

AGE CO-RELATION AMONG PREMATURE EJACULATION CASES: A MATTER OF SUBSTANCE IN PAKISTAN

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ABSTRACT:

Objective: To co-relate the predominant age group and marital profile with the diagnosis of premature ejaculation in a given sample of psychiatric patients, visiting a tertiary care out-patient department.

Design: Cross-Sectional, Co-relational Study.

Sampling Technique: Non Probability Convenience Sampling.

Place & Duration: The study was conducted in the out-patient department of Faculty of Psychiatry Liaquat University of Medical & Health Sciences & Sir Cowasji Jehangir Institute of Psychiatry Hyderabad during the period from 1st Jan 2009 to 31st August 2009.

Subjects & Methods: Sixty four male patients with leading symptom of Premature Ejaculation were recruited from rest of the patients. Socio-demographic data and a semi-structured proforma were put to record the data. Diagnostic & Statistical Manual version IV Text Revised laid by American Psychiatric Association 2000 (DSM-IV TR 2000) was applied to establish the diagnosis premature ejaculation.

Results: The dominant age range was found in 22-39 years i.e. 67.18% in 64 subjects study. Total married cases were 42 set to percentage 65.62 and singles were 12 set to percentage 18.75%. Dominant married and single cases are between 22-39 years of age.

Conclusion: The study has analyzed the data of the patients suffering from premature ejaculation as their dominant complaint resulting in lack of enjoyment in sexual interaction for either partner. The study detected the dominant age range was within 22-39 years which is considered to be most active and reproductive age among male in a given socio cultural setting. In a country like Pakistan where multiple cultures and complex diversities adjoined and family system is relatively strong, the problem of premature ejaculation may contribute in damaging the fabric of the family specially in married subjects. Since sexual difficulties have been understood to remain under-reported in most regions of the world, premature ejaculation is not deprived of it. Concealment of this important sexual difficulty may rise up the risk for co morbid mental illnesses and/or worsening the current illness.

Key words: Premature ejaculation, Age, Reproduction, Culture, Hyderabad, Pakistan.

INTRODUCTION

Although there are varied conceptualizations of premature ejaculation (PE), the most widely accepted definition is included in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). The DSM-IV TR defines premature ejaculation as "persistent or recurrent onset of orgasm and ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it" that "cause(s) marked distress or interpersonal difficulty"¹.

Information from the Global Study Sexual Attitude

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and Behaviors and other sources suggests a global prevalence of premature ejaculation of approximately 30% across all age groups². Premature ejaculation is supposed to be the most prevalent male sexual complaint, and the prevalence of premature ejaculation is considerably high also in the younger generation³. Although it is a major symptoms but infrequently reported by patients and very unsatisfactorily inquired by the physicians, psychiatrists and other health professionals^{4,5}.

It has been estimated that 20% to 30% of men reporting premature ejaculation at some time in their life⁶. The psychosocial or interpersonal distress that results from premature ejaculation may affect men's quality of life and partner relationships, their self-esteem and self-confidence, and can act as an obstacle to nurture a social relationship like marriage in patriarchal societal norms as established in Pakistan^{7,8}.

Men in different age report significant emotional distress associated with their sexual dysfunction. In addition to inadequacy, many of the men reported feeling anxious, frustrated, angry, and disappoint. The men felt

frustrated about their premature ejaculation and how it affected their intimacy with their partners and sexual relationship. In general, impacts were associated with not feeling manly as defined by societal expectations. For younger men and those in shorter relationships, the extent and nature of the communication between partners was an important driver in perceptions of personal and relationship difficulty⁹.

Pakistan is a country with wide cultural variations, sensitive religious behaviour and ethnic elements making it difficult to discuss the sexual difficulties⁷. It ethnically matters as a challenge for the manhood dwelling in such cultural setting¹². A study demonstrated the immense taboo that exists among premature ejaculation sufferers to openly talk about their premature ejaculation. Because this taboo still exists today, it may be concluded that family studies on premature ejaculation are also today practically impossible to perform¹³. Whereas the National Health and Social Life Survey (NHLS), pointed that unlike erectile dysfunction, the incidence of which increases with age, the prevalence of premature ejaculation is essentially constant over the 18-59 years age range¹⁴. Therefore, the sexual problems are least discussed in the family and considered indecent in this society⁹.

