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## Is Sexual Function in Female Partners of Men With Premature Ejaculation Compromised?

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The authors enrolled 32 female partners of sexually active men with premature ejaculation to investigate their sexual functions. An age-matched sample of the same number women whose partners had no sexual dysfunction was also included. Premature ejaculation was defined for all participants as ejaculation that nearly always occurs before or within 2 min of vaginal penetration. An invitation letter was given to men with premature ejaculation to ask whether their female partners could be contacted about completing a questionnaire to measure female sexual status. On the basis of the Female Sexual Function Index, the average sexual function score was significantly lower in partners of men with premature ejaculation ( $21.8 \pm 7.6$ ) compared with that in healthy controls ( $25.9 \pm 6.6$ ). Female sexual dysfunction was diagnosed in 78% of women who has a male partner with premature ejaculation, while 40% of female partner of healthy men. All of the domain scores of Female Sexual Function Index, except the desire and pain levels, were significantly lower in female partners of men with premature ejaculation group than those of healthy subjects.

*Premature ejaculation*, defined as ejaculation mostly occurring before or less than 2 min of vaginal penetration or the inability to delay ejaculation on nearly all vaginal penetrations, results in distress, bother, and avoidance of sexual relationship (Hayes, Bennett, Fairley, & Dennerstein, 2006).

Although the effects of premature ejaculation on female partners have not been defined well, female partners were found to be affected by ejaculation-related personal distress and interpersonal difficulty, and men with premature ejaculation seem to be encouraged by their female partners to seek treatment in a population-based study (Giuliano et al., 2008). Similarly, in the management of men with premature ejaculation, participation of partners has recently been encouraged to enable the physician in understanding the extent of the problem and other relevant factors from their perspectives (Graziottin & Althof, 2011).

In addition, female partners of men with sexual dysfunction have found to have higher rates of female sexual dysfunction compared with women whose partners do not have a sexual dysfunction (Cayan, Bozlu, Canpolat, & Akbay, 2004). The female partners of men with erectile dysfunction

have found to have higher rates of female sexual dysfunction compared with those with sexually healthy partners. In a prevalence study assessing men with erectile dysfunction, more than half of the female partners reported some level of sexual dysfunction, and about one third of these reported more than one sexual dysfunction (Greenstein, Abramov, Matzkin, & Chen, 2006). The sexual function of women with male partners who have erectile dysfunction has been shown to be improved significantly when the man's erectile dysfunction was treated with a phosphodiesterase type 5 inhibitors (Cayan et al., 2004).

Despite the high prevalence of this emotionally distressing condition, little attention has been paid to the sexual problems of women. Many researchers in the field recommend the evaluation of the sexual dysfunction in the clinical assessment of women with many chronic diseases (Berman & Bassuk, 2002).

Studies on the female partners of men with premature ejaculation have received less attention than those on the partners of men with erectile dysfunction. Therefore, because of the lack of detailed data about the prevalence of sexual dysfunction in female partners of men with premature ejaculation, we aimed to investigate and compare the prevalence of female sexual dysfunction in a sample of female partners of men with premature ejaculation and sexually healthy men.

## METHOD

### Study Population

Between March 2008 and 2009, we consecutively enrolled 32 female partners of sexually active men with premature ejaculation (age range of 32 to 47 years). For the control group, we first included 32 age-matched volunteers who were selected from a group of individuals responded to a notice on a bulletin board posted by hospital staff whose partners had no sexual dysfunction (e.g., premature ejaculation, erectile dysfunction, ejaculation disorders). These women were recruited by self-reporting and confirmed by diagnostic interview about their male partners as not having any sexual dysfunction. The female partners of both groups were all currently sexually active at least during the past 6 months, and all were premenopausal. Female partners of men with and without premature ejaculation were recruited into the study after they signed an informed consent.

### Enrollment of Men With Premature Ejaculation

The term *premature ejaculation* was defined for all participants as ejaculation that nearly always occurs before or within 2 min of vaginal penetration (Hayes et al., 2006). An invitation letter was given to men with premature ejaculation to ask whether their female partners could be contacted about completing a questionnaire to measure female sexual status.

