subjective PE and those with objective criteria without subjective criteria are better classified as asymptomatic PE. In routine clinical practice, usually IELT is not measured especially in the busy outpatient department. In such a situation the diagnosis is entirely based on subjective criteria within the described frequency duration. Such a situation can be best described as probable PE because we cannot differentiate PE from subjective PE in such a situation. Those fulfilling both subjective criteria and objective criteria without the described frequency-duration period are classified as Transient PE. Variable PE is a prototype of Transient PE. Depending upon the time of onset of early ejaculation, it is classified into life-long PE and acquired PE. To conclude diagnosis of PE is challenging because of the lack of clear-cut diagnostic criteria. Delay in early diagnosis delays the treatment and leads to psychological distress in the patient and his sexual partner. The proposed diagnostic criteria for PE are clear and simple, which can be used by the clinician in day-to-day practice to diagnose PE confidently.

4. Appendix

4.1. Acknowledgment

None.

4.2. Conflict of interest

The authors declare that they have no competing interests.

4.3. Funding support

None.

4.4. Author's contributions

All the authors have the same contribution.

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Table 1: Proposed diagnostic criteria for PE.

Proposed diagnostic criteria for PE
Subjective criteria
Essential
• Early ejaculation resulting in sexual dys-satisfaction in one or both partners*
Non-essential criteria
• Inability to delay ejaculation
• Negative personal consequences
Objective criteria
• Short IELT less than 1 minute (severe), 1 to 2 minutes (moderate), 2 to 3 minutes (mild)**
• Significant persistent reduction in IELT from the previous status
• Number of Intra-vaginal thrusts before ejaculation (NITBE) less than 42 (severe), 43 to 84 (moderate), 85 to 126 (mild)
• Significant persistent reduction in NITBE from the previous status
Frequency-duration criteria
• Affecting majority of sexual intercourse (>75%) for at least a 6-month period
Exclusion criteria
• Exclusion of conditions that will better explain the sexual dysfunction
*Early ejaculation- may be from the beginning of sexual life (first becomes sexually active) or after satisfactory sexual performance preceding the onset; **Ejaculation occurring prior to vaginal penetration (anteportal ejaculation) is considered the most severe form of PE and is better called “extreme PE”.

Table 2: Interpretation of PE diagnostic criteria.

Interpretation of PE diagnostic criteria					
Subjective criteria		**Objective criteria**	**Frequency-duration criteria**	**Satisfying Exclusion criteria**	**Interpretation**
Essential	**Non-essential criteria**				
+ From the beginning of sexual life / After a period of normal sexual life	±	+	+	+	Confirmed PE — Life- long / Acquired
+	±	Not measured	+	+	Probable PE
+	±	-	+	+	Subjective PE
+	±	± *	-	+	Transient/ Variable PE
-	±	+	-	+	Asymptomatic PE

*Occurs irregularly and inconsistently.