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ORIGINAL PAPER

Discrepancy between male and female perceptions of ejaculation latency and sexual satisfaction: Results from an online open survey

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Summary ***Background: Premature ejaculation is a sexual dysfunction that can impact both men and women. This study aimed to shed light on this condition within a cohort as extensive as possible.***

Materials and methods: We conducted an online open survey, distributed via social media, proposing a questionnaire regarding various aspects including the duration of ejaculatory latency, perceptions of premature or delayed ejaculation, as well as lifestyle and psychological aspects of sexuality. The questionnaire comprised 77 questions for male participants and 16 for female participants, with responses structured on a Likert scale ranging from 1 to 5.

Results: A total of 1300 men and 1197 women participated in the survey, completing the entire questionnaire.The median age (IQR) of male participants was 27 (23-32) years, while that of female participants was 22 (19-35) years. Men reported a median (IQR) ejaculatory latency time of 17 (8-20) minutes during sexual intercourse, compared to 20 (15-20) minutes reported by women. Only 7.5% (98) of men and 5% (60) of women reported an ejaculatory latency time of less than 3 minutes in their last five sexual encounters (p = 0.0001). Twelve percent (160) of men believed they consistently experienced premature ejaculation, whereas only 3% (41) of women reported this sensation (p = 0.0001). Regarding satisfaction with ejaculatory latency time, 7% of men (85) expressed dissatisfaction, whereas only 2% of women (28) reported the same (p = 0.0001). Conversely, only 12% of men (160) considered themselves completely satisfied, compared to 30% of women (358) (p = 0.0001).

Conclusions: These analyses highlight a dissonance between male and female perceptions of premature ejaculation, not only in terms of actual intercourse duration but also in terms of psychological perception and sexual well-being. This should suggest a need to increase awareness among the population regarding the contrast between idealized sexual experiences and reality.

KEY WORDS: Premature ejaculation; Delayed ejaculation; Sexual satisfaction.

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INTRODUCTION

Premature ejaculation (PE) is a common sexual dysfunction that significantly impacts individuals' sexual experiences and overall well-being (1-3). PE is traditionally categorized into lifelong and acquired forms, with definitions often revisited by the scientific community. According to the current definition by the *International Society for Sexual Medicine* (ISSM), acquired and lifelong PE are male sexual dysfunctions characterized by: (i) an *intravaginal ejaculatory latency time* (IELT) that always or nearly always is about one minute of vaginal penetration from the first sexual experience (lifelong PE), or a clinically significant and bothersome reduction in latency time, often to about three minutes or less (acquired PE); (ii) the inability to delay ejaculation on all or nearly all vaginal penetrations; and (iii) negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy (4). The true prevalence of PE remains ambiguous, evidenced by a wide range of different multinational studies (5-8). Numerous studies have evaluated satisfaction with sexual life, considering both patients and their partners, in cases of sexual dysfunctions such as PE or *erectile dysfunction* (ED), as well as in the general population, underscoring the adverse effects of PE on relationships and sexual satisfaction (9-11). The primary aim of this study is to assess the ejaculatory latency time with a focus on the prevalence of PE in a large cohort of young patients, to

understand how it affects satisfaction with sexual intercourse for both males and their partners. Secondary objectives include evaluating factors that may influence PE and examining behaviors adopted by the population in real-life experiences to enhance their quality of sexual life.

Materials and methods

Study population

Participants were recruited via nonpaid posts of a survey link on Instagram, Facebook and Telegram, correlated to the webpage "*Sessuologia*" of *Daniel Giunti* (*https://www.instagram.com/sessuologia/?hl=it*). No advertising campaigns or giveaway incentives were utilized for patient recruitment, and all responses were kept completely anonymous. Inclusion criteria included being 18 years of age or older, proficiency in the Italian language, and providing informed consent before accessing the survey, with the explicit option to terminate participation at any time by closing the webpage. Data from participants who did not complete the survey were omitted from the analysis. Additionally, measures were implemented to prevent individuals from participating in the survey more than once. A completed checklist following the CHERRIES criteria (12) is provided as ***Supplementary material 1***.

