The European Online Sexual Survey (EOSS): Pan-European Perspectives on the Impact of Premature Ejaculation and Treatment-Seeking Behavior

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1. Introduction

Premature ejaculation (PE) is an underreported and undertreated condition [1] that is estimated to affect approximately 30% of the male population [2–8]. Moreover, PE may be a problem for as many as two thirds of men at some time in their life [9]. Therefore, the impact of PE on men and on their relationships is an important consideration. Currently, the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) criteria, which include the characteristics of shortened intravaginal ejaculatory latency time (IELT), ejaculation before the man wishes it, distress, and interpersonal difficulty related to ejaculatory latency, are the gold standard for diagnosing PE [10,11].

Abstract

Although premature ejaculation (PE) is estimated to affect approximately 30% of men, it is an underreported and undertreated condition. To better characterize the perspectives of men with PE in Europe, an online Internet survey was conducted in five countries. A total of 2529 men, aged 18–69 yr, self-completed the European Online Sexual Survey (EOSS) questionnaire online. Criteria used to classify men with PE included self-reported ejaculation before penetration or intravaginal ejaculatory latency time (IELT) of <2 min and poor or very poor control over ejaculation and time to climax reported as a problem for the respondent, his partner, or both. Compared with the non-PE group, the PE group reported significantly less sexual activity, a higher level of distress due to PE, and a lower level of sexual satisfaction. In addition, the PE group reported a lower level for their partner’s sexual satisfaction compared with reports from the non-PE group. The majority of the PE group thought an increase in their IELT would have a positive impact on their sexual relationship. Motivational factors that would inspire men to seek treatment for PE were reported as high frequency of PE, partner’s suggestion, knowledge of a treatment option, and problem finding/keeping a partner. Current use of pharmacologic treatment for PE among respondents was very low, despite the availability of off-label prescriptions for PE.

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Typically, PE, like other common conditions such as gastroesophageal reflux disease, pain, myopia, and erectile dysfunction (ED), is self-reported. Therefore, subjective observations of men with PE are invaluable in understanding the condition and the impact that it has on their emotions and behavior. To investigate current perceptions of PE symptoms and treatment, as well as the effect of PE on men’s lives, an Internet survey was conducted in five countries.

Men report that embarrassment is a key reason for not speaking with their doctors about PE and is likely to affect the ability of an individual to respond candidly to an interviewer about the same topic. Online sampling is a well-established sampling method that may make it easier for patients to respond honestly to questions assessing patient perceptions about a variety of health concerns. Because participants report their responses anonymously, their answers are more apt to be honest and frank and will not be influenced by the presence of an interviewer. In addition, the high level of motivation required for voluntary participation has been shown to result in more complete data reporting. However, Internet surveys have some drawbacks, particularly sampling error and a limited ability to verify the information provided.

The European Online Sexual Survey (EOSS) used an Internet format to inquire about current perceptions and impact of and treatment-seeking behavior for PE in the United Kingdom, Italy, Spain, France, and Germany.

2. Methods

2.1. Participants

Eligible respondents were men between 18 and 69 yr of age living in the United Kingdom, Italy, France, Spain, or Germany, and were members of the existing Ciao online panel. Homosexual men, bisexual men, and men between 60 and 69 yr of age were each limited to 5% of the total sample. Only participants who responded to all survey questions were included in the analyses.

For the purpose of this survey, men who met the following criteria, which are consistent with themes suggested in the DSM-IV-TR definition, were assigned to the PE group:

1. Self-reported ejaculation before penetration, or IELT < 2 min, and
2. Control over ejaculation reported as “poor” or “very poor” on a 5-point scale, and
3. Time to ejaculation reported to be a problem for the respondent, his partner, or both

Men who did not meet all three criteria were assigned to the non-PE group.

2.2. Survey methodology

Members of the online panel were invited via e-mail to self-complete the EOSS questionnaire via the Internet from April through June 2005. No time limit was imposed for completion of the questionnaire. No interviewer was present. Respondents were paid for completing the survey.

2.3. Assessments

Variables analyzed included level of sexual activity (number of intercourse events per month), level of distress attributed to PE (very low, low, fair, high, or very high), level of satisfaction with the sexual relationship for the respondent and for his partner as reported by the respondent (very poor, poor, fair, good, very good), anticipated effect that an increase in IELT could have on their sexual relationship (no impact, minor impact, some impact, important impact, dramatic impact), motivational factors that inspire men to seek professional help, and current strategies for coping with PE. The EOSS study had a total of 82 questions, each with multiple selections possible. Assessments of impact and treatment-seeking are presented here.

2.4. Statistical analysis

Recruitment was performed according to predefined quotas, but not all participants completed the survey and PE incidence varied by country. Therefore, the responses were weighted on the basis of sociodemographic and epidemiologic factors to match the population of each country. Factors considered included age, social class, urbanization level, and household size. The sample was then reweighed to be representative of the age of the male population in the G5 countries. Results for the population classified as PE group were compared with those for the remainder of respondents, the non-PE group. Between-group comparisons were performed using the Wald $X^2$ test, and differences were considered to be statistically significant if $p \leq 0.05$.

