Submitted: 10 June, 2024 Accepted: 10 July, 2024 Published: 30 October, 2024 DOI:10.22514/jomh.2024.173

ORIGINAL RESEARCH

JOMH Journal of Men's Health

Experiences of patients with attention-deficit/hyperactivity disorder and premature ejaculation: a phenomenological study

Jessica García-González[1], Rafael García-Alvarez[2], Raúl Romero-del Rey[1,*], Rosario Fadul-Calderon[2], Antonio Ruiz-Ortiz[2], Mar Requena-Mullor[1], Raquel Alarcón-Rodríguez[1]

[1]Department of Nursing, Physiotherapy and Medicine, Faculty of Health Sciences, University of Almería, 04120 Almería, Spain
[2]Human Sexuality Institute, Faculty of Health Sciences, Autonomous University of Santo Domingo, 10103 Santo Domingo, Dominican Republic

***Correspondence**
rrd239@ual.es
(Raúl Romero-del Rey)

Abstract

Premature ejaculation is listed in the Diagnostic and Statistical Manual of Mental Disorders and is one of the most common ejaculation disorders in the male population. This study aimed to describe the experiences of men with attention-deficit/hyperactivity disorder (ADHD) and premature ejaculation. This is a descriptive qualitative study based on Merleau-Ponty's hermeneutic phenomenology. Twenty-three patients diagnosed with ADHD who experience premature ejaculation participated. Thematic analysis was used for data analysis with ATLAS.ti computer software. Two main themes were drawn from the data analysis: (1) "Virility in question: ejaculation time as the measure of masculinity" and (2) "Restoring sexual identity and function". Premature ejaculators with ADHD experience heightened emotional challenges stemming from traditional masculine norms and the social pressure to conform, which has a negative impact on their sexual well-being. Furthermore, they encounter difficulties in their relationships, resulting in sexual dissatisfaction for both partners. In a quest to reclaim their sexual identity and function, the participants sought assistance from healthcare professionals and explored potential triggers for this sexual dysfunction, including the influence of ADHD.

Keywords

Attention-deficit/hyperactivity disorder; Mental health nursing; Premature ejaculation; Qualitative research; Sexual dysfunction; Sexual relationship; Sexual satisfaction

1. Introduction

Premature ejaculation (PE) decreases a person's sexual confidence and causes psychological comorbidities, which seriously affect both their health and that of their partners [1]. Furthermore, according to a recent study, both patients and healthcare professionals are hindered by cultural, religious or moral factors when addressing sexual concerns during medical consultations, which makes it difficult to provide a diagnosis and possible treatment [2]. This study aims to describe and understand the experiences of patients with attention-deficit/hyperactivity disorder (ADHD) and premature ejaculation. This could pave the way for the development of useful strategies that would enable healthcare professionals to provide these patients with better care and make them feel more comfortable in seeking help.

PE is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) [3] and is one of the most common sexual dysfunctions among the population [4–7]. Approximately 30% of men over the age of 40 in Europe suffer from this sexual dysfunction [8]. However, the prevalence of PE varies significantly worldwide, with reported figures ranging from 3% to over 30%, depending on the diagnostic criteria used [8, 9]. According to the International Society for Sexual Medicine, PE consists of ejaculation that occurs consistently within 1 minute before or after penetration [5, 7]. Other studies suggest that ejaculatory latency could extend to 2 minutes or more [6]. This sexual dysfunction produces negative psychological effects on both the patients and their partners; anxiety, depression and distress are some of the symptoms that affect their quality of life, relationships, self-esteem, and confidence [1, 5].

ADHD is a mental health condition characterised by hyperactivity, restlessness, impulsivity, and attention deficit [10–13] that often develops in childhood. In the Dominican Republic, the prevalence of ADHD among children stands at 7.6% [14]. However, ADHD can persist into adulthood and cause psychological and social consequences, substance abuse and family conflict [1, 10, 12, 15]. Its prevalence among adults is estimated at 2–5% worldwide [15, 16] and is higher in males than females, with a 2:1 ratio [17, 18]. Adults with ADHD often have problems concentrating, act impulsively and get

distracted, resulting in higher levels of anxiety, depression and lower levels of general satisfaction in life. These symptoms have a negative impact on their daily lives, affecting their work, personal, romantic and sexual relationships [11, 19]. In terms of sexuality, scientific evidence suggests that ADHD should be considered a risk factor for sexual dysfunction [10, 15]. It has been reported that most patients with ADHD have a higher incidence of sexual dysfunction [15, 20], including PE [10, 21]. In fact, Soydan *et al*. [13] reported that 42% of patients diagnosed with ADHD suffered from PE. This sexual dysfunction has a negative impact on their health, leading to negative emotions during or after sexual intercourse [15]. According to the International Society of Sexual Medicine's Guidelines, general practitioners and nurses are often the first line of contact for these patients within the healthcare system [22]. For this reason, healthcare professionals need to be able to identify PE and ensure that the patient feels comfortable seeking help [23].

