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Original Article

Relation of Excessive Masturbation at Early age with Premature Ejaculation: A Study of 528 cases

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Abstract

Premature ejaculation (PE) is a common male sexual disorder in some people. It is also associated with major personal and interpersonal negative psychological consequences. This study was done to find out relation of early life excessive masturbation with premature ejaculation and other systemic diseases. It was carried out in Mohammad Ali Hospital and dermatology department of TMSS Medical College & Rofatullah Community Hospital, Bogura during the period of 1st May 2018 to 31st April 2019. A total of 528 patients with history of premature ejaculation attending in the outpatient department was included in this study. Some of them have history of other disease. The total patients were divided into two groups. In one group patients having diseases like diabetes mellitus, thyroid hormone dysfunction and hypertension. The other group patients have history of excessive masturbation at their early age without other diseases. Serum testosterone, prolactin and thyroid hormones were done in all of them. The result reflected that all the patients with premature ejaculation have strong history of early age excessive masturbation.

Keywords: Masturbation, Premature ejaculation.

Introduction

Premature ejaculation is one of the most common male sexual disorders and has been estimated to occur in 4 - 39% of men in the community[1]. The World Health Organization (WHO) 2nd International Consultation on Sexual Health defined it as a "persistent or recurrent ejaculation with minimal stimulation before, on or shortly after penetration and before the person wishes it, over which the sufferer has little or no voluntary control which causes the sufferer and / or his partner bother or distress". This multivariate definition encompasses the main dimensions of premature ejaculation, ejaculatory latency, control and sexual satisfaction[2].

Community-based epidemiological studies are limited by their reliance on either patients' self-reports of PE or inconsistent and poorly validated definitions of PE. Recent multinational community-based age-ranging study of an unselected "normal" population of 500 heterosexual couples involving stopwatch timing of the intra vaginal ejaculatory latency time (IELT) during sexual intercourse, has provided previously lacking normative data. This study demonstrated that the distribution of the IELT was positively skewed, with a median IELT of 5.4 minutes (range, 0.55-44.1 minutes). The median IELT decreased with age and varied between countries. The authors regarded the 0.5 and 2.5 percentiles as acceptable standards of disease definition in this type of skewed distribution. They proposed that men with an IELT of less than one minute (belonging to the 0.5 percentile) have "definite" premature ejaculation, while men with IELTs between 1 and 1.5 minutes (between 0.5 and 2.5 percentiles) have "probable" PE [3,4,5,6].

There is little published data on the impact of country, religion or culture on the prevalence of PE. Kinsey's observation is that Asian men have shorter times to

ejaculation than Caucasians, who in turn have shorter times to ejaculation than Afro-Caribbean, has been interpreted to suggest that some races are more "sexually restrained" than others[7]. A recent study reported a preponderance of men from Middle Eastern and Asian backgrounds presenting for treatment of PE which exceeded the representation of these ethnic groups in the local population[8].

Premature ejaculation, or rapid ejaculation, is reported to be the most common sexual dysfunction in men. Premature ejaculation was once considered to be a singular disorder of psychological etiology that was treated by behavioral therapy or crude attempts to distract or dull sexual stimulation. Premature ejaculation has more recently been viewed as a more finely nuanced disease with multiple subtypes. A major paradigm shift has occurred, as the role of a physiological basis for the condition has gained momentum. To date, the lack of a universally acknowledged definition of PE and criteria for diagnosis has complicated the examination and analysis of premature ejaculation in clinical and research-related settings.

Premature ejaculation has become a topic of increasing interest in sexual medicine[9]. Better understanding about the etiology and clinical characterization of premature ejaculation, new management techniques and treatments are becoming popular. Increased attention in premature ejaculation has elevated the need for better understanding and recognition of epidemiology of this disorder. Particularly it is important to have a clear and universal perspective of the demographic characteristics and risk factors associated with premature ejaculation. Also, the impact of premature ejaculation on men and their partner's sexual relationship and life satisfaction needs to be defined. The cornerstone of improved understanding lies in defining PE and its criteria for diagnosis in a universally accepted and cohesive manner. Improved standard of care for premature ejaculation can be achieved by focusing the clinician's awareness of its clinical presentation, etiology and epidemiology[10].

Materials and Methods

This is a descriptive type of study done in the Department of Dermatology in TMSS Medical College & Rofatullah Community Hospital and Mohammad Ali Hospital Bogura, during the period of 1st May 2018 to 31st April 2019. A total of 528 patients were enrolled in the study with the problem of premature ejaculation attended the Dermatology department. After taking informed written consent data collection was done by structured questionnaire.