Questionnaire

Institutional Review Board (IRB) approval was not required from our center for this kind of survey, but an informed consent was provided before the start of the questionnaire with information on the topics of the survey, the anonymity of the responses and the possibility to terminate participation at any time by closing the webpage. The survey encompassed a variety of questions, and two models were developed (refer to ***Supplement Material 2***): one targeting the male population, comprising 77 questions that were more complex and detailed regarding aspects of masturbation (age of onset, frequency, ejaculation latency), lifestyle (consumption of alcohol, drugs, and their influence on ejaculation time), and psychological aspects of sexuality; the other tailored to the female population, consisting of 16 questions, primarily addressing the frequency and duration of sexual intercourse and its impact on sexual life satisfaction. Ejaculatory latency time was documented as the average duration across the last five penetrative and masturbatory episodes. PE patients were identified as individuals with an IELT of less than three minutes and who exhibited distress related to this condition, as evidenced in the psychological questions.

Statistical analysis

Descriptive statistics were utilized to examine the responses from the questionnaire. The sample was one of convenience, without the conduct of a power analysis. The estimations of IELTs did not follow a normal distribution; therefore, summarized data are presented as medians and interquartile ranges.

Response frequencies were compared between male and female groups using the Chi-square test. A multivariate logistic regression was employed to analyze the association between the condition of PE and factors such as abnormal sexual habits or trauma, lifestyle, and psychic dysfunction. Statistical analyses were performed using STATA (*StataCorp. 2023. Stata Statistical Software: Release 18. College Station, TX: StataCorp LLC*).

Results

Demographic characteristics

A total of 2,497 respondents were included in this study, with 1,300 men and 1,197 women. The male sample comprised individuals who identified as heterosexual straight

Table 1.
Demographic characteristics.

	Male, n = 1300		Female, n = 1197	
Age, Median (IQR)	27	(23-32)	22	(19-35)
Ethnia				
Caucasic	1091	83.9%	1010	83.4%
Ispanic	39	3.1%	24	2.0%
Asian	3	0.2%	5	0.4%
Other/unspecificed	167	12.8%	158	13.2%
BMI, median (IQR)	24	(21-27)	Na	
Smoker, n (%)	537		Na	
Antidepressive user, n (%)	38	2,9	Na	
Recreational drugs use				
Never, n (%)	1015	78%	Na	
Sometimes, n (%)	228	17.5%	Na	
Regularly, n (%)	57	4.4%	Na	
Alcohol assumption				
Never, n (%)	145	11.1%	Na	
Sometimes, n (%)	953	73.3%	Na	
Regularly, n (%)	202	15.5%	Na	
Sexual orientation				
Heterosexual, n (%)	1148	88.3%	Na	
Homosexual, n (%)	65	5%	Na	
Bisexual, n (%)	74	5.7%	Na	
Other, n (%)	13	1%	Na	
Stable relation, n (%)				
Yes	1083	83.8%	1002	83.1%
No	217	16.2%	195	16.9%
Sexual intercourse frequency, n (%)				
< 1 month	177	13.6%	51	4.3%
1-2 month	294	22.6%	238	19.9%
1-2 Weekly	566	43.5%	695	58.1%
4-5 Weekly	153	11.8%	178	14.9%
Daily	19	1.5%	35	2.9%
Foreplay, n (%)				
Never	20	1.5%	23	1.9%
Less than half the time	28	2.2%	43	3.6%
Half the time	59	4.5%	77	6.4%
More than half the time	185	14.2%	129	10.8%
Everytime	1008	77.5%	925	77.3%
Foreplay Time, n (%)				
None	12	0.9%	11	0.9%
< 5 minutes	169	13.0%	183	15.3%
5-15 minutes	805	61.9%	692	57.8%
15-30 minutes	276	21.2%	267	22.3%
30-60 minutes	31	2.4%	38	3.2%
> 60 minutes	0	0.0%	0	0.0%
Time until ejaculation minutes, median (IQR)	17	(8-20)	20	(15-20)

n: number; IQR, interquartile range.

(n = 1,148, 88.3%), homosexual gay (n = 65, 5.0%), bisexual (n = 74, 5.7%), and other or unspecified orientations (n = 13, 1.0%). We included female participants who had sexual intercourses with male subjects, independently from their sexual orientation.

