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Prevalence of Premature Ejaculation in Turkish Men With Chronic Pelvic Pain Syndrome

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ABSTRACT: Chronic pelvic pain syndrome is a common and serious health problem affecting the quality of life in men. Limited studies exist on the relation of this condition to premature ejaculation. We evaluated prevalence rates of premature ejaculation in Turkish male patients with chronic pelvic pain syndrome and compared them with healthy control subjects. Sixty-six men with chronic pelvic pain syndrome were included in the study (group 1). A questionnaire consisting of 2 parts—demographic data and a Turkish version of the National Institutes of Health Chronic Prostatitis Symptom index—was administered to all patients. Premature ejaculation was defined as intravaginal ejaculation latency of less than 2 minutes with the same partner for at least 6 months. All patients were evaluated with physical examinations and routine laboratory tests. If erectile dysfunction was noted from the medical history, penile Doppler ultrasonography also was performed. The results were compared with the results of 30 healthy men without urinary symptoms (group 2). The χ^2 test was used for statistical analyses. Of 66 patients with chronic pelvic pain syndrome, 51 had premature ejaculation (77.3%), and in 10 (15.2%) patients, premature ejaculation and erectile dysfunction were found together. Penile Doppler ultrasonography showed no vascular pathology in patients with erectile dysfunction. The rate of premature ejaculation was higher in patients in the study group than it was in patients in the control group, and this difference was statistically significant ($P < .05$). Both chronic pelvic pain syndrome and premature ejaculation are common disorders, but their ethiopathogeneses are not well understood. In Turkish men with chronic pelvic pain syndrome, the incidence of psychogenic sexual problems was higher than in the normal population.

Key words: Chronic prostatitis, prevalence, sexual dysfunction.
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Prostatitis is a prevalent and debilitating disease. It is the most common urologic diagnosis in men younger than 50 years and the third most common urologic diagnosis in men older than 50 years (Mehik et al, 2000; Nickel et al, 2001). This represents more than 2 million urology office visits annually in the United States (Nickel et al, 2001). Chronic pelvic pain syndrome is the most common form of prostatitis and the most poorly understood. Patients with symptoms have pain mainly in the perineum, penis, and testicles (Krieger et al, 1996). Voiding dysfunction consisting of dysuria, urgency, and frequency are also frequently observed.

Premature ejaculation is the most common form of male sexual dysfunction, affecting 36% to 38% of sexually active men, and it is also the most poorly understood. It is usually defined as an intravaginal latency of less than 2 minutes. Some investigators have added partner satisfaction to this. Masters and Johnson (1970) believed that a man experienced premature ejaculation if he was unable to delay his ejaculation until his partner was sexually satisfied in at least 50% of their sexual encounters. Although premature ejaculation is common, to date, there is little known about this condition. In only a small percentage of patients with premature ejaculation can an organic cause for the syndrome be found (eg, multiple sclerosis, spina bifida).

Recently, the prevalence of chronic pelvic pain syndrome in patients with premature ejaculation and the prevalence of sexual dysfunction and premature ejaculation in patients with chronic pelvic pain syndrome were studied (Screponi et al, 2002; Liang et al, 2004). The coexistence of these poorly understood conditions is interesting, but current data are not sufficient to explain their relationship. Therefore, we designed a study to examine the prevalence rates of premature ejaculation in patients with chronic pelvic pain syndrome and compare these rates with those of healthy control subjects.

Materials and Methods

Sixty-six men (aged 21–55 years; mean age, 39.01 ± 7.8 years) with chronic pelvic pain syndrome were included in the study (group 1). Diagnosis of chronic pelvic pain syndrome was made from medical histories, physical examinations, and culture and microscopic examinations of prostatic fluids and urine according to the Stamey protocol (Meares and Stamey, 1968). Patients with symptoms of erectile dysfunction also were evaluated with pe-

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Table 1. *Prevalence of PE and PE + ED in CPPS patients and in healthy controls†*

	Normal (%)	PE (%)	PE + ED (%)
Patient group (n = 66) (group 1)	15 (22.7)	51 (77.3)	10 (15.2)
Control group (n = 30) (group 2)	27 (90)	3 (10)	0 (0)
P value	. . .	*P* = .03*	. . .

* Statistically significant.
† CPPS indicates chronic pelvic pain syndrome; PE, premature ejaculation; and ED, erectile dysfunction.

Table 2. *Prevalence of PE among subgroups**

		PE (%)	*P*
Age (y)	40–55 (n = 31)	26 (83.9)	
	21–39 (n = 35)	25 (71.4)	.182
Symptom score	24–36 (n = 36)	30 (83.3)	
	14–23 (n = 30)	21 (70.0)	.161
Duration of symptoms	6–18 (n = 33)	24 (72.7)	
(mo)	19 (n = 33)	27 (81.8)	.279
Education	High (n = 28)	23 (82.1)	
	Low (n = 38)	28 (73.7)	.307

* PE indicates premature ejaculation.

nile duplex Doppler ultrasonography and a hormone profile consisting of total testosterone, follicle-stimulating hormone, and luteinizing hormone. Penile duplex Doppler ultrasound was performed according to the technique described by Lue et al (1985). After an intracavernous injection of 30 mg of papaverine, flow velocities were measured at 5-minute intervals. Peak systolic velocity of more than 30 cm/s and end diastolic velocity of less than 0 cm/s were considered normal. Thirty healthy volunteers (aged 20–49 years; mean age, 35 ± 7.1 years) with no prostatitis-like symptoms were used as controls (group 2).