After taking complete history and related investigations the patients were divided into two groups, Group-A having systemic diseases like diabetes mellitus, Hypertension, thyroid dysfunction, abnormal hormone (serum testosterone, prolactin and thyroid hormones) level. Group-B is without any systemic disease but some of them have some degree of anxiety and depression. Premature ejaculation in Group - A patients was suspected due to systemic diseases which is to be evaluated further.

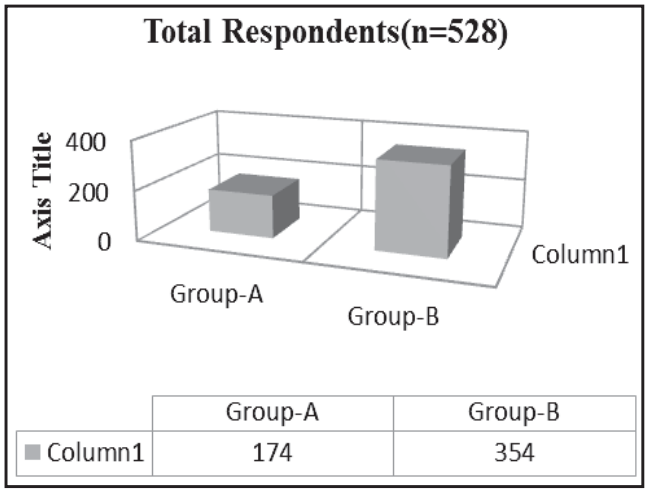
All respondents were asked about excessive masturbation at their early age along with the history of premarital and extra-marital sexual exposure. Both the groups have strong history of masturbation without the history of pre and extra marital sexual exposure. Most of the Group-B patients give history of masturbation 4-6 times or more weekly, rather than Group-A. Data processing and statistical analysis were done using software SPSS (Statistical Package for Social Science) version -16.

Results

Group-A containing a total of 174 patients who were suffering from premature ejaculation due the systemic diseases and hormonal abnormalities. But in Group-B containing a total of 354 patients who were suffering from Premature Ejaculation have a common history of excessive masturbation at their earlier age without any systemic disease or hormonal imbalance (Fig-1).

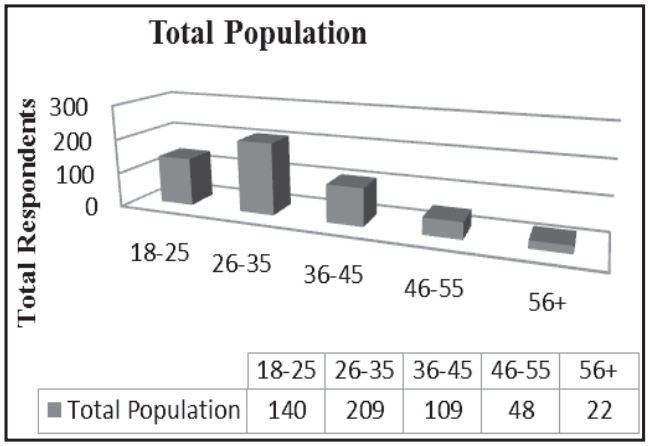
According to age, total respondents (n=528) are divided in 5 groups (Fig-2). Among the 140 respondents of Premature Ejaculation were of 18-25 years, 209 of 26-35 years, 109 of 36-45 years, 48 of

46-55 years and 22 of them were more than 50 years. Age group of 18-25 and 26-35 were habituated to excessive masturbation in respondents from Group- B.



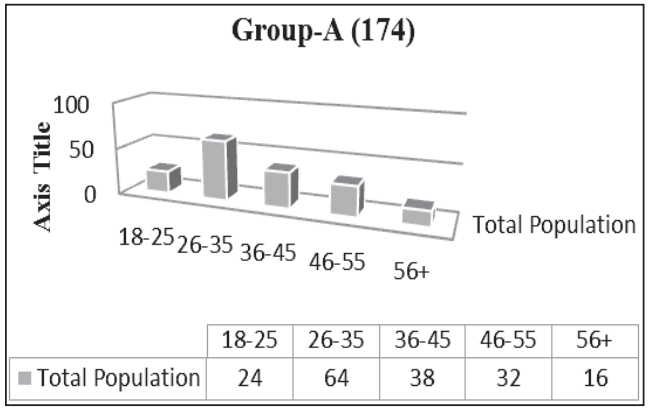
	Group-A	Group-B
Column1	174	354

Fig: 1: Total Respondents (n=528)



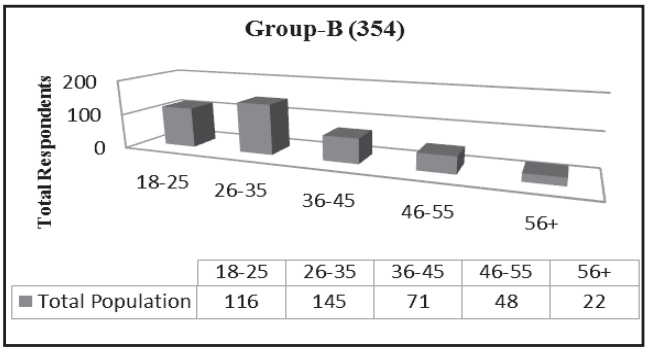
	18-25	26-35	36-45	46-55	56+
Total Population	140	209	109	48	22