The median age (IQR) for the two groups was 27 (23-32) for men and 22 (19-35) for women. The participation of principally young subjects was probably due to the use of social media. At the time of the survey, 83.3% (n = 1083) of men and 83.7% (n = 1002) of women reported being in a stable relationship. The most frequent rate of sexual intercourse reported was 1-2 times per week by 43.5% (n = 566) of men and 58.1% (n = 695) of women.

Median (IQR) *ejaculatory latency time* (ELT) declared by men during sexual intercourse was 17 (8-20) minutes *versus* 20 (15-20) minutes by women.

Additional demographic and sexual life-related characteristics are reported in Table 1.

Regarding the perception of suffering from delayed ejaculation, 44.5% (n = 578) of men and 52.3% (n = 626) of women declared that they had never experienced it (Table 2).

Conversely, 8.3% (n = 108) of men believed they always suffered from delayed ejaculation, while only 2.1% (n = 25) of women reported that they partners never suffered if it ($p < 0.01$).

In terms of perceived suffering from PE, 36.3% (n = 472) of men reported never experiencing it, in contrast to 60.9% (n = 730) of women who reported that they partners never suffered if it ($p < 0.01$). While 12.3% (n = 160) of men believed they always suffered from PE, only 3.4% (n = 41) of women reported this feeling ($p < 0.01$) (Figure 1). However, only 7.5% (n = 98) of men and 5% (n = 60) of women declared an ejaculatory latency time of under 3 minutes in their last five sexual encounters ($p < 0.01$).

Regarding satisfaction with ejaculatory latency time, 6.5% (n = 85) of men considered themselves unsatisfied, compared to 2.3% (n = 28) of women ($p < 0.01$). Moreover, only 12.3% (n = 160) of men reported being fully satisfied, *versus* 29.9% (n = 358) of women ($p < 0.01$) (Figure 2).

In terms of overall sexual satisfaction, only 25.9% (n = 337) of men considered themselves fully satisfied, compared with 43.5% (n = 521) of women ($p < 0.01$) (Figure 3).

Table 2.
Male and Female response comparison by

	M		F		P value
Feeling delayed ejacuation					p = 0.0001
Never	578	44.5%	626	52.3%	
Rarely	387	29.8%	339	28.3%	
Sometime	126	9.7%	124	10.4%	
Often	101	7.8%	83	6.9%	
Everytime	108	8.3%	25	2.1%	
Feeling premature ejacuation					p = 0.0001
Never	472	36.3%	730	61.0%	
Rarely	307	23.6%	246	20.6%	
Sometime	181	13.9%	107	8.9%	
Often	180	13.8%	73	6.1%	
Everytime	160	12.3%	41	3.4%	
Time satisfaction					p = 0.0001
Unsatisfied	85	6.5%	28	2.3%	
Quite unsatisfied	227	17.5%	107	8.9%	
Unmoved	272	20.9%	170	14.2%	
Quite satisfied	556	42.8%	534	44.6%	
Satisfied	160	12.3%	358	29.9%	
Importance of foreplay for lasting					p = 0.0001
None	55	4.2%	33	2.8%	
Little	281	21.6%	215	18.0%	
Much	649	49.9%	540	45.1%	
Very much	315	24.2%	409	34.2%	
Satisfaction overall					p = 0.0001
Unsatisfied	68	5.2%	16	1.3%	
Quite unsatisfied	102	7.8%	56	4.7%	
Unmoved	185	14.2%	90	7.5%	
Quite satisfied	608	46.8%	514	42.9%	
Satisfied	337	25.9%	521	43.5%	

M = Male; F = Female; Comparison between two groups were performed by chi-square test.

Figure 1.
Feeling premature ejaculation.

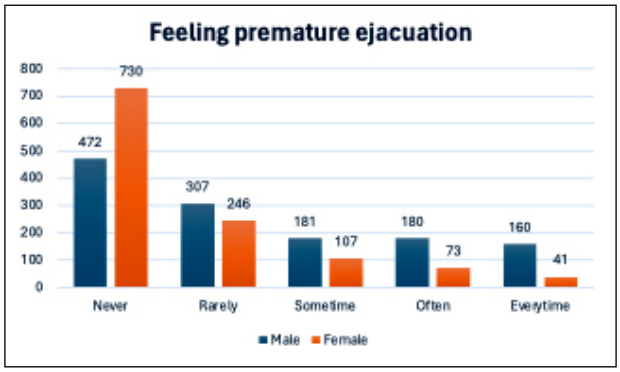


Figure 2.
Satisfaction with ejaculatory latency time.