A questionnaire was designed and administered to all patients by the same doctor (M.G.). The questionnaire consisted of 2 parts: 1) demographic data, marital status, and medical history; and 2) a Turkish version of the National Institutes of Health Chronic Prostatitis Symptom Index. Premature ejaculation was defined as an intravaginal ejaculation latency of less than 2 minutes occurring in more than 50% of sexual encounters. Inclusion criteria were a steady relationship with a female partner for at least 1 year and premature ejaculation of at least 6 months' duration (Screponi et al, 2002). Exclusion criteria for study participants were major psychiatric and somatic diseases and the use of drugs that affect sexual function.

Fisher's exact test was used for statistical analyses, and a value for *P* of .05 or less was considered significant.

Results

In the patient group, all participants were married. Medical histories showed no significant pathology in any of them. For the 66 patients with chronic pelvic pain syndrome, the mean score on the National Institutes of Health Chronic Prostatitis Symptom Index was 23.4 ± 5.2 (range, 14–36). Of these patients, 51 (77.3%) had premature ejaculation. In 10 patients (15.2%), premature ejaculation was associated with erectile dysfunction. In the control group, all participants except for one were married. In the control group, 3 (10%) volunteers had premature ejaculation, and none had erectile problems (0%). The incidence of premature ejaculation in the patient group was significantly higher than the incidence in the control group ($P = .03$, $P < .05$). These results are summarized in Table 1. Prevalence of premature ejaculation also was studied among subgroups. These results are shown in Table 2. There was no statistically significant difference between the prevalence rates of premature ejaculation according to subgroups by patient age, duration of symptoms, symptom scores, and education level.

Penile duplex Doppler ultrasonography showed no vascular pathology in patients with erectile dysfunction. Mean peak systolic velocity was 48 ± 8.9 cm/s (range, 35–130 cm/s), and mean end diastolic velocity was −5.5 ± 1.1 cm/s (range, −10–0 cm/s). Hormone profiles were normal. After intracavernous injection, 2 of these patients were admitted to the hospital with prolonged erection and were treated in the emergency department. All patients with erectile dysfunction were classified as psychogenic.

Discussion

Chronic pelvic pain syndrome is a condition that has not clearly been elucidated, despite efforts in both basic and clinical research. Recently, fastidious and nonculturable microorganisms, dysfunctional voiding patterns, intraprostatic ductal reflux, immunologic alternations, neural dysregulation, pelvic floor musculature abnormalities, and psychological causes have been suspected in the ethiopathogenesis of chronic prostatitis syndromes (Nickel, 2002). To date, however, studies have failed to fully explain the condition's ethiopathogenesis.

The etiology of premature ejaculation is commonly considered psychogenic. Because of this, it is usually treated by clinical psychologists or psychiatrists.

The problem of sexual dysfunction in patients with chronic prostatitis and chronic pelvic pain syndrome is gaining interest. Recently, Liang et al (2004) reported that the prevalence of premature ejaculation and erectile dysfunction (49%) is greater in Chinese men with chronic prostatitis than it is in persons in the general population. They also showed that the development of sexual dysfunction in patients with chronic prostatitis is positively linked with the duration of prostatitis (Liang et al, 2004). Screponi et al (2002) reported a high prevalence of chronic prostatitis in patients with premature ejaculation, with a higher incidence of premature ejaculation occurring in

patients with chronic prostatitis (62.1%). Keltikangas-Järvinen et al (1981) reported a high incidence of decreased libido in patients with chronic prostatitis, and they also concluded that this syndrome should be viewed as a psychosomatic disorder. Berghuis et al (1996) reported that chronic prostatitis reduced the frequency of sexual intercourse, and they concluded that depression and psychological disturbances were common in patients with chronic prostatitis. Mehik et al (2001) reported that psychological difficulties are common in men with chronic prostatitis, and these authors showed that men with chronic prostatitis tend to be more nervous and meticulous than men without this disorder. They also reported that sexual disturbances and erectile dysfunction are common in these men (43%). But in all of these reported papers, the prevalence rates of sexual dysfunction were lower than in the present study (77.3%). According to our study, this may be related to racial and cultural differences.

Psychological factors have always been thought to play a role in the ethiopathogenesis of chronic prostatitis syndromes. The results of our study demonstrate a high prevalence of premature ejaculation in patients with chronic pelvic pain syndrome compared with patients in a control group. And we also showed that erectile dysfunction due to psychological causes in patients with chronic pelvic pain syndrome is more common than erectile dysfunction in patients in a control group. As a result, our study demonstrates that sexual dysfunction due to psychological causes in patients with chronic pelvic pain syndrome is high. We also found that prevalence of premature ejaculation in patients with chronic pelvic pain syndrome was not significantly different from controls regarding duration of symptoms, symptom scores, education level, and age; however, further studies with larger numbers of patients are needed to fully elucidate this.

In conclusion, chronic pelvic pain syndrome is a serious health problem affecting the quality of life of men. To date, little is known about this health problem. In Turkish men with chronic pelvic pain syndrome, the incidence of psychogenic sexual problems was higher than for persons in the population without chronic pelvic pain syndrome.

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