Fig-2: Age group of total respondents



	18-25	26-35	36-45	46-55	56+
Total Population	24	64	38	32	16

Fig-3: Age distribution of Group-A



	18-25	26-35	36-45	46-55	56+
Total Population	116	145	71	48	22

Fig-4: Age distribution of Group-B.

Discussion

Premature ejaculation has been recognized as a syndrome for well over 100 years[11]. Male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration from the first sexual experience (lifelong premature ejaculation), or, a clinically significant reduction in latency time, often to about 3 minutes or less (acquired premature ejaculation), and the inability to delay ejaculation on all or nearly all vaginal penetrations, and negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy.

Vague definitions without specific operational criteria, different modes of sampling, and non-standardized data acquisition have led to tremendous variability in estimated prevalence[12,13,14]. The sensitive nature of premature ejaculation further hampers the reliability of epidemiologic studies; the small fraction of the male population willing to answer questions concerning their sexual lives may not be representative of the larger population of men and some men with genuinely rapid ejaculation times may be reluctant to report this complaint due to worry about social stigmatization[15]. Conversely, healthy individuals may report PE because of the incentives provided by researchers, the belief that they will benefit from participation in a survey, or a misunderstanding of what is typical with respect to ejaculatory latency in real world sexual encounters[16,17]. Aside from difficulties with definitions and sampling, there is marked variability in distress related to early ejaculation between individual men and across cultures[18]. It is likely that some men may report early ejaculation when asked a single item question on an epidemiological survey while not

experiencing bother sufficient to justify medical attention[19].

Premature ejaculation may be acquired or lifelong. Performance anxiety like new relationship, religious beliefs, sexual performance and anxious feeling about sex may lead to acquired premature ejaculation. On the other hand, lifelong premature ejaculation occurs as a result of imbalance of brain centers which lower the threshold for ejaculation.

Classically premature ejaculation was thought to be psychologically or interpersonally based, due in large part to anxiety or conditioning towards rapid ejaculation based on rushed early sexual experiences. Over the past two decades somatic and neurobiological etiologies for early ejaculation have been hypothesized. There are a lot of biological factors to explain PE including: hypersensitivity of the glans penis, robust cortical representation of the pudendal nerve, disturbances in central serotonergic neurotransmission erectile difficulties and other sexual comorbidities, prostatitis, detoxification from prescribed medications, recreational drugs, chronic pelvic pain syndrome and thyroid disorders. It is noteworthy that none of these etiologies has been confirmed in large scale studies[20, 21].

Serotonin deregulation as an etiological hypothesis for lifelong PE has been postulated to explain only a small percentage (2-5%) of complaints of PE in the general population. Dopamine and oxytocin also appear to play important roles in ejaculation; the biology of these neurotransmitters in relation to ejaculation is less well studied, but in animal studies both appear to have a stimulatory effect on ejaculation. In the spinal cord, lumbar spinothalamic neurons have been implicated as essential to the ejaculatory reflex in rats constituting a spinal generator of ejaculation. There is also preliminary evidence that such a neural organization also exists in humans[22]. The relevance of these findings to PE is not yet apparent, but this remains a fertile area for further translational research[23, 24].

Conclusion

Premature ejaculation is a difficult issue to manage for the patients, their partners and clinicians. Diagnosis of premature ejaculation is also difficult because the definition of premature ejaculation is both subjective and ill-defined in clinical context though prevalence rate is estimated to be 20 - 40%[25]. In this study, we as clinicians tried to explore some of the controversies and importantly the etiology of this condition. Considering this issue we wanted to explore excessive masturbation as an etiological factor of premature ejaculation. We studied 528 cases. Among the total respondents (n=528) group-A containing 174 patients are suffering from premature ejaculation due the systemic diseases and hormonal abnormalities and Group-B containing 354 patients are suffering from premature ejaculation without any history of systemic disease or hormonal imbalance. Group-B respondent has a common history of excessive masturbation in their earlier age. The study result is in favor of “excessive masturbation” as one of etiological factors of premature ejaculation. Premature ejaculation is a common problem especially in men in our society. But unfortunately due to lack of research/data it is difficult to make any comment on the relationship of excessive masturbation at early age with premature ejaculation. Therefore it needs further study to endorse the result finally.

Conflicts of Interest Statement

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

(TMSS Medical College Journal 2020;14:28-32)

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