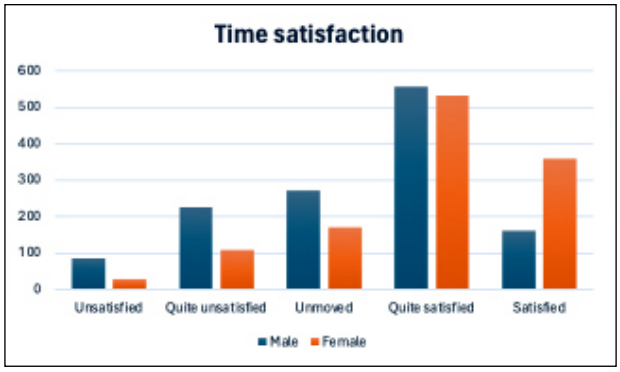


Figure 3.
Overall sexual satisfaction.

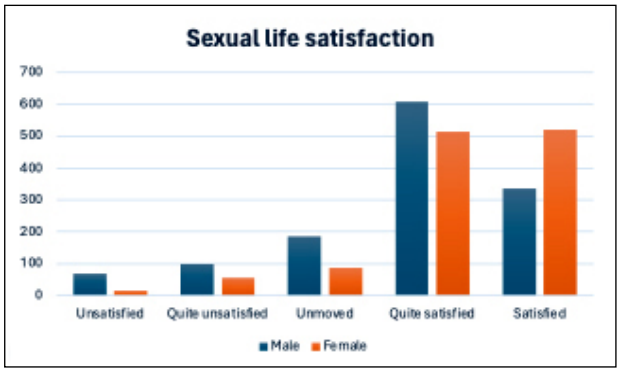
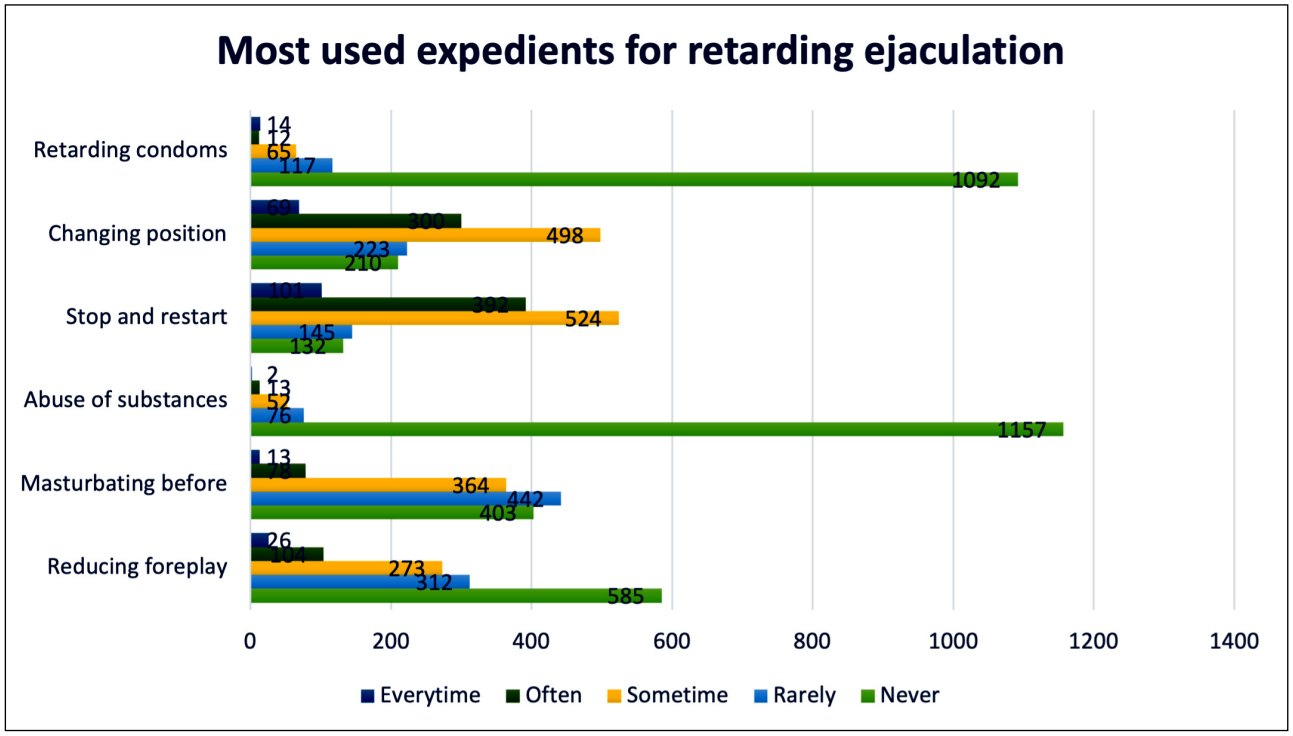


