DELAYED EJACULATION
Retarded Ejaculation, Re, Inhibited Ejaculation

A man's inability for or persistent difficulty in achieving orgasm, despite typical sexual desire and sexual stimulation.

Diagnosis  Male

Related Diagnoses:
Ejaculatory disorders  Thyroid disorders  Hypogonadism

About Delayed ejaculation

Delayed ejaculation occurs when a man needs more than 30 minutes of sexual stimulation to reach orgasm and ejaculate. Generally, a man can reach orgasm within a few minutes of active thrusting during sexual intercourse, whereas a man with delayed ejaculation either does not have orgasms at all or cannot have an orgasm until after prolonged intercourse which might last for 30–45 minutes or more. In most cases delayed ejaculation presents the condition in which the man can climax and ejaculate only during masturbation, but not during sexual intercourse. In one survey, 8% of men reported being unable to achieve orgasm over a 2-month period or longer in the previous year. Failure of ejaculation may be a lifelong (primary) or acquired (secondary) problem.

In the literature DE is reported to have an incidence rate between 3% and almost 40%, depending on age and comorbidities. The essential medical causes of this problem include neurogenic, infective, endocrine and medication factors. Psychological and interpersonal aspects are also involved in the onset and maintenance of DE, but there is little unanimity concerning these causes.

Medical conditions

Medical conditions that can cause delayed ejaculation include hypogonadism, thyroid disorders, pituitary disorders such as Cushing’s disease, prostate surgery outcome, and drug and alcohol use. Difficulty in achieving orgasm can also result from pelvic surgery that involved trauma to pelvic nerves responsible for orgasm. Some men report a lack of sensation in the nerves of the glans penis, which may or may not be related to external factors, including a history of circumcision.

Side effect of certain medications

Delayed ejaculation is a possible side effect of certain medications, including selective serotonin reuptake inhibitors (SSRIs), opiates such as morphine, methadone, or oxycodone, many benzodiazepines such as Valium, certain antipsychotics, and antihypertensives.

Psychological and lifestyle factors

Psychological and lifestyle factors have been discussed as potential contributors, including insufficient sleep, distraction due to worry, distraction from the environment, anxiety about pleasing their partner and anxiety about relationship problems.

Adaptation to a certain masturbatory technique

One proposed cause of delayed ejaculation is adaptation to a certain masturbatory technique. The sensations a
man feels when masturbating may bear little resemblance to the sensations he experiences during intercourse. Factors such as pressure, angle and grip during masturbation can make for an experience so different from sex with a partner that the ability to ejaculate is reduced or eliminated.

**Visual factor**

On the same note, it may be the visual factor present in masturbation that may delay vaginal ejaculation. As the sensation during masturbation is intrinsically linked with the visual input of a sexual model, be it male or female, the diminished view during sex may result in the loss of that link, and as such, delay ejaculation in the man. A possible cure for this may be a better view of the partner during intercourse.

**Somatic condition**

In some instances, a somatic condition can also cause the disorder of ejaculation. Disruption of sympathetic or somatic innervation has the potential to affect ejaculatory process and orgasm. Usually ejaculation and orgasm occur simultaneously in men. However, the terms of disorder ejaculation and orgasm are not identical according modern ideas about the neurophysiological triggers of these processes.

The most effective methods of correcting lifelong RE are psycho - and sex therapy.

**Associated disease**

- neurological diseases (diabetic neuropathy)
- hypothyroidism (low thyroid hormone level)
- anorgasmia
- hypogonadism
- pituitary disorders such as Cushing's disease
- retrograde ejaculation

**Complications**

Delayed ejaculation causes a great deal of complications for a man who suffers from it as well as for his partner. To be precise in some cases delayed ejaculation can even contribute to sexual satisfaction of female partner who can orgasm for a few times during long lasting intercourse. However, after some time this is likely to become annoying for both a woman and a man who in spite of all efforts cannot achieve orgasm or achieves it after very long time. With the course of time the situation gets worse: both partners begin avoiding sex contacts which do not result in orgasm. Consequently, both partners suffer from sexual dissatisfaction and become likely to lose sexual desire. Divorces and breakups are especially widespread among those couples who plan to have children but cannot conceive due to the male partner's inability to ejaculate inside the vagina.