There is current research highlighting ADHD as a mental disorder that affects sexual health [19] and sexual functioning [11]. In addition, a recent study suggests that these patients tend to engage in risky sexual behaviours due to their impulsivity [24]. Nevertheless, a recent review emphasises the need for further research on the sexuality of ADHD subjects [19]. For this reason, and due to the lack of qualitative studies describing the experiences of ADHD patients with sexual dysfunction, we decided to pursue this research. This study aimed to describe the experiences of men with attention-deficit/hyperactivity disorder and premature ejaculation.

2. Materials and methods

2.1 Design

A qualitative investigation based on the hermeneutic phenomenology of Merleau-Ponty was carried out. Merleau-Ponty's theory of incarnation and embodiment maintains that humans experience the world via our bodies and that embodiment is necessary for understanding human consciousness. An embodied person lives within a web of interconnected relationships through which they are exposed to the outside world [25]. Merleau-Ponty's philosophy allows us to understand the participants' experiences of living with ADHD and PE. When preparing this paper, the Consolidated Criteria for Reporting Qualitative Research (COREQ) were used [26].

2.2 Setting and participants

Twenty-three patients from the Institute of Human Sexuality in Santo Domingo, Dominican Republic, were selected through purposive sampling. The inclusion criteria were: (1) to be a male with PE; (2) to be diagnosed with ADHD; (3) to provide informed consent to participate in the study; and (4) to be aged 18 or older. Exclusion criteria were: (1) to have any psychological or mental condition that prevented them from being able to recall experiences or maintain a conversation. A medical specialist diagnosed PE in line with the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-V) and International Classification of Diseases 11th Revision (ICD-11), which consider that PE during sexual activity occurs within approximately one minute of vaginal penetration. A team of professionals (psychologists and doctors) from the Institute of Human Sexuality in Santo Domingo helped to recruit the sample. They contacted the potential participants, explained the study protocol to them and invited them to participate. Of the twenty-six participants contacted, three refused to participate as they did not wish to share their experiences. The final sample comprised 23 participants. The number of informants required was determined using saturation criteria, which is a recognized technique for evaluating sample size [27].

2.3 Data collection

Data collection was carried out through semi-structured in-depth interviews conducted in an office of the Santo Domingo Institute of Human Sexuality between January and May of 2023. The interviews had an average duration of 56 minutes and were audio-recorded, transcribed verbatim in Spanish, and subsequently analyzed. Prior to data collection, socio-demographic information was collected, the protocol and confidentiality measures were explained, and informed consent was obtained from all participants (willingness to participate, permission to record). Two experienced researchers conducted the interviews using a pretested semi-structured interview guide with open-ended questions (Table 1). The interviews began with a general question, such as "PE is a common sexual problem among men. When did you first become aware that you had this problem and how did you feel?". Each participant was interviewed only once. The participants' ADHD diagnoses were documented in the medical records of the Institute of Human Sexuality. The familiarity between the participants and interviewers, established through previous consultations, facilitated communication and enriched the data collected. The interviewers took notes of non-verbal elements (*e.g.*, expressions…) and paraverbal features (*e.g.*, tone of voice…) of communication. Data collection ceased when the researchers deemed that there was no more new information to provide, thus considering that data saturation had been reached [27]. Researchers used a reflective journal during interviews, created memos and researchers' interpretations and reflections were continuously edited during the data analysis process.

2.4 Data analysis

Data analysis was conducted using all of the in-depth interview transcripts, recordings and researcher field notes. The recorded interviews were transcribed verbatim. All researchers used ATLAS.ti 22.0 software (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) to incorporate them into a hermeneutic unit for further analysis. Thematic analysis was conducted following the six stages recommended by Braun & Clarke [28, 29]: (1) Familiarization with the data: reading and re-reading the data. (2) Generation of initial codes: creating concise labels (codes) that capture important features of the data. In this coding phase, researchers strive to remain faithful to the data in line with the descriptive nature of Merleau-Ponty's phenomenology [30]. (3) Search for generating initial

TABLE 1. Interview script.

Stage	Subject	Content/example questions
Introduction		
	Motives, reasons	To understand the experiences of participants with attention-deficit/hyperactivity disorder and premature ejaculation.
	Ethical issues	To inform participants about their voluntary participation, registration, consent, confidentiality and the possibility of withdrawing from the study at any time.
Beginning		
	Introductory question	Tell me a bit about yourself (Who are you? What do you do?)
Development		
	Conversation guide	PE is a common sexual problem among men. When did you first become aware that you had this problem and how did you feel? When you realised you experienced PE, did you think it was due to a negative experience or ADHD? Or have you had any experience of abuse? Now tell me about who you first talked to about this issue and how you dealt with it. Did you ask for professional help? How often were you sexually active in the past? How about now? How has it influenced you personally? Are you satisfied with your sex life? If you have a partner, does your partner know about your situation (PE)? How has it influenced you both?
Closing		
	Final question	Would you like to share anything else?
	Appreciation	Thank you for your participation. Your interview will be of great value to us.

