

Doctor Chris G. McMahon: epidemiology and diagnosis of ejaculatory dysfunction

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The 15th biennial meeting of the Asia-Pacific Society for Sexual Medicine and the Genitourinary Medical Symposium (APSSM2015 & GUMS2015) was held in September 11–13, 2015 at China National Convention Center, Beijing, China. At the first day of the congress, I was honored to meet Dr. Chris G. McMahon and had an interview with him after his speech on “Epidemiology, pathophysiology and clinical diagnosis of ejaculatory dysfunction”.

Dr. Chris G. McMahon (*Figure 1*) has devoted himself to the field of sexual medicine for more than 30 years. He is the Immediate Past President of the International Society of Sexual Medicine (ISSM), a committee chairman for the WHO Second and Third International Consultation on Erectile and Sexual Dysfunction, a vice-chairman of the 4th International Consultation on Sexual Dysfunction and an associate editor of *The Journal of Sexual Medicine* and *Sexual Medicine Reviews*. Dr. McMahon has also published over 90 original researches and invited review articles in peer-reviewed international medical journals and 20 books/book chapters.

Epidemiology of ejaculatory dysfunction

Dr. McMahon reviewed the epidemiology of ejaculatory dysfunction in a professional way. He said that there are many different types of ejaculatory dysfunction and the most common one is premature ejaculation (PE). As many as 20–25% of men think that they ejaculate too quickly. However many men are confused about what constitutes normal ejaculation and the actual incidence of PE is much less. Recent observational studies suggest that approximately 2–3% of men have lifelong PE and 5–7% will develop PE at some point in their life (acquired PE). The remaining men are confused about what's the normal time to ejaculate or are anxious about the perception that they ejaculate too quickly.

Diagnosis of ejaculatory dysfunction

During the interview, Dr. McMahon pointed out that the



Figure 1 Dr. Chris G. McMahon.

diagnosis of PE is relatively straightforward in clinical practice and that most sufferers need no additional investigations. In 2009 the International Society for Sexual Medicine convened a panel of experts and developed the first definition of life-long PE. PE is a male sexual dysfunction characterized by ejaculation occurring prior to or within about 1 minute of penetration. It is associated with the inability to control and presence of the negative psychological consequences, such as frustration, bother, anxiety, or the avoidance of sexual contact. In 2013, the Science Committee was reconvened in India, reviewed new data and developed a single, unify definition for both life-long and acquired PE, This unified definition states that men with life-long PE ejaculate in less than about 1 minute whereas men with acquired PE ejaculate within as little as 3 minutes. But both groups have similar levels of poor control, frustration, anxiety and the negative psychological consequences.

Experience and inspiration in the field of sexual medicine

As an experienced sexual health physician, Dr. McMahon

is willing to give some constructive suggestions to the young doctors who are going to practice in this field. Dr. McMahon said that male sexual dysfunction and in particular ejaculatory dysfunction reduce the quality of life for sufferers. He highlighted a strong relation between PE and the incidence of divorce. He emphasized the importance of young doctors, particularly urologists and andrologists, developing skills in managing PE effectively. Over the past 10–15 years, the paradigm of treating PE has changed tremendously. In the past, people considered that PE was a psychological disorder related to performance anxiety. Now the consensus is that some men are born with a genetic predisposition to develop PE. Men with acquired PE are often comorbid erectile dysfunction (ED), chronic prostatitis, chronic pelvis syndrome and high levels of performance anxiety. Dr. McMahon pointed out that although some medications can remedy these diseases, the key is to treat the major disorder. So ED should be treated

with ED pharmacological therapy.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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