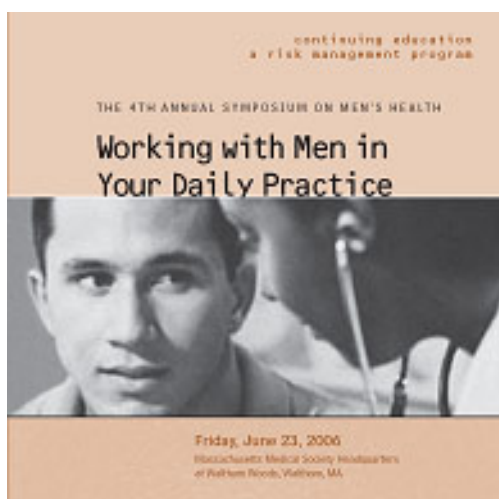




## International Society for Men's Health & Gender (ISMH)

We would like to provide you with the following links on forthcoming events in Men's Health and Gender medicine

- [Men's Health Week June 12 - 18, 2006](#)
- [Men's Health Week Australia](#)
- [The 4th Annual Symposium on Men's Health](#)  
**Continuing education, A risk management program**  
**'Working with Men in Your Daily Practice'**  
Friday, June 23, 2006,  
Massachusetts Medical Society Headquarters  
at Waltham Woods, Waltham, MA, USA



Sincerely,

Siegfried Meryn, M.D.

Professor of Medicine

President International Society for Men's Health & Gender

The following feature article is extracted from an article to be published in the

June issue of *jmhg* and follow up the practicing medicine series on ED/Premature Ejaculation. Articles in this series will be published in future issues of the journal and Read the full-length editorial in *jmhg* Vol. 3. Issue II, June 2006.

## **Feature Article:**

# **Psychological approaches to the treatment of rapid ejaculation**

Delaying men's ejaculatory latency with off label selective serotonin reuptake inhibitors (SSRIs) is relatively straightforward, but restoring men's sexual confidence and enhancing sexual relationship satisfaction is more complicated [1].

The cause of rapid ejaculation has not been conclusively determined. Not surprisingly, there are those who advocate for an entirely biological explanation and those who insist that it is a wholly psychological condition. There are also those who believe that rapid ejaculation may be a cluster, or continuum, of disorders, some biologically determined, others psychological in origin.

There are multiple psychological explanations as to why men develop rapid ejaculation. Unfortunately, none of the theories evolve from evidenced-based medicine studies. Rather they are the products of thoughtful synthesis by clinicians from several schools of thought. Although untested, the theories are thought provoking. (Read more in the original article in *jmhg* Vol 3 Issue II June 2006)

## **Effect on the man and couple**

Rapid ejaculation affects both individual and relationship quality of life (QOL). Men report a decrease in sexual self-confidence [2]. Moreover, single men or uncommitted men are reluctant to establish new relationships, and men in relationships are distressed at not satisfying their partner, with some worrying that their partner would be unfaithful to them because of their sexual dysfunction. Premature ejaculation also has a negative effect on the partner's quality of life. Lower partner sexual satisfaction in heterosexual couples was found where the man had rapid ejaculation than where the man did not have the condition [3].

Psychological intervention remains relevant to treating men and couples with rapid ejaculation. The effect of this dysfunction on the man, partner and couple are generally profound and distressing. Psychological intervention in its traditional form or in its updated rendering as combined therapy offer couples

a method to improve sexual satisfaction, emotional intimacy and relationship satisfaction.

[1] Althof S. Psychological treatment strategies for rapid ejaculation: Rationale, practical aspects and outcome. *World J Urol* 2005; 23:89–92.

[2] Symonds T, Roblin D, Hart K, Althof S. How does premature ejaculation impact a man's life? *J Sex Marital Ther* 2003;3 (29):361–70.

[3] Byers S, Grenier G. Premature or rapid ejaculation: Heterosexual couples' perception of men's ejaculatory behavior. *Archives Sexual Behav* 2003; 32(3):261–70.

### **Stanley E. Althof, PhD**

Case Medical School, and Center for Marital and Sexual Health of South Florida, USA  
E-mail: [stanley.althof@case.edu](mailto:stanley.althof@case.edu)

## **The Journal of Men's Health & Gender**

### **Vol. 3 Issue II (June 2006)**

The first Issue of **JMHG** 2006 is a theme issue entitled '**Alternative/Complementary Medicine**' with contents to:

#### **Editorial**

In search of the "seat" of the soul – and an increased open-mindedness in medical science  
*Siegfried Meryn*

#### **ISMH News and Views**

CME & New CME-Associate Editor for *jmhg*

#### **Editorials**

Homeopathy: Fantasy or reality?

*Michael Frass, Ernst Schuster, Ilse Muchitsch, Beatrix Wulkersdorfer, Helmut Friehs, Michael Muellner, Menachem Oberbaum*

CAM for Men's Health

*Leo Auerbach*

#### **Reviews**

Testicular neoplasms in the prepubertal male

*David M. Hartke, Piyush K. Agarwal, Jeffrey S. Palmer*

## **Original article**

Patterns of morbidity across 44 countries among men and women aged 15-44 years

*Alan White and Mike Holmes*

Are Chinese men less susceptible to anxiety and depression?

A community-based cross-sectional survey from Hong Kong

*William CW Wong, WK Lee, BST Lau*

Male breast cancer: incompatible and incomparable

*Pamela Naymark*

## **Debate**

Is it time for a large Trial of Testosterone Replacement Therapy for Older Men?