This paper describes the age range of those patients who have major complaint of sexual difficulties in terms of premature ejaculation in a given sample of males visiting a tertiary care hospital along with the marital status indifferent age groups.

SUBJECTS & METHODS

Table No 1: Age Group Differences N= 64

S.No	Group	Age Range	Mean Age St. Deviation	Cases	Percentage
1	A	22-29 years	24.79 ± 1.960	19	29.68 %
2	B	30-39 years	33.42 ± 2.636	24	37.5%
3	C	40-49 years	43.14 ± 2.742	14	21.87 %
4	D	50-56 years	53.43 ± 2.225	07	10.93%

Age Range: 22-56 years, Mean Age: 35.17 ± 9.513

Table No-2 Age Range verses Marital Status N=64 Married 42; Single 12; Separated 05; Divorce 5

S.No	Group Age Range	Married	Single	Separated	Divorced
1	A & B 22-39 years	26 (40.62%)	09 (14.06%)	04 (6.25%)	03 (4.68%)
2	C & D 40-56 years	16 (25%)	03 (4.68%)	01 (1.52%)	02 (3.12%)

Sixty four male cases reporting in outpatient clinics department of psychiatry, Liaquat University Hospital Hyderabad have been recruited and assessed by mental health professionals. Sociodemographic data was recorded. A semi-structured proforma designed for this research was taken. For the comparison of age groups and to determine the significant age group presenting with premature ejaculation, four groups were created with specific age ranges and denoted by Alphabets as given below:

Group A: age range 22-29 years,

Group B: age range 30-39 years,

Group C: age range 40-49 years,

Group D: age range 50-56 years.

RESULTS

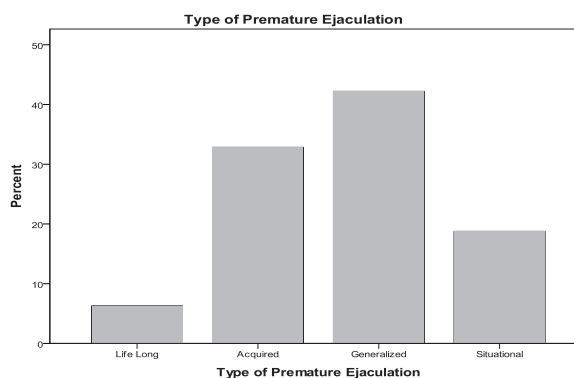
Dominantly separation and divorce cases are more in 22-39 years of age Gr. A & B (an active reproductive age). Dominant married and single cases are between 22-39 years of age (Gr. A & B)

Dominant married and separated cases are between 22-39 years of age (Gr. A & B)

Bar Chart representing type of Premature Ejaculation (DSM-IV TR)

N=64

Highest number of cases suffering from premature ejaculation generalized type.



DISCUSSION

Research on the understanding and assessment of premature ejaculation (PE) has increased over the past five years¹¹, this important issue has least been attended by health researchers in Pakistan⁸.

Table no.1 shows different age groups of patients with premature ejaculation. Group A has the age range of 22-29 years with the mean age of 26.57 years having cases with percentage of 29.68%. While, Group B shows the age range of 30-39 years with the mean age of 33.20 years and percentage of patients is 37.50%. There were 42 cases in group A and group B falling in the age range of 22-39 years making the major bulk of patients i.e. 65.62%. This age range is considered to be the most important reproductive and active phase of sexual life of a male in Pakistan's socio-cultural setting. Symonds et al. emphasized the need for assessments to include patient reported outcome (PRO) domains such as impact on current relationship, psychological well-being, sense of masculinity and impact on the partner¹¹. University of Chicago researchers have conducted the most widely cited research into American sex problems¹⁵. Their two studies^{16, 17} (Laumann E.O et al 1999 & 2008) are based on a representative sample of 2,865 men, between the age range of 18 to 85 years.