Figure 4.
Graphical representation of most used expedients for retarding ejaculation.



Finally, most men often or always use expedients to delay ejaculation, most used the "stop and start" technique, and the change of intercourse position (Table 4) (Figure 4).

Factors associated with premature ejaculation

In Table 3 we reported the result of the multivariate logistic regression analysis.

In the analysis, the odds ratio in predicting PE during sexual intercourse for "age", "substance abuse" and "porn use frequency" was 1.00 (p = 0.46) 0.76 (p = 0.24) and 0.88 (p = 0.66), respectively.

The odds ratio in predicting PE for "*masturbation frequency*", "*penetrating frequency*" and "*erection quality*" was 0.76 (p = 0.02), 0.75 (p < 0.01) and 0.73 (p < 0.01).

The odds ratio in predicting PE during sexual intercourse for "*premature ejaculation during masturbation*" was 6.74 (p < 0.001).

The odds ratio for "*alcohol abuse*" is 1.60 (p = 0.019), suggesting that alcohol use has a positive effect, increasing the risk of PE.

The odds ratio for "*sex desire*" is 1.02 (p = 0.903), indicating that sexual desire does not significantly affect PE.

Discussion

Here, we presented our work in which we subjected the largest population cohort presented in a study from a single center to the best of our knowledge, to a questionnaire regarding the sexual life of both men and women.

In this study, the IELT reported by male patients was a median (IQR) of 17 (8-20) minutes. This finding is corroborated by female partners, who reported a median IELT of 20 (15-20) minutes, indicating an increased duration of intercourse compared to that reported in the literature. For instance, *Nguyen et al.* (13) recently observed a perceived IELT of 6.09 (± 6.59) minutes (median 3 minutes, range 0.5-45 minutes), which was 2.01 (± 1.21) minutes for the PE-affected group and 11.69 (± 6.83) minutes for the control group, in a population with a mean age of 30.9 (±6.84) years, similar to our study's population (median 27 (23-32) years). Conversely, *Giuliano et al.* (14), in a multicentric study, reported a median IELT in the group of Italian subjects not affected by PE of 15.0 (1.5-45.0) minutes, more in line with our data, although our series did not differentiate between patients affected by PE and those who were not. Moreover, *Patrick et al.* (15), in a study of a large population sample (1,587 patients), noted a median IELT of 1.8 (range, 0-41) minutes for PE subjects and 7.3 (range, 0-53) minutes for

Table 3.
Multiple logistic regression of factors associated with premature ejaculation.

	OR	95% CI	P
Age	1.01	0.98-1.03	0.457
Substance abuse	0.76	0.48-1-03	0.239
Porn use frequency	0.88	0.51-1.53	0.659
Masturbation frequency	0.76	0.61-0.95	0.017
Penetration frequency	0.75	0.63-0.90	0.002
Erection quality	0.73	0.62-0.87	< 0.001
Premature ejaculation during masturbation	6.74	4.42-10.30	< 0.001
Alcohol abuse	1.60	1.08-2.38	0.019
Sex desire	1.02	0.73-1.43	0.903

non-PE subjects, with a mean age of 35.4 (± 10.7) years. Our results, therefore, offer an update on the average IELT among the population, particularly in younger individuals.

Regarding the prevalence of PE, we observed a global prevalence of 7.5% in our study population, which aligns with the results of two large observational studies included in the ISSM evidence-based definition of PE, where the prevalence of lifelong and acquired PE was 6.2% and 8.0%, respectively (2, 3).

