

The Early Detection of Erectile Dysfunction and Premature Ejaculation

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DESCRIPTION

Erectile Dysfunction (ED) and Premature Ejaculation (PE) are prevalent sexual dysfunctions that have a detrimental impact on men and their partners globally. The relationship between sexual dysfunction and the anatomy of the penis has not received much attention in study. The current study looks into the relationships between self-reported penile morphological features with PE and ED. Age is also included in the studies because it has been linked in the past to sexual dysfunction and because there is reason to think that age may have an impact on how men connect to their sexual anatomy.

Premature Ejaculation and Erectile Dysfunction

The brief intravaginal expulsion waiting time (i.e., the interval between the beginning of vaginal penetration and ejaculation), a lack of ability to influence the moment of expulsion, and subsequent sexual pain are the characteristics of Premature Ejaculation (PE). Men with PE, on the opposite hand, have decreased levels of self-worth and confidence, elevated levels of worry and sadness, and trouble interacting with others. Conversely, PE is linked to a decreased level of sexual and relationship pleasure as well as a higher incidence of sexual dysfunction in female partners. Similarly, in a large sample, one among 5 women said that they had split up or divorced males due to early ejaculation issues. The inability to achieve or sustain an erection strong enough to derive satisfaction from sexual activity is known as erectile dysfunction, or ED. Moreover, poorer sexual satisfaction and self-esteem are linked to erectile dysfunction. Additionally, erectile dysfunction has been linked in multiple studies to a higher risk of PE.

Penis size and Sexual dysfunction: Men's body image, or more specifically, their self-esteem in their appearance, is particularly affected by their penis size. Of the 25,594 heterosexual men in the study, 45% reported feeling anxious and unsatisfied with their penis size, even if their penis was objectively normal in size. Men who are obsessed with a perceived flaw in their penis that might not seem noticeable to anyone else or may only appear slight can be diagnosed with body dysmorphic disorder if they experience excessive stress and embarrassment about their penis size. It has been discovered that these worries have a negative

correlation with orgasmic and erectile function as well as enjoyment during sexual activity.

Previous research has shown a connection between reduced sexual function and satisfaction and an overall negative body image. Less quick ejaculation and erection problems have also been linked to satisfaction with penis size. We propose that an overabundance of fear, stress, and guilt about the size of one's penis during sex may be the mechanism at work. This would set off an excessive sympathetic nervous system reaction, disrupting normal erectile function and ejaculation control.

The relationship between male sexual function and penis size has not received much attention in the literature to date. Men seeking to expand the length or circumference of their penile have recently begun to consider surgical penile augmentation. The participant's sexual self-esteem and contentment with the penis were found to rise with a rise in penile size and circumference following penile augmentation (i.e., the addition of allografts, especially a cell-free inert superficial matrix constructed from donated human epidermis tissue, in order to improve the size of the penis). Additionally, following penile augmentation, larger penile circumference has been linked to longer ejaculation delay intervals and improved erectile performance. This association is likely the result of decreased penile feeling as contrasted with baseline data prior to the procedure.

There is still much to learn about the relationship between sexual function and age. Age has not always been linked to PE, despite some earlier studies reporting that older men self-report longer ejaculation latency times. Nonetheless, earlier research has generally consistently shown that ED risk increases with age, especially in males over 40. Additionally, PE and ED are strongly correlated, a greater chance of PE may be caused by a greater chance of ED that comes with becoming older. However, having more sexual knowledge as one ages may result in less concern about one's sexual performance (particularly in committed partnerships), which may lower the likelihood of ED and PE.

There is on-going debate over the relationship between sexual function and age. After the age of 30, adult men's testosterone levels, which are favourably correlated with improved sexual

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function, start to decrease. On the other hand, as young men age and have more sexual experiences, they might be less prone to suffer anxiety related to their sexual performance, especially in partnerships that last a long time. This could reduce their chance

of developing ED and PE. Because of this increased sexual experience, there is a positive correlation among age as well as sexual function in younger men and a negative correlation in older men.