**Risk factors**

- birth defects which have affect on the male reproductive system
- age (older than 50 years)
- injury of pelvic nerves
- urinary tract infection
- prostate surgery
- depression and anxiety
- relationship problems
- poor body image
- cultural or religious taboos
- sexual fantasies
- drugs (antidepressants, diuretics, antipsychotics)
- alcohol
Ejaculatory dysfunction is very common and stressful thing for men. It is a significant cause of male subfertility, posing distinct reproductive challenges for couples attempting to conceive. Naturally ejaculation must take place in woman's vagina. Sperms then go through vaginal canal straight to uterus and Fallopian tubes, where the egg is fertilize. In cases when ejaculation is delayed, there is still possibility to make baby. Problem is, when ejaculation does not occur. Then these couples need to use techniques of assisted reproduction.

**Prevention**

A man who wants to avoid ejaculation problems should concentrate on the pleasure he gets rather than worrying about when and whether his ejaculation is going to occur. The partner should also be tactful and should not put pressure on the man by asking whether he has ejaculated or not. Instead a partner should create a relaxed atmosphere in which a man will feel free and enjoy sexual pleasure without worrying about ejaculation. And of course, open discussing of anxieties and fears contribute to better sexual relationships and normal sexual satisfaction.

**Symptoms**

Retarded ejaculation occurs when a man needs more than 30 minutes of sexual stimulation to reach orgasm and ejaculate. RE ejaculation can be mild (men who still experience orgasm during intercourse, but only under certain conditions), moderate (cannot ejaculate during intercourse, but can during fellatio or manual stimulation), severe (can ejaculate only when alone), or most severe (cannot ejaculate at all).

**Therapies**

**Self therapy**

Treatment of delayed ejaculation depends on severity of the disorder and on its causes. Absence of ejaculation only in sexual intercourse may be solved by sex therapy.

**Sex therapy**

Therapy usually involves homework assignments and exercises intended to help a man get used to having orgasms through insertional intercourse, vaginal, anal, or oral, that is through the way to which he is not accustomed. Commonly, the couple is advised to go through three stages. At the first stage, a man masturbates in the presence of his partner. Sometimes, this is not an easy matter as a man may be used to having orgasms alone. After a man learns to ejaculate in the presence of his partner, the man’s hand is replaced with the hand of his partner. In the final stage, the receptive partner inserts the insertive partner’s penis into the partner’s vagina, anus, or mouth as soon as the ejaculation is felt to be imminent. Thus, a man gradually learns to ejaculate inside the desired orifice by an incremental process.

**Conventional medicine**

**Pharmacotherapy**

There is yet no reliable medication for delayed ejaculation. PDE5 inhibitors such as Viagra have little effect. In fact, Viagra has a delaying effect on ejaculation, possibly through additional effect in the brain or decrease of sensitivity in the head of the penis.
A number of medications can be used for delayed ejaculation. These include:

- amantadine – is a drug that has approval for use both as an antiviral and an antiparkinsonian drug
- buproprion – a medication primarily used as an antidepressant and smoking cessation aid
- yohimbine – a potential treatment for erectile dysfunction but there is insufficient evidence to rate its effectiveness

**Surgical therapy**

There is no surgical therapy for this condition.

**Assisted reproduction**

If conservative medical treatments fail to achieve a full term pregnancy, the physician may suggest the patient undergo in vitro fertilization (IVF). IVF and ART (Assisted reproduction technology) generally start with stimulating the ovaries to increase egg production. Most fertility medications are agents that stimulate the development of follicles in the ovary. Examples are gonadotropins and gonadotropin releasing hormone. After stimulation, the physician surgically extracts one or more eggs from the ovary, and unites them with sperm in a laboratory setting, with the intent of producing one or more embryos. Fertilization takes place outside the body, and the fertilized egg is reinserted into the woman’s reproductive tract, in a procedure called embryo transfer. Intracytoplasmic sperm injection (ICSI) is beneficial in the case of male factor infertility where sperm counts are very low or failed fertilization occurred with previous IVF attempt(s). The ICSI procedure involves a single sperm carefully injected into the center of an egg using a microneedle. With ICSI, only one sperm per egg is needed. Without ICSI, you need between 50,000 and 100,000.

Two techniques that enable to some extent the selection of physiologically normal spermatozoa have recently been developed. One of these is termed intracytoplasmic morphology-selected sperm injection (IMSI). Here, spermatozoa are selected for ICSI and analysed digitally prior to the microinjection procedure in order to deselect morphologically abnormal spermatozoa. With this technique, abnormalities not visible in standard ICSI procedures have been observed. IMSI increases the pregnancy rate during ICSI cycles, and some data suggests that the level of pregnancy termination is also decreased. A second technique recently introduced to assisted reproduction is that of sperm selection with hyaluronic acid (HA), e.g. PICSI. In this technique, mature sperm with HA receptors are distinguished from immature and abnormal sperm since these do not express such receptors.