### Premature Ejaculation Partners

A total of 64 female partners were enrolled into the study, of which half were partners of men with premature ejaculation (premature ejaculation partners) and the remaining 32 were partners of men without any sexual dysfunction (control group). After we collected medical and sexual history, we

TABLE 1  
Demographic Data on Participants

Variable	Premature ejaculation (n = 32)	Sexually healthy (n = 32)	p
Age (years)	31.8 ± 4.2	31.2 ± 3.8	<i>ns</i>
Number of sexual intercourse episodes per month	2.24 ± 1.1	5.2 ± 1.6	<.001
Female Sexual Function Index score	21.8 ± 7.6	25.9 ± 6.6	<.001
Oral contraceptive drugs usage (%)	28	25	<i>ns</i>
Number of children, average	1.8 ± 0.9	1.6 ± 0.8	<i>ns</i>
Length of current relationship (years)	10.6	11.23	<i>ns</i>

*Note.* Data includes comparison of female partners of both healthy men and men with premature ejaculation.

performed a detailed physical examination. Serum glucose, prolactin, luteinizing hormone, and estradiol in the follicular phase were determined. Female partners with psychiatric, gynecologic, and systemic diseases that may affect sexual function and those taking antidepressants and the drugs affecting the sexual function were excluded from the evaluation.

#### A Validated Female Sexual Function Index

Sexual function was determined by the Female Sexual Function Index, previously validated in participants' native language (Oksuz & Malhan, 2006). The questionnaire consisted of sexual desire, arousal, lubrication, orgasm, satisfaction and degree of pain during intercourse domains (Rosen et al., 2000). A total score of more than 26.55 is considered normal female sexual function, and a total score less than this cutoff value is considered female sexual dysfunction.

## RESULTS

The demographics of female partners' such as age, marital status, body mass index, fasting glucose and lipid levels as well as serum hormone profile were similar in women of both groups (Table 1). There was no significant difference between two groups in usage of oral contraceptive drugs ( $p > .05$ ), and the average number of children of women was 1.8 (partners of male with premature ejaculation) versus 1.6 (control group) ( $p > 0.5$ ). In addition, there was no a difference between participants of two groups in case of race and religion.

Partners of men with premature ejaculation were married (78%) with the average length of their current relationship being 10.67 years (9 months to 24 yr). The control groups (71%) were married, with the average length of their current relationship being 11.23 years (7 months to 22 years;  $p > .05$ ).

Mean age of female partners of men with premature ejaculation was comparable to partners of healthy men ( $31.8 \pm 4.2$  vs.  $31.2 \pm 3.8$  years, respectively). The average intravaginal ejaculatory latency time measurements in men with premature ejaculation and healthy men were 45 s and 4.7 min, respectively. The female partners of men with premature ejaculation had a significantly lower number of sexual intercourse episodes per month than did women volunteers of healthy men (2.24 vs. 5.2, respectively;  $p < .05$ ).

TABLE 2  
FSFI Questionnaire Scores of Women Who Have a Male Partner With Premature Ejaculation and Female Partners of Sexually Healthy Men

<i>Domain</i>	<i>Partners of men with premature ejaculation</i>	<i>Control group</i>	
Desire	3.4 ± 1.0	3.4 ± 1.2	.951
Arousal	3.4 ± 1.3	4.2 ± 1.2	.004
Lubrication	3.8 ± 1.8	4.9 ± 1.3	.003
Orgasm	3.4 ± 1.6	4.2 ± 1.2	.047
Satisfaction	3.3 ± 1.5	4.4 ± 1.1	.001
Pain	4.3 ± 1.8	4.5 ± 1.4	.512
Total FSFI	21.8 ± 7.6	25.9 ± 6.6	.016

*Note.* FSFI = Female Sexual Function Index.

On the basis of the Female Sexual Function Index, the average sexual function score was significantly lower in partners of men with premature ejaculation ( $21.8 \pm 7.6$ ) compared with that in healthy controls ( $25.9 \pm 6.6$ ). According to the Female Sexual Function Index score cutoff value of 26.55, female sexual dysfunction was diagnosed in 25 of 32 women who have a male partner with premature ejaculation (78%), while 13 of 32 female partner of healthy men (40%) were found to have female sexual dysfunction according to the Female Sexual Function Index score cutoff value of 26.55 ( $p < .05$ ).

When we evaluated each domain of Female Sexual Function Index, except the desire and pain levels, all of the domain scores of Female Sexual Function Index were significantly lower in female partners of men with premature ejaculation group than those of healthy subjects. The domain scores for arousal ( $3.4 \pm 1.3$  vs.  $4.2 \pm 1.2$ ;  $p = .003$ ), lubrication ( $3.8 \pm 1.8$  vs.  $4.9 \pm 1.3$ ;  $p = .04$ ), orgasm ( $3.4 \pm 1.6$  vs.  $4.2 \pm 1.2$ ;  $p = .04$ ) and satisfaction ( $3.3 \pm 1.5$  vs.  $4.4 \pm 1.1$ ;  $p = .001$ ) were found to be decreased in partners of men with premature ejaculation (Table 2).