The "No" side from a urologist

*Michael Marberger*

It is Time - for older men!

*Jaques Buvat*

## **Letter to the Editor**

Handling risky knowledge: gender and scientific risk-taking. A re-examination

*Selwyn W. Becker*

Premature ejaculation: defining sex in the absence of context

*Marcel D. Waldinger and Dave H. Schweitzer*

Response to Premature ejaculation: defining sex in the absence of context

*Anthony Pryce, M.J. Steggall*

## **Practicing medicine**

ED/PE

Psychological approaches to the treatment of rapid ejaculation

*Stanley E. Althof*

## **Update**

Journal Watch

Web Watch

## News Round-up

## Events calendar

## Book Reviews

Power, Sex, Suicide; Mitochondria and the meaning of life  
*J.A. (Ton) Maassen*

Dying to be men: youth, masculinity and social exclusion  
*Alan White*

## Forum

### Innovative Practice

RU right in the head?

The development and dissemination of educational resources addressing positive mental and emotional health issues for adolescent men in Northern Ireland

*Ken Harland, Linda Barclay, Deirdre McNamee*

## Pharma News and Reports

### Around the World with Men's Health and Women's Health Organisations

Early history of the Changing Men Collections

*Edward Read Barton*

## Satire

"Why men have no alternative"

*Keith Hopcroft*

## **MOST RECENT ISSUES IN MEN'S HEALTH**

### **Sexual Health Inquiry and Support Is a Primary Care Priority**

The World Health Organization defines sexual health as "a state of physical, emotional, mental and sexual well-being related to sexuality." This broad definition goes beyond simply inquiring about sexual dysfunction and ideally fits the model of patient-centered primary care. As we observe that sexual health and physical health are often closely related, discussions about sexual activity can be very revealing. Sexual intimacy appears positively related to loving relationship satisfaction and stability. Sexual problems have a clear negative impact on both the quality of life and emotional state regardless of age.

[Read more about at blackwell-synergy.com ->](http://blackwell-synergy.com)

## **Sex after 40? Gender, ageism, and sexual partnering in midlife**

This article examines the relationship between gender and heterosexual partnering in midlife, using survey data from 1240 women and men aged 40 to 59. Although older ages are associated with lower numbers of sexual partners for both genders, larger proportions of women report having no partners, and at earlier ages than men. Sexual conservatism and non-cohabitation predict lower numbers of partners for both genders, albeit in different ways. Age's differential effects by gender are not reducible to greater conservatism among older cohorts of women or to age-gender patterns in cohabitation, suggesting that ageism and sexism combine to middle-aged women's particular disadvantage.

[Read more about at sciencedirect.com ->](#)

## **Rate, extent, and modifiers of spermatogenic recovery after hormonal male contraception: an integrated analysis**

Hormonal methods for safe, reliable, and reversible contraception based on the suppression of spermatogenesis could soon become available. We have investigated the rate, extent, and predictors of reversibility of hormonal male contraception.

[Read more about at thelancet.com ->](#)

## **Effect Of Non-steroidal Anti-Inflammatory Drug Use On The Incidence Of Erectile Dysfunction**

UroToday.com - Arthritis and erectile dysfunction (ED) affect men more as they age. In this article, of the Tampere School of Public Health of Tampere Finland first list several prior articles that show that the occurrence of these two diseases correlates well. They then correlate the use of non-steroidal anti-inflammatory drugs (NSAID) used for treatment of arthritis and other ailments with their effects on ED. Their study used a sub-set of the Tampere Aging Male Urological Study and involved data derived from 1,126 men who began the study without evidence of ED. Of these, 101 used NSAIDs and most (58%) also reported arthritis symptoms.

[Read more about at medicalnewstoday.com ->](#)

## **Dietary factors in erectile dysfunction**

The role of dietary factors in erectile dysfunction (ED) has never been addressed. In the present case-control study, we investigated the relation of the Mediterranean diet with ED. A total of 100 men with ED were compared with 100 age-matched men without ED. A scale indicating the degree of adherence to the Mediterranean diet was constructed: the total Mediterranean diet score ranged from 0 (minimal adherence to the Mediterranean diet) to 9 (maximal adherence). The percentage of physical inactivity was greater in the ED group (35 vs 19%,  $P=0.04$ ), whereas the diet score was lower ( $4.7 \pm 0.5$  vs  $5.4 \pm 0.5$ ,  $P < 0.01$ ), indicating a reduced adherence to the Mediterranean diet.

[Read more about at nature.com ->](#)

## **Cancer reaction linked to gender**

Men and women with cancer look for information about the disease in very different ways, says a study. While men seek practical advice and the latest medical treatments, women look for emotional support, a study of internet postings suggests. Forty-five women and 52 men with cancer were questioned, and 1,053 web postings by cancer patients analysed. In the first phase of the research, the men spoken to had prostate cancer and the women had breast cancer.

[Read more about at news.bbc.co.uk ->](#)

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## **International Society for Men's Health and Gender**

P.O.Box 46, A-1097 Vienna

Austria / EUROPE

Phone: +43 1 4096010

Fax: +43 1 4096011

[www.ismh.org](http://www.ismh.org)

[office@ismh.org](mailto:office@ismh.org)



## **With the appreciated support of the City of Vienna**



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