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Editorial

Premature to early ejaculation: a sampling of manuscripts regarding the most common male sexual dysfunction published in the *IJIR*: The Journal of Sexual Medicine

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The Second International Consultation on Erectile and Sexual Dysfunctions, in Paris, June 28–July 1, 2003, was an historic advance for the field of sexual medicine. This 3-day meeting, which has an official relationship with the World Health Organization, assembled over 100 experts to present and discuss evidence-based medical literature on male and female sexual function and dysfunctions. Most of the experts serve on the editorial team, the editorial board or as reviewers for the *IJIR*: The Journal of Sexual Medicine. The *IJIR*: The Journal of Sexual Medicine is pleased to announce that the final consensed recommendations concerning practical and therapeutic management strategies to improve the care of men and women with sexual dysfunctions will be published in a future issue of our journal. The rapid and exponential growth, development and interest in sexual medicine continues, complemented by the journal with the highest impact factor in sexual medicine, *IJIR*: The Journal of Sexual Medicine.

Among the many recommendations of the Second International Consultation on Erectile and Sexual Dysfunctions is the use of the term early ejaculation rather than premature ejaculation or rapid ejaculation; however, premature ejaculation will continue to be used for the near future. This issue (15.5) contains as the lead article: 'towards evidence-based drug treatment research on premature ejaculation: a critical evaluation of methodology', by M Waldinger. This important manuscript reviews the increasing number of studies from 1973 to 2003 examining the impact of pharmacologic therapies on the condition of early ejaculation. Although ejaculation disorders are the most common of the sexual dysfunctions, affecting 30–40% of adult men, the etiology of this condition is not yet elucidated and most afflicted men do not seek therapeutic intervention. This may represent, in part, the lack of standardized research design methodology in this sexual dysfunction, the lack of a government regulatory body-approved safe and effective therapy and the combination of embarrassment and lack of sexual dissatisfaction in men with early ejaculation. In sexual medicine, in general, and, in clinical drug research studies on early ejaculation, in particular, it is critical to scientifically evaluate specific therapies. For drug studies on early ejaculation, it is imperative that the investigation be associated with well-defined clinical end points, a consensed definition of early ejaculation, an objective instrument to measure intravaginal ejaculation latency time, a representative sample of study participants, and a prospective randomized, double-blind, placebo-controlled clinical study design. It is only through such rigorous clinical standards that we, as sexual medicine health-care providers, will be able to better manage patients with such sexual health concerns as early ejaculation.

Given the importance of the *IJIR*: The Journal of Sexual Medicine to the field of sexual medicine, several articles[1–9] concerning studies in early ejaculation have been published in this journal. McMahon[1] reported on the dose-dependent increase in mean ejaculatory interval, from an increase of around 7 min to around 16 min, with the use of the highest dose of the selective serotonin reuptake inhibitor sertraline hydrochloride. McMahon and Touma[2] subsequently reported that chronic as well as on-demand use of paroxetine hydrochloride increased ejaculatory latency time from a pretreatment value of 0.4 min to approximately 4–5 min. Choi *et al*[3] showed that 0.2 g SS cream, in part a desensitizing agent, was able to increase ejaculatory latency time from around 2 min to over 6 min. Abdel-Hamid *et al*[4] observed that while SSRI treatments with clomipramine, sertraline and paroxetine increased median ejaculation latency from 1 min to 4, 3 and 4 min respectively, it was sildenafil that was superior, increasing latency values to 15 min. Other researchers[5,6] have examined the efficacy of other medications, including levosulpiride and citalopram in the treatment of early ejaculation. Paick *et al*[7] examined the pathophysiology of early ejaculation comparing penile sensitivity determinations of vibratory threshold values in 18 patients versus 15 controls. In this study, the authors failed to identify any penile hypersensitivity factors

as an etiological mechanism in early ejaculation. Van Lankveld *et al*[8] documented the lack of personal distress in men with early ejaculation. In 57 male urological outpatients, sexual dysfunctions were reported in 23 (40%), of whom 14% reported ejaculatory dysfunction. There was, however, no difference in the sexual satisfaction of those with and without ejaculatory dysfunction. In sharp contrast, men with erectile dysfunction had significantly lowered sexual satisfaction compared to men without erectile dysfunction. Finally, Mondaini *et al*[9] studied men who had normal sexual function and received sildenafil. Sildenafil users had a significant reduction of the postejaculatory refractory period from approximately 15 to 6 min, suggesting, as found by Abdel-Hamid *et al*[4] that sildenafil should be considered as a treatment for premature ejaculation.

It is important to look in the past to gain perspective for the future. As there are valuable contributions on early ejaculation in the *IJIR*: The Journal of Sexual Medicine, so too are there numerous critical manuscripts in other areas of male and female sexual function and dysfunction. I remind you that this is your sexual medicine journal, so read your journal faithfully, contribute manuscripts often, cite it routinely, and contact us whenever you feel necessary.

Irwin Goldstein
Editor

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