The implementation of multivariate logistic regression analysis enabled the assessment of predictive factors for PE. Factors such as masturbation frequency, penetration frequency, and quality of erections were identified as having a negative impact on PE. The association between penetration frequency and PE is well-documented in the literature. This was highlighted in a study by *Verze et al.* (16), which found that Italian men with PE experienced a significant reduction in sexual intercourse attempts. A comparable decline in sexual frequency was observed among men with PE *versus* non-PE men in a study based on the Korean general population (17). Consistently, the current study found an inverse correlation, indicating that a higher frequency of sexual intercourse was associated with a reduced probability of experiencing PE (Table 3).

The correlation between ED and PE is equally evident, with a higher incidence of PE noted in patients with ED (18-20), a finding that is consistent with observations from the current research (Table 3).

Concerning sexual desire, our results were contrasting. While the study was based on the Korean general population (17), low libido was more frequent in men with PE compared to men without, we did not find those association.

Our questionnaire incorporated five questions related to potential PE prevention techniques (Male Questionnaire, Questions 58-62, Supplementary Material 2). Behavioral therapy is recognized as a critical component in the management of PE (21-24). As indicated in Table 4, the "*start and stop*" method, along with "*changing position*," emerged as the most frequently utilized technique in our sample, reported as sometimes or often by 40% and 30% for the former, and 38% and 23% for the latter, respectively. Given that "*changing position*" could be considered another variant of the "*start and stop*" method, a considerable segment of the population employs these techniques. This suggests that a majority of the population, even those not diagnosed with PE, use behavioral strategies to extend the duration of sexual encounters, which in turn indicates a high prevalence of subjective PE. On one hand, this finding may explain the higher IELT observed in our cohort compared to that documented in the literature; on the other hand, it could imply a degree of discomfort with the duration of intercourse, despite exceeding the 3-minute threshold defined by the ISSM.

Concerning the latter point, this study facilitates the assessment of both men's and their partners' satisfaction with sexual activity and their expectations. The link between PE and personal distress is well-established (25), with varying impacts on men and their partners. *Patrick et al.* (15) reported that partners' perceptions of PE are typically less problematic than those of the affected individuals. This was also supported by *Verze et al.* (16), although a significantly higher proportion of partners of men with PE reported personal distress (44% *vs.* 3%) and interpersonal difficulties (25% *vs.* 2%) compared to partners of non-PE men. *Graziottin & Althof* (10), in a 2011 review, identified significantly greater sexual problems, decreased satisfaction, and heightened distress and interpersonal difficulties among partners of men with PE than those of non-PE men.

In our dataset, as depicted in Table 2, there is a notable disparity in terms of satisfaction between men and women concerning the duration of intercourse and related sensations. Specifically, only 26% of men reported full satisfaction, compared to 44% of women. This discrepancy, alongside the fact that the study involved a younger population with fewer comorbidities that could impair sexual activity, should prompt reflection on the psychological pressures faced by young men regarding sexual performance and may direct educational interventions toward a more accurate understanding of sexual realities and the adjustment of expectations to prevent a dysfunctional misperception of sexual life.

This research offers a fresh outlook on the perception of ELTs among the young, male and female, population, and its influence on the behavioral and emotional facets of sexual life, and encompasses the largest mixed cohort yet assessed with this method, to the best of our knowledge. The substantial case series also enabled us to evaluate various factors associated with PE, corroborating existing literature (26, 27). Additionally, through the questionnaire focused on the psychological domain, this study offers a preliminary view into the perceived differences in sexual life satisfaction between men and women.

The interpretations of our findings must consider the study's limitations. Primarily, the employed questionnaire is not internationally validated, though it is akin to other instruments, such as the SCS-M (28) or the *Female Sexual Distress Scale-Revised-Premature Ejaculation* (FSDS-R-PE) devised by *Limoncin et al.* (29). Nonetheless, the use of a multi-item questionnaire enabled us to explore various aspects not assessable by any single questionnaire available in the literature to date. Secondly, it should be acknowledged that the study relies on voluntary participation in a questionnaire disseminated by a page addressing these types of issues. Consequently, it must be recognized that there is no explicit distinction between users who actively seek out the page, presumably for concerns pertaining to the sexual sphere, and those who encounter the page through sponsored content without perceiving themselves

Table 4.
Most used expedients for retarding ejaculation.