3. Results

3.1. Population

Data were collected from 2529 respondents. For the purpose of this analysis, data from respondents who reported either self-diagnosed ED or symptoms consistent with ED were excluded from both the PE and the non-PE groups. Results were weighted accordingly. The net, weighted PE group thus included 165 men. The net, weighted non-PE group included 2087 men. No men over 60 yr of age completed the survey. Demographic information for the study population is presented in Table 1.

3.2. Sexual activity

On average, men in the PE group engaged in fewer acts of sexual intercourse per month compared with
the non-PE group. The non-PE group reported that they had sexual intercourse approximately nine times per month compared with an average of six times per month for the PE group ($p < 0.0001$).

### 3.3. Distress

In response to the question “Over the past month, the level of distress that I experience has been...”, the vast majority of the PE group (approximately 76%) reported at least a “fair” level of distress compared with approximately 25% of men in the non-PE group (Fig. 1).

![Fig. 1 – Reported level of distress. PE = premature ejaculation group; non-PE = non-premature ejaculation group.](image)

### 3.4. Satisfaction with the sexual relationship

Approximately 85% of the PE group reported a very poor, poor, or fair level of satisfaction with their sexual relationship compared with approximately 32% of the non-PE group (Fig. 2A).

In addition to their own low level of satisfaction, PE men reported that their partners experienced a low level of satisfaction with their sexual relationship. Approximately 75% of the PE group reported that their partner experienced a very poor, poor, or fair level of satisfaction with their sexual relationship compared with only 28% of the non-PE group (Fig. 2B).

### 3.5. IELT

Approximately 84% of the PE group felt that an increase in IELT would have an important or dramatic impact on their sexual relationship (Fig. 3). More than 97% of the PE group felt that increasing their IELT would have at least some positive impact on their sexual relationship. Less than 1% thought that it would have no impact. Men in the non-PE group also believed that an increase in their IELT would have at least some positive impact on their sexual relationship, although the perception was not as strong that the impact would be considered important or dramatic (35%).

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Table 1 – Patient demographics and baseline characteristics

<table>
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<tr>
<th></th>
<th>Germany ($n = 707$)</th>
<th>Italy ($n = 498$)</th>
<th>France ($n = 489$)</th>
<th>United Kingdom ($n = 486$)</th>
<th>Spain ($n = 349$)</th>
<th>Total G5 ($n = 2529$)</th>
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<td>87.2</td>
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</table>

Percentages have been rounded.
3.6. Coping with PE and treatment-seeking

When asked the question “Which, if any, of the following treatments for premature ejaculation do you currently use most often?”, mental distraction was the most common coping strategy in the PE group and was reported by 25% of respondents (Fig. 4). Masturbation prior to sexual intercourse ranked second (15%), followed by increased frequency of sexual activity (8%) and alcoholic beverages (7%). Less than 3% of the PE group indicated that they used a phosphodiesterase type 5 (PDE5) inhibitor treatment option for the condition; <1% used a selective serotonin reuptake inhibitor (SSRI) and <2% used anesthetic ointments or creams.

If you could increase the length of time between your first penetration and ejaculation, what do you think would be the impact on your sexual relationship with your partner?

For men in the surveyed countries, the four most important motivational factors for seeking physician treatment for PE included a high frequency of PE occurrence (89%), suggestion by the partner (70%), knowledge of a pill to treat PE (61%), and problems finding/keeping a partner because of PE (59%).
majority (78%) of the PE group indicated that knowledge of a prescription medication for PE would play an important role in motivating them to look for more information.

3.7. Preferences for PE treatment

Participants were asked to review a list of attributes for a theoretical PE treatment and rank them in importance. In the PE group, 44% rated ability to use product as needed as most important, 23% ranked rapid onset as most important, 21% ranked long duration of action as most important, and 13% rated daily administration as the most important attribute listed.

4. Discussion

A fulfilling sexual relationship is an integral part of a man’s emotional and psychological well-being [15]. A man’s lack or loss of the ability to control the timing of ejaculation can deprive a couple of a key aspect of their mutual pleasure. For couples with PE, thoughts of ejaculation control may preoccupy the sexual experience, displacing the focus away from arousal and pleasure [16]. This Internet survey was designed to assess the impact of PE on the lives of men with this disorder and their expectations and motivations for seeking treatment.

A considerably smaller percentage (7%) of participants in this survey was classified by the methodology as having PE compared with most other studies (30%) [2–8]. The difference can be explained, at least in part, by the more stringent criteria used to define PE in this study. To be diagnosed with PE in this analysis, men had to report that their IELT was <2 min, rate their control of ejaculation as poor or very poor, and report that PE was a problem for him or his partner or both. With few exceptions [17], other survey studies used self-reported PE or “climax too soon” as the sole criterion for inclusion in the PE group [2,12,18].