They show that from 18 years to 59 years, premature ejaculation is much more prevalent than Erectile Dysfunction, and that among men 60 years and older, one-quarter of men continue to experience it. As a result, sexologists consider premature ejaculation as men's no. 1 sex problem (Michael Castleman 2010). This study data is much relevant to this study where age range was detected 22-56 years. In Chicago study total premature ejaculation cases were 201 out of which 62 cases (30.84%) were in the age range of 18-39 years which is an active reproductive age^{15, 16, 17}. As compared to Chicago study (30.84%) 67.18% cases are the bulk of two groups A and B have shown sexual disturbances which is a larger number, however it is probably due to small sample size and lack of awareness in the patients to consider this problem as a psychiatric illness.

Group C of the cases is ranging from 40-49 years includes 14 cases (21.87%) while American study¹⁵ (Chicago Study) shows 13.93%. This shows the degree of sexual dysfunction in middle aged group has been found important and supporting the assessment of the community with sexual dysfunction in Hyderabad Pakistan. This age group needs to be addressed in detail focusing a larger sample size.

In group D, the highest age case was 56 years and above 56 years age group did not report for the reasons, which can be detected in other research work. The probable causes can be understood as hesitation, shyness and lack of better psychiatric services in the area as there is no specific out-patient facility for the middle aged patients. This important sexual difficulty

does not spare any age group and sporadically disturbs the family fabric of the society²

Pie chart covers the variable of marital status of 64 patients. There are 42 married subjects 12 single, 05 separated and 05 divorce subjects.

Table no.2: All cases are divided into four groups and group A and B specially showing focus on age range of 22-39 years which is important as far as the marriages, family, sexual life, and community norms. There are 28 married and 07 single cases, separated cases are 03, 04 cases met with divorce; therefore the dominant number of premature ejaculation cases have outnumbered in age range of 22-39 years. This finding needs attention for its very specific age range i.e. 22-39 years having associated with highest number of premature ejaculation cases. However, a larger scale study on the etiological, social and psychological aspects on the subject of premature ejaculation are needed keeping in view community's difficulties at individual and family levels.

In comparison to Chicago Study¹⁵, this has emphasized association of marital status with various sexual disorders, this research focusing on age range, marital status persisting with premature ejaculation cases at Hyderabad Pakistan.

Latest research estimates that only one forth men willing to ask first-degree male relatives about their ejaculation time. At the same time, Waldinger et al demonstrated the immense taboo that exists among premature ejaculation sufferers to openly talk about their premature ejaculation. Because this belief still exists today, it may be concluded that family studies on PE are also today practically impossible to perform⁵. However; in Pakistan socio cultural setting, until the sufferer himself and his family does not meet the crises and consequences of PE challenging the manhood and the family fabric, the concealment of this symptom / problem is a frequent phenomenon.

This research suggests that the premature ejaculation is a common symptom among most male orgasmic disorder sufferers. The Group A and B need to be addressed with special attention and a guideline may be given by the health and mental health professionals focusing the conduct of Pakistani community where the matter of sexual impotency is considered to be indecent.

CONCLUSION

Impairment of sexual function in patients with psychiatric disorder is very common¹⁴. The study detected the dominant age range associated with premature ejaculation was within 22-39 years. In a given socio cultural setting this age range is considered active and reproductive age among male. This research work has detected the existence of premature ejaculation in both married (65.62%) and unmarried (18.75%) groups

leading to failure of family harmony resulting in serious outcomes like separation and divorce. It is difficult to assess different forms / sub diagnosis of sexual dysfunction in a country like Pakistan where cultural and religion impact does not allow a common person to discuss this difficulty with family members but also with the health professionals in any age group^{4, 5, 7}. Approaching to sexual preferences has always been a difficult to explore task for the researchers throughout the world due to strict cultural concerns about sexuality.¹⁸

Since it was a preliminary hospital based study, so to generate evidence on this topic, it needs larger scale research keeping in view all round life activities in a typical religious umbrella and cultural diversities of Pakistani community. Lack of detailed medical investigation especially in the patients of 40 years and above suffering from premature ejaculation has been a short coming of the study.

LIMITATION

It was sensed that excluding gross biological abnormalities, yet cases needed to have been under-gone detail investigation for the evaluation of etiological attributes. However the results in this study have cleared various variables of patients reporting with premature ejaculation. Under the light of this research, an extensive research on larger sample size would be conducted by keeping in view detail investigations procedures and results will be correlated.

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