Men who ejaculate no sperm, because of blocked tubes in their testes, or because of a genetic condition that prevents their sperm being released, require some form of surgical sperm retrieval to enable ICSI to take place. Epididymal sperm obtained by microsurgical aspiration (MESA) or percutaneous sperm aspiration (PESA) and testicular sperm obtained by surgical excision (TESE) or percutaneous aspiration (TESA) are used in ICSI treatment. Alternatively, the retrieved sperm can be cryopreserved for use in future sperm injection attempts. If all efforts to extract vital sperm cells fails, then donated ones may be recommended.

**Find more about related issues**

**Diagnoses**

**Ejaculatory disorders**
A class of sexual disorders defined as the subjective lack of normal ejaculation.
Learn more at: [www.fertilitypedia.org/therapy/diag/ejaculatory-disorders](http://www.fertilitypedia.org/therapy/diag/ejaculatory-disorders)

**Thyroid disorders**
A medical condition impairing the function of the thyroid.
Learn more at: [www.fertilitypedia.org/therapy/diag/thyroid-disorders](http://www.fertilitypedia.org/therapy/diag/thyroid-disorders)
Hypogonadism
A medical term which describes a diminished functional activity of the gonads – the testes and ovaries.
Learn more at: www.fertilitypedia.org/therapy/diag/hypogonadism

Organ

Male urethra
A tube that connects the urinary bladder to the urinary meatus for the removal of fluids from the body.
Learn more at: www.fertilitypedia.org/edu/organisms/male-urethra

Penis
External male sex organ that additionally serves as the urinal duct.
Learn more at: www.fertilitypedia.org/edu/organisms/penis

Pituitary gland
An endocrine gland, about the size of a pea, whose secretions control the other endocrine glands and influence growth, metabolism, and maturation.
Learn more at: www.fertilitypedia.org/edu/organisms/pituitary-gland

Prostate
A walnut-sized structure that is located below the urinary bladder in front of the rectum.
Learn more at: www.fertilitypedia.org/edu/organisms/prostate

Testes
Male gonads which produce both sperm and androgens, such as testosterone, and are active throughout the reproductive lifespan of the male.
Learn more at: www.fertilitypedia.org/edu/organisms/testes

Thyroid gland
One of the largest endocrine glands in the body, controls rate of use of energy sources, protein synthesis, and body’s sensitivity to other hormones.
Learn more at: www.fertilitypedia.org/edu/organisms/thyroid-gland

Reproductive functions

Ejaculation
Discharge of the semen (usually containing sperm) from the male reproductory tract, normally accompanied by orgasm.
Learn more at: www.fertilitypedia.org/edu/reproductive-functions/ejaculation

Risk factors

Alcohol drinking
A pattern of drinking that results in harm to one’s health, interpersonal relationships, or ability to work.
Learn more at: www.fertilitypedia.org/therapy/rf/alcohol-drinking

Drug use
A patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others.
Learn more at: www.fertilitypedia.org/therapy/rf/drug-use

Prostate surgery
A medical term for the surgical removal of all or part of the prostate gland.
Learn more at: www.fertilitypedia.org/therapy/rf/prostate-surgery

Symptoms
Anxiety
The emotional state characterized by unpleasant feelings such as uneasiness, worry, apprehension and dread.
Learn more at: www.fertilitypedia.org/edu/symptoms/anxiety

Delayed ejaculation
A man’s inability for or persistent difficulty in achieving orgasm, despite typical sexual desire and sexual stimulation.
Learn more at: www.fertilitypedia.org/edu/symptoms/delayed-ejaculation

Sexual frustration
A frustration caused by a discrepancy between a person’s desired and achieved sexual activity.
Learn more at: www.fertilitypedia.org/edu/symptoms/sexual-frustration

Therapies

Egg donation
Process by which a woman donates eggs for purposes of assisted reproduction or biomedical research.
Learn more at: www.fertilitypedia.org/edu/therapies/egg-donation

Sperm donation
The procedure in which a man (sperm donor) provides his sperm for fertility treatment.
Learn more at: www.fertilitypedia.org/edu/therapies/sperm-donation

Standard IVF
A process in which an egg is fertilised by sperm outside the body: in vitro. Own or donated gametes may be used.
Learn more at: www.fertilitypedia.org/edu/therapies/standard-ivf

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“Association of the Force of Ejaculation and Orgasm Satisfaction using Novel Assessment Tools: Prospective Trial in Healthy Men” —by Lee et al. licensed under CC BY 3.0

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