However, men meeting these criteria shared similar views with the broader population of men included in other studies. The present findings show that 76% of men with PE reported high levels of distress due to PE, which are consistent with a prior demonstration that elevated distress in PE is strongly correlated with shorter IELT and lower control over ejaculation [17].

Previous studies have found that sexual satisfaction for both partners correlates with the severity of PE [17,18]. In the EOSS, more men with PE reported that their partners were dissatisfied with their sexual relationship than did men without PE. This awareness of his partner’s dissatisfaction with his sexual performance, in turn, may have a further impact on the man’s emotional well-being and sexual ability. It should be noted that because assessments of partner satisfaction in this survey were based on patient estimates, they may be subject to errors of patient perception or judgment. However, data from previous studies have demonstrated marked consistency between patient and partner sexual satisfaction [17], further supporting the validity of these assessments.

Prior reports have suggested that PE may be associated with a lower level of sexual intimacy [15] and may lead to sexual avoidance [19]. The EOSS results suggest a disparity in sexual activity between the PE and non-PE groups. Indeed, the elevated distress and decreased satisfaction experienced by men with PE were associated with a 33% relative reduction in frequency of sexual intercourse compared with non-PE men.

This survey also revealed a disparity within the PE group between desire for increased IELT and actions to increase IELT. Although >97% of the PE group felt that an increase in IELT would have at least some impact on their sexual relationship, only approximately 50% of these men had adopted any strategy to prolong IELT. The most common approach was mental distraction, a conscious effort to divert attention away from climax while engaging in intercourse. Although behavioral techniques such as distraction may produce short-term results, long-term efficacy has been reported to be low [20].

The least frequently reported PE intervention was the use of SSRIs (<1%), despite the fact that their efficacy in prolonging IELT is becoming more widely recognized [21–23] and specialists may prescribe these agents off-label for patients with PE [12,19]. Although according to the men who participated in the EOSS study, on-demand efficacy is the most important characteristic for a treatment of PE, generally SSRIs require daily administration to produce significant IELT prolongation; some SSRIs have on-demand activity only if daily dosing is used initially [22,24].

This survey also provided important insight into the behavioral aspects of European men with regard to their sexual health interactions with health care professionals. Among European men who have sexual problems, an estimated 80% do not seek help from a medical professional [8,25]. Although these men have been reported to consider discussions with their doctors about sexual concerns to be important, most prefer that their physician initiate such conversations [9]. One of the primary reasons
that men might not be motivated to discuss PE with their physicians is that they believe there is no treatment [12]. In the online survey, the most common motivating factor for men to discuss PE with their physician was a “high frequency of occurrence” of PE (89%). “Encouragement from the partner” (70%) ranked second as a motivational factor.

Current strategies for PE therapy arise from both organic and psychogenic perspectives, reflecting limitations in our understanding of the etiology of PE. Pathophysiologic explanations of PE have been speculative at best, ranging from psychosomatic manifestations of anxiety or imprinting from early sexual experience to biologic explanations such as a hyperexcitable ejaculatory reflex or dysfunction of 5-hydroxytryptamine (5-HT) receptors [19,21]. Indeed, SSRIs, which modulate 5-HT signaling, have demonstrated preliminary efficacy in this setting and may be prescribed off-label to men with PE.

The overwhelming desire for change in the PE group suggests that PE has a broad impact on the lives and relationships of European men. This survey therefore confirms and extends the observations that have been reported previously.

5. Conclusion

Men with PE reported experiencing a high level of personal distress due to PE, a low level of personal and partner satisfaction with their sexual relationship, and less sexual activity than men without PE. The EOSS showed that most men with PE believe that increasing their IELT would improve their sexual relationship, yet few men had explored pharmaceutical options for PE. This apparent discrepancy may be related to a lack of awareness of pharmaceutical interventions; indeed, although off-label usage of SSRIs has documented efficacy with some associated adverse drug reactions, there is currently no approved pharmaceutical treatment for PE in Europe. The survey also indicated that men with PE would prefer therapies that can be administered on an as-needed (“on-demand”) basis. These findings provide important considerations for the development and implementation of treatment for PE.

Conflicts of interest

I have received honorarium for speaking at satellite symposia from Janssen-Cilag EMEA and Johnson & Johnson Pharmaceutical Services LLC. I have previously received payments for providing services as a consultant and/or as a speaker from the following companies: Abbott Laboratories, Auxilium, Bayer, Boehringer-Ingelheim, Ferring Pharmaceuticals, GlaxoSmithKline, Ipsen, Eli Lilly and Company Lilly-ICOS, Meda, Pfizer Inc, Plethora Solutions, Proctor & Gamble, Sanofi-Synthelabo, Senetek PLC, Schering-Plough.

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References