## DISCUSSION

The data of this study seem to show that achieving arousal in sexual relationship for women who have a male partner with premature ejaculation is difficult. Treatment of premature ejaculation has been shown to improve not only sexual satisfaction score in men but also coital orgasmic attainment in female partners in a double-blind crossover trial. Treatment of these men has improved ejaculation-related personal distress and interpersonal difficulty in their female partners (Buvat, Tesfaye, Rothman, Rivas, & Giuliano, 2009). These findings seem to point out the association between premature ejaculation in men and sexual dysfunction in their female partners.

In addition to the described factors such as age, education level, menopause, and physical and emotional health (Abdo, Olivera, Moreira, & Fittipaldi, 2004; Hisasue et al., 2005), sexual dysfunction of the male partner also could be thought as another predisposing factor affecting sexual function in women. In a database review on women with sexual dysfunction, a high occurrence of premature ejaculation was revealed in about 20% of participants (Riley & Riley, 2005). In addition, other than the partner's premature ejaculation alone, female sexual dysfunction

may be believed to be attributed to the undefined factors such as relationship satisfaction, length of relationship, or the type of premature ejaculation, acquired or lifelong. In the present study, there were no significant differences between two groups in case of the length of partners' current relationship and usage of oral contraceptive drugs.

Different from the definitions in the *Diagnostic and Statistical Manual of Mental Disorders (Vol. 5)* and by International Society for Sexual Medicine, we selected the men who have a concern about their ejaculation time before or within 2 min of vaginal penetration as the premature ejaculation group (Hayes et al., 2006). In conclusion, although the patient number is too small to draw certain conclusions, this study revealed that the sexual function was significantly affected in women with a male partner having premature ejaculation, and sexual function should be evaluated also in female partners of these men with premature ejaculation.

## REFERENCES

- Abdo, C. H. N., Olivera, W. M., Moreira, E. D., & Fittipaldi, J. A. S. (2004). Prevalence of sexual dysfunctions and correlated conditions in a sample of Brazilian women: Results of the Brazilian Study on Sexual Behaviour (BSSB). *International Journal of Impotence Research, 16*, 160–166.
- Berman, J. R., & Bassuk, J. (2002). Physiology and pathophysiology of female sexual function and dysfunction. *World Journal of Urology, 20*, 111–118.
- Buvat, J., Tesfaye, F., Rothman, M., Rivas, D. A., & Giuliano, F. (2009). Dapoxetine for the treatment of premature ejaculation: Results from a randomized, double-blind, placebo-controlled phase 3 trial in 22 countries. *European Urology, 55*, 957–967.
- Cayan, S., Bozlu, M., Canpolat, B., & Akbay, E. (2004). The assessment of sexual functions in women with male partners complaining of erectile dysfunction: Does treatment of male sexual dysfunction improve female partner's sexual functions? *Journal of Sex & Marital Therapy, 30*, 333–341.
- Giuliano, F., Patrick, D. L., Porst, H., La Pera, G., Kokoszka, A., Merchant, S., . . . Polverejan, E. (2008). Premature ejaculation: Results from a five-country European observational study. *European Urology, 53*, 1048–1057.
- Graziottin, A., & Althof, S. (2011). What does premature ejaculation mean to the man, the woman, and the couple? *Journal of Sexual Medicine, 8*(Suppl. 4), 304–309.
- Greenstein, A., Abramov, L., Matzkin, H., & Chen, J. (2006). Sexual dysfunction in women partners of men with erectile dysfunction. *International Journal of Impotence Research, 18*, 44–46.
- Hayes, R. D., Bennett, C. M., Fairley, C. K., & Dennerstein, L. (2006). What can prevalence studies tell us about female sexual difficulty and dysfunction? *Journal of Sexual Medicine, 3*, 589–595.
- Hisasue, S., Kumamoto, Y., Sato, Y., Masumori, N., Horita, H., Kato, R., . . . Itoh, N. (2005). Prevalence of female sexual dysfunction symptoms and its relationship to quality of life: A Japanese female cohort study. *Urology, 65*, 143–148.
- Oksuz, E., & Malhan, S. (2006). Prevalence and risk factors for female sexual dysfunction in Turkish women. *Journal of Urology, 175*, 654–658.
- Riley, A., & Riley, E. (2005). Premature ejaculation: presentation and associations. An audit of patients. *International Journal of Clinical Practice, 59*, 1482–1487.
- Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., . . . D'Agostino, R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy, 26*, 191–208.