	Never	Rarely	Sometime	Often	Everytime
Reducing foreplay	585 (45%)	312 (24%)	273 (21%)	104 (8%)	26 (2%)
Masturbating before	403 (31%)	442 (34%)	364 (28%)	78 (6%)	13 (1%)
Abuse of substances	1157 (90%)	76 (6%)	52 (4%)	13 (1%)	2 (0%)
Stop and restart	132 (10%)	145 (11%)	524(40%)	392 (30%)	101 (8%)
Changing position	210 (16%)	223 (17%)	498 (38%)	300 (23%)	69 (5%)
Retarding condoms	1092 (84%)	117 (9%)	65 (5%)	12 (1%)	14 (1%)

to have such issues. Additionally, due to the specific clinical setting we employed, we did not differentiate whether the subjects had lifelong or acquired PE. Since the different clinical expressions of PE rarely require different treatment strategies, this bias does not significantly impact our results. An additional significant limitation is that the study participants were not evaluated by a professional, such as a sexologist or psychosexologist, which would have permitted a more precise objectification of the feelings described by the population. Regrettably, this limitation is intrinsic to the study design, which was structured as a survey. The inclusion of a predominantly young sample may introduce biases, especially concerning the prevalence of ED and its impact on PE (30).

Conclusions

In conclusion, our findings, given the extensive sample size and the range of assessed items, provide new insights into the prevalence of subjective premature ejaculation and its psychological consequences for both patients and their partners within the Italian population. Moreover, these results affirm the documented correlations between PE and its risk factors.

References

1. Rosen RC, Althof S. Impact of Premature Ejaculation: The Psychological, Quality of Life, and Sexual Relationship Consequences. J Sex Med. 2008; 5:1296-1307.

2. Gao J, Zhang X, Su P, et al. Prevalence and Factors Associated with the Complaint of Premature Ejaculation and the Four Premature Ejaculation Syndromes: A Large Observational Study in China. J Sex Med. 2013; 10:1874-1881.

3. Serefoglu EC, Yaman O, Cayan S, et al. Prevalence of the Complaint of Ejaculating Prematurely and the Four Premature Ejaculation Syndromes: Results from the Turkish Society of Andrology Sexual Health Survey. J Sex Med. 2011; 8:540-548.

4. Serefoglu EC, Mcmahon CG, Waldinger MD, et al. An Evidence-Based Unified Definition of Lifelong and Acquired Premature Ejaculation: Report of the Second International Society for Sexual Medicine Ad Hoc Committee for the Definition of Premature Ejaculation. Sex Med. 2014; 2:41-59.

5. Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors. JAMA. 1999; 281:537-44.

6. Basile Fasolo C, Mirone V, Gentile V, et al. Premature Ejaculation: Prevalence and Associated Conditions in a Sample of 12,558 Men Attending the Andrology Prevention Week 2001—A Study of the Italian Society of Andrology (SIA). J Sex Med. 2005; 2:376-382.

7. Gospodinoff ML. Premature ejaculation: clinical subgroups and etiology. J Sex Marital Ther. 1989; 15:130-134.

8. Santillán-Romero AS, Valladares-Garrido MJ, Juarez-Ubillus A, et al. Prevalence and associated factors of premature ejaculation and erectile dysfunction in young, single men who have sex with men in Lima, Peru. Sex Med. 2024; 12:qfae013.

9. Burri A, Giuliano F, Mcmahon C, Porst H. Female Partner's Perception of Premature Ejaculation and Its Impact on Relationship Breakups, Relationship Quality, and Sexual Satisfaction. J Sex Med. 2014; 11:2243-2255.

10. Graziottin A, Althof S. What does premature ejaculation mean to the man, the woman, and the couple? J Sex Med. 2011; 8(Suppl. 4):304-309.

11. Waldinger MD, Quinn P, Dilleen M, et al. A multinational population survey of intravaginal ejaculation latency time. J Sex Med. 2005; 2:492-497.

12. Eysenbach G. Improving the quality of web surveys: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES). J Med Internet Res. 2004; 6:e34.

