



JUSTIN HOUMAN, MD, FACS

The Premature Ejaculation Guide

What causes it. How to treat it.
What to ask your doctor.



SECTION 01

What Is Premature Ejaculation?

Premature ejaculation (PE) is ejaculation that happens sooner than a man or his partner would like, often within about a minute of penetration, with little sense of control. It is not a character flaw or a sign of weakness. It is the most common male sexual complaint, and it is a recognized medical condition with identifiable causes and effective treatments. PE affects men of all ages. If you are experiencing it, you are not alone and you do not have to simply live with it.

1 in 3

men experience
PE at some point

~30%

is the global
prevalence of PE

90%+

of cases improve
with treatment

SECTION 02

The Real Cause: Brain Chemistry and Reflexes

Ejaculation is a reflex coordinated by the brain, spinal cord, and nervous system, and it is strongly influenced by the neurotransmitter serotonin. In many men with lifelong PE, this reflex is simply set to fire faster, often due to serotonin signaling rather than anything they are doing wrong. PE can also be acquired later in life, frequently alongside erectile dysfunction, anxiety, thyroid problems, or prostate inflammation. Because the causes differ, an accurate diagnosis is the foundation of effective treatment.

PE Is Common and Highly Treatable

Premature ejaculation is the single most common sexual concern in men, yet it is one of the least discussed and most undertreated. It is rarely a sign of a serious underlying disease, but it responds very well to treatment once properly evaluated. Raising it with a specialist is the first and most important step.

SECTION 03

Common Causes of PE

PE is rarely caused by a single factor. Most cases involve a combination of biological and psychological contributors:

- Serotonin signaling differences that speed up the ejaculatory reflex
- Penile hypersensitivity or heightened nerve sensitivity
- Performance anxiety, stress, and relationship pressure
- Erectile dysfunction — rushing to climax before losing the erection

- Thyroid disorders, particularly an overactive thyroid
- Chronic prostatitis or inflammation of the prostate
- Early sexual experiences that conditioned a rapid response
- Withdrawal from certain substances or medications

SECTION 04

The Two Types of PE

Distinguishing the type of PE matters, because it points toward the most effective treatment. A specialist will classify your PE based on when it began and how consistently it occurs.

Type	When It Begins	What It Looks Like
Lifelong (primary)	From the first sexual experiences	Rapid ejaculation, usually under one minute, present consistently since the beginning
Acquired (secondary)	Develops later after normal control	A new, noticeable reduction in control, often tied to ED, anxiety, or a medical cause
Variable	Comes and goes	Early ejaculation that happens inconsistently and may be a normal variation
Subjective	Perceived, not measured	Normal timing, but the man perceives a lack of control or worries about it

Important: It Is Not Just About the Clock

PE is defined as much by the distress and loss of control it causes as by the time itself. Two men with the same timing may have very different experiences. Dr. Houman evaluates the full picture — control, satisfaction, and impact on your relationship — not just a stopwatch.

SECTION 05

Treatment Options: From First Line to Definitive

There is no single treatment for PE. The right approach depends on the type, the underlying cause, and your goals. Treatments range from behavioral techniques and topical agents to oral medication and combination therapy. The key is finding what works for you.

Treatment	What It Is	Best For
Behavioral techniques	Start-stop and squeeze methods that train ejaculatory control over time	First-line, mild PE, motivated couples
Topical anesthetics	Lidocaine or prilocaine sprays and creams that reduce penile sensitivity	Penile hypersensitivity, fast relief
Oral SSRIs	Daily or on-demand serotonin medication (paroxetine, sertraline, dapoxetine) that delays climax	Lifelong PE, moderate to severe
PDE5 inhibitors	Erection medication used when PE occurs alongside erectile dysfunction	PE with co-existing ED
Pelvic floor therapy	Targeted exercises that strengthen the muscles involved in ejaculatory control	Men seeking a drug-free option
Combination therapy	Pairing behavioral training with medication or a topical agent for greater effect	Resistant or severe PE

SECTION 06

Techniques That Actually Work

For many men, behavioral training produces meaningful, lasting improvement — especially when practiced consistently. These techniques are not substitutes for medical evaluation, but they are powerful complements to any treatment plan:

- The stop-start method — pausing stimulation as climax approaches, then resuming, to build control
- The squeeze technique — gently squeezing the head of the penis to reduce arousal before continuing
- Pelvic floor exercises — strengthening the muscles that help delay ejaculation

- Reducing performance anxiety — addressing stress and pressure through counseling or therapy
- Open communication with your partner — shared expectations reduce pressure and improve outcomes
- Limiting alcohol and recreational drugs — both can worsen control and overall sexual function
- Treating any co-existing ED first — restoring confident erections often improves PE on its own

SECTION 07

How PE Is Evaluated

A thorough evaluation should include a detailed medical and sexual history, a focused physical examination, and targeted testing when indicated. Do not accept a prescription without a proper conversation about your symptoms. Understanding the type and cause of your PE leads to better, more durable treatment.

- Detailed sexual history — when PE began, how often it occurs, and the degree of control
- Validated questionnaires such as the Premature Ejaculation Diagnostic Tool (PEDT)
- Screening for erectile dysfunction, which frequently co-exists with PE
- Thyroid function testing, since an overactive thyroid can accelerate ejaculation
- Evaluation for prostatitis or lower urinary tract symptoms when suspected
- Review of medications, substances, and psychological or relationship factors

Pro Tip: Track Before Your Visit

In the days before your appointment, make a few private notes: roughly how long intercourse lasts, how much control you feel, whether it happens every time, and when it started. These details help Dr. Houman pinpoint the type of PE quickly and choose the right treatment.

SECTION 08

Questions to Ask Your Doctor

PE deserves a thorough evaluation, not a quick brush-off. Use these questions to make sure you are getting the care you need:

Q: What type of PE do I have?

Lifelong and acquired PE are treated differently. Identifying the type points directly to the most effective approach and changes your treatment plan significantly.

Q: Could erectile dysfunction be contributing?

PE and ED often occur together, and treating the erection problem can resolve the PE. Ask specifically whether ED should be evaluated as part of your workup.

Q: Should my thyroid or prostate be checked?

An overactive thyroid and prostate inflammation can both cause acquired PE. Ask whether these reversible medical causes should be ruled out in your case.

Q: What treatment do you recommend first, and why?

Understand the reasoning. A good specialist explains why a particular treatment fits your situation rather than defaulting to the easiest or quickest option.

Q: What are my options if medication alone is not enough?

There is a full spectrum of treatment beyond a single pill. Make sure your doctor is familiar with behavioral therapy, topical agents, pelvic floor work, and combination plans.

Q: Are there techniques or lifestyle changes that would help me?

A good clinician will always address behavioral techniques and modifiable factors alongside any medical treatment, since combination approaches tend to work best.

WHY DR. HOUMAN

Why Dr. Houman's Approach Is Different

PE is one of the most common yet most undertreated conditions in men's health, often dismissed or managed with a single prescription and no real investigation. Dr. Houman takes a fundamentally different approach: identifying the type and cause, and building a plan that restores control and confidence.

Fellowship-trained subspecialist

Dr. Houman completed fellowship training in male sexual and reproductive medicine, giving him expertise in the full spectrum of PE treatments that most general urologists do not offer.

Comprehensive root-cause evaluation

Every patient receives a thorough workup that distinguishes lifelong from acquired PE and screens for ED, thyroid, and prostate factors. PE is treated as the medical condition it is.

Full treatment spectrum

From behavioral techniques and topical agents to oral medication, pelvic floor therapy, and combination plans, Dr. Houman offers every evidence-based option and tailors it to each patient.

Expertise in co-existing conditions

Because PE so often accompanies erectile dysfunction, Dr. Houman is skilled at treating both together — addressing the root problem rather than a single symptom in isolation.

Discreet, judgment-free care

Dr. Houman creates a comfortable, confidential environment where men can discuss sexual health openly. PE is common and treatable, and seeking help is a sign of strength.

Published research

Dr. Houman's research in sexual medicine and men's health has been published in leading peer-reviewed journals, including the Journal of the American Medical Association.



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Ready to take the next step?

PE is common, treatable, and nothing to be ashamed of.
The right specialist can find the cause and build a plan that works for your life.

Book a Consultation

www.HoumanMD.com/contact

Website: HoumanMD.com

This guide is intended for educational purposes only and does not constitute medical advice.
Please consult a qualified physician before making any medical decisions.