



# Lifestyle Modification Strategy for Patients with Premature Ejaculation as Metabolic Syndrome

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Premature ejaculation (PE) is the most commonly reported form of sexual dysfunction in men, with a prevalence varying from 19% to about 30% in the male population [1]. PE refers to an inability to delay ejaculation or having less perceived control over ejaculation, based on the guidelines for PE of the International Society for Sexual Medicine published in 2014 [2]. To some extent, the quality of life (QOL) for patients and their partners, including the sexual satisfaction of both partners, sexual confidence, and interpersonal relationships, are influenced by PE.

The metabolic syndrome (MetS) is a common metabolic disorder that results from changing life style and increasing obesity [3]. Various metabolic factors involve in development of cardiovascular disease, such as glucose intolerance, insulin resistance, central obesity, dyslipidemia, and hypertension [3]. Although there are a few studies available about the relationship between MetS and QOL, a growing body of evidence has shown significant association between MetS and the worsening of QOL [4].

I have carefully read the article published in The

World Journal of Men's Health by Jeh et al [5], and his findings and conclusions are indeed interesting. This article is one of the few reports which addresses the issue of PE and MetS. In their study, of 1,029 men, 74 subjects (7.2%) had acquired PE and 111 (10.8%) had MetS. Multivariate analysis showed that the presence of MetS (odds ratio=2.20, p=0.022) were significantly correlated with the prevalence of acquired PE [5]. The underlying mechanism by which MetS contributes to the occurrence of PE has not been elucidated, but there are some hypotheses. First, MetS may induce psychological changes such as depression, which may precipitate or maintain PE. Second, MetS can influence the etiology of PE by inducing changes in serotonergic receptor function, which is the primary organic cause of PE. Third, MetS induced tissue inflammation such as prostatitis may contribute to the occurrence of PE. However, there are some points to be explained in the study. First, PE was diagnosed by self-reported questionnaire for ejaculatory latency. Self-reported data may be quite different from stopwatch-measured ejaculatory latency. Second, in addition to medical and

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psychological factors, interpersonal factors can be a major cause of PE, and there is a statistically significant difference in marital status between PE and non PE groups. Therefore, a well designed study with standardized protocols to evaluate relationship of MetS and PE is needed to verify these findings. Even with these limitations we believe that their finding is meaningful in that they comprehensively analyzed various factors that are known to play a part in the onset of PE.

Lifestyle modification strategies are foremost in the treatment and prevention of MetS. There is complete agreement that weight loss is associated with significant improvements in the clinical abnormalities of MetS. In our opinion, similar to the role of lifestyle modification in the management of MetS, there may be a role for lifestyle modification to prevent progression or even enhance the regression in the earliest manifestations of PE.

### Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

### Author Contribution

Conceptualization: YSS, HSS, JKP. Writing-original draft:

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