13. Nguyen HB, Nguyen CT, Pham MQ, et al. Perceived intravaginal ejaculation latency time: The diagnosis of premature ejaculation among Vietnamese men. Andrology. 2024; 12:618-623.

14. Giuliano F, Patrick DL, Porst H, et al. Premature Ejaculation: Results from a Five-Country European Observational Study. Eur Urol. 2008; 53:1048-1057.

15. Patrick DL, Althof SE, Pryor JL, et al. Premature ejaculation: An observational study of men and their partners. Journal of Sexual Medicine. 2005; 2:358-367.

16. Verze P, Arcaniolo D, Imbimbo C, et al. General and sex profile of women with partner affected by premature ejaculation: results of a large observational, non-interventional, cross-sectional, epidemiological study (IPER-F). Andrology. 2018; 6:714-719.

17. Lee SW, Lee JH, Sung HH, et al. The prevalence of premature ejaculation and its clinical characteristics in Korean men according to different definitions. Int J Impot Res. 2013; 25:12-7.

18. Corona G. Erectile dysfunction and premature ejaculation: a continuum movens supporting couple sexual dysfunction. J Endocrinol Invest. 2022; 45:2029-2041.

19. Moussa M, Papatsoris AG, Chakra MA, et al. Erectile dysfunction in common neurological conditions: A narrative review. Arch Ital Urol Androl. 2020; 92:371-385.

Declarations

Ethical approval: This research has been conducted in the public arena using only publicly available or accessible records without contact with the individual/s and it does not require ethics reviews according to *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Articles 2.2 to 2.4.*

Availability of data and material: The datasets used and/or analyzed during the current study are available upon reasonable request from the corresponding author.

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20. Metz ME, Pryor JL. Premature ejaculation: A psycho physiological approach for assessment and management. J Sex Marital Ther. 2000; 26:293-309.

21. Ia AH, Naggar E, Gilany AH El. Assessment of as needed use of pharmacotherapy and the pause-squeeze technique in premature ejaculation. Int J Impot Res. 2001; 13:41-5.

22. Yuan P, Dai J, Yang Y, et al. A comparative study on treatment for premature ejaculation: Citalopram used in combination with behavioral therapy versus either Citalopram or behavioral therapy alone 2008; pp 35-38 https://www.researchgate.net/publication/ 292872130 _A_comparative_study_on_treatment_for_premature_ejaculation_Citalopram_used_in_combination_with_behavioral_therapy_versus_either_Citalopram_or_behavioral_therapy_alone.

23. Dogan K, Keçe C. Comparison of the results of stop-start technique with stop-start technique and sphincter control training applied in premature ejaculation treatment. PLoS One. 2023; 18:e0283091.

24. Cooper K, James MMS, Kaltenthaler E, et al. Interventions to treat premature ejaculation: A systematic review short report. Health Technol Assess (Rockv). 2015; 19:1-180.

25. Russo GI, Cocci A. Do we have put a new cornerstone for the treatment of premature ejaculation? Int J Impot Res. 2018; 30:272-273.

26. Ventus D, Jern P. Lifestyle Factors and Premature Ejaculation: Are Physical Exercise, Alcohol Consumption, and Body Mass Index Associated with Premature Ejaculation and Comorbid Erectile Problems? J Sex Med. 2016; 13:1482-1487.

27. Herkommer K, Meissner VH, Dinkel A, et al. Prevalence, lifestyle, and risk factors of erectile dysfunction, premature ejaculation, and low libido in middle-aged men: first results of the Bavarian Men's Health-Study. Andrology. 2024; 12:801-808.

28. Gündüz A, Sertçelik S, Gündogmus I, et al. Turkish validity and reliability of the sexual complaints screener for men Turkish validity and reliability of the sexual complaints screener for men. Psychiatry and Clinical Psychopharmacology 2018; 29:1-6.

29. Limoncin E, Tomassetti M, Gravina GL, et al. Premature ejaculation results in female sexual distress: Standardization and validation of a new diagnostic tool for sexual distress. J Urol. 2013; 18:1830-1835.

30. Jannini EA, Lombardo F, Lenzi A. Correlation between ejaculatory and erectile dysfunction. Int J Androl. 2005; 28(Suppl 2):40-45.

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