Premature Ejaculation Treatment

Treatment options for premature ejaculation include sexual therapy, medications and psychotherapy. Two or more of these treatment approaches often are used in combination.

Sexual therapy
In some cases, sexual therapy may involve simple steps such as masturbating an hour or two before intercourse so that you're able to delay ejaculation during sex. Your doctor also may recommend avoiding intercourse for a period of time and focusing on other types of sexual play so that pressure is removed from your sexual encounters.

Your doctor may instruct you and your partner in the use of a method called the squeeze technique. This method works as follows:

- **Step 1.** Begin sexual activity as usual, including stimulation of the penis, until you feel almost ready to ejaculate.

- **Step 2.** Have your partner squeeze the end of your penis, at the point where the head (glans) joins the shaft, and maintain the squeeze for several seconds, until the urge to ejaculate passes.

- **Step 3.** After the squeeze is released, wait for about half a minute, then go back to foreplay. You may notice that squeezing the penis causes it to become less erect, but when sexual stimulation is resumed, it soon regains full erection.

- **Step 4.** If you again feel you're about to ejaculate, have your partner repeat the squeeze process.

By repeating this as many times as necessary, you can reach the point of entering your partner without ejaculating. After a few practice sessions, the feeling of knowing how to delay ejaculation may become a habit that no longer requires the squeeze technique.

Medications
Certain antidepressants, including the group called selective serotonin reuptake inhibitors (SSRIs), cause a side effect of delayed sexual climax in many people. Although these drugs aren't approved by the Food and Drug Administration for the treatment of premature ejaculation, studies have shown them to be safe and effective for this condition, and many doctors prescribe them for this purpose.

Your doctor may prescribe one of several selective serotonin reuptake inhibitors (SSRIs), including sertraline (Zoloft), paroxetine (Paxil, Paxil CR) or fluoxetine (Prozac, Prozac Weekly, Serafem), to help you delay ejaculation. If the timing of your ejaculation doesn't improve, your doctor may
prescribe the tricyclic antidepressant clomipramine (Anafranil), which also has been shown to benefit men with this disorder.

You may not need to take these medications on a daily basis to prevent premature ejaculation. Taking a low dose several hours before you plan to have sexual intercourse may be sufficient to improve your symptoms. If you are very sexually active or don't respond to as-needed dosing, your doctor may recommend taking your prescribed medication daily. Talk with your doctor to determine the best medication schedule for your needs.

Topical anesthetic creams containing lidocaine and prilocaine also may help improve premature ejaculation by reducing sensation in your penis. Before use, make certain you have no history of a reaction to lidocaine or prilocaine. You can apply an anesthetic cream a short time before intercourse and wipe it off when your penis has lost enough sensation to help you delay ejaculation. Be sure to thoroughly remove the cream before intercourse so that your partner doesn't experience genital numbness.

**Psychotherapy**

In many cases, sexual therapy or medications can resolve premature ejaculation. However, if personal issues — such as conflict between you and your partner or mental health problems — appear to play a significant role in causing premature ejaculation, your doctor may recommend psychotherapy.

This approach, also known as counseling or talk therapy, involves talking about your relationships and experiences with a mental health professional. These talk sessions can help you find effective ways of coping with and solving problems. For many couples affected by premature ejaculation, talking with a therapist together may produce the best results.