Abbreviation: PE, premature ejaculation; ADHD, attention-deficit/hyperactivity disorder.

themes from data coding: once each researcher generated their initial codes, they were shared to come to an agreement on a unified coding system. Discrepancies were resolved through reaching consensus among all researchers; if 75% of the researchers (6 out of 8) did not agree on a particular code, it was eliminated. (4) Development and review of themes. (5) Refining, definition, and naming of themes. (6) Production of the report. In stages 5 and 6 (for the phenomenological interpretation of Merleau-Ponty), the researchers used the participants' accounts to create themes and subthemes (scientific discourse) that would enable them to understand and explain the phenomenon. The transcripts, coding, themes and subthemes were discussed by the research team to verify them. In this step, a table with themes, sub-themes and units of meaning was produced. Finally, the participants provided feedback on the findings.

2.5 Rigor

To maintain the rigour of the study, quality criteria [31] were used as follows: (1) Credibility: three researchers analysed the data independently and researcher triangulation was performed. Two researchers with expertise in qualitative research then reviewed the data analysis. (2) Transferability: the method, study location, participants and context were described in detail. (3) Reliability: an expert in qualitative research who was not involved in the study reviewed and confirmed the data analysis. (4) Confirmability: After reading the transcripts separately, the researchers reached a consensus on the themes, sub-themes, and units of meaning. In addition, the study participants were given the opportunity to view and clarify the interpretation of the transcripts.

3. Results

Twenty-three participants aged 31–44 years (mean: 38.26, Standard Deviation (SD): 4.20) with PE and a history of ADHD participated in the study. Of the twenty-three participants, thirteen were married and twenty-one had children. All participants indicated that they had a female partner and fourteen identified as Catholic. In terms of educational level, sixteen had a university education. The age at which PE started ranged from 17 to 28 years (mean: 21.96, SD: 3.74) and all participants suffered from lifelong PE. All participants with ADHD were receiving pharmacological treatment. Patients under treatment for ADHD received prescriptions for daily doses of methylphenidate. The dose was response-adjusted, ranging from 27 to 36 mg per day. The socio-demographic characteristics of the participants are presented in Table 2.

Inductive data analysis was used to develop two main themes and four sub-themes, which helped to understand the experiences of participants diagnosed with ADHD who experience PE (Table 3).

3.1 Theme 1. Virility in question: ejaculation time as the measure of masculinity

This topic describes the perceptions and experiences of patients suffering from PE, a condition that is related to the time it takes to ejaculate. This dysfunction affects the quality of life

TABLE 2. Demographic characteristics of the interviewees (n = 23).

Participant	Age	Religion	Level of education	Marital status	Number of children	Age when PE started
P1	33	Catholic	Secondary	Partner	1	24
P2	31	Evangelical	University	Married	1	26
P3	40	Atheist	University	Partner	3	25
P4	37	Evangelical	Secondary	Married	0	23
P5	39	Evangelical	University	Partner	3	17
P6	44	Catholic	University	Married	2	18
P7	34	Catholic	University	Divorced	1	28
P8	42	Catholic	University	Married	4	18
P9	44	Catholic	University	Married	2	20
P10	38	Catholic	Secondary	Married	1	17
P11	43	Atheist	Secondary	Single	3	19
P12	44	Atheist	Primary	Partner	4	20
P13	40	Catholic	University	Married	4	17
P14	38	Catholic	University	Married	2	25
P15	39	Catholic	University	Partner	1	26
P16	33	Catholic	University	Married	1	22
P17	36	Evangelical	University	Married	2	27
P18	41	Catholic	University	Married	3	28
P19	44	Catholic	Secondary	Married	2	20
P20	37	Atheist	University	Partner	2	25
P21	31	Atheist	University	Partner	0	19
P22	38	Catholic	Secondary	Married	2	22
P23	34	Catholic	University	Partner	1	19

Abbreviation: PE, premature ejaculation.

TABLE 3. Themes, sub-themes and units of meaning.

Theme	Sub-theme	Units of meaning
Virility in question: ejaculation time as the measure of masculinity		
	Traditional masculine norms and the pressure of not fitting in	Effect on masculinity, social pressure, shame, humiliation, anxiety, depression, feeling bad, insecurity, worry.
	Orgasm as a reward: the feeling of not pleasuring one's partner	Dissatisfaction, frustration, desire to prolong sexual intercourse, less sexual intercourse, avoidance, infidelity.
Restoring sexual identity and function		
	Acknowledging the problem and looking for possible causes	ADHD, difficulty concentrating, sexual over-excitement, work stress, sedentary lifestyle, financial difficulties.
	Seeking alternatives through different channels of support	Communication, professional help, friends, partner support, internet, pills, anesthetic cream, stimulant drinks, masturbation.

Abbreviation: ADHD, attention-deficit/hyperactivity disorder.

and sexual satisfaction of these individuals, who are diagnosed with both PE and ADHD. As a consequence, they experience emotional and marital difficulties.

3.1.1 Sub-theme 1. Traditional masculine norms and the pressure of not fitting in

The participants expressed their discomfort with not meeting society's expectations in sexual relationships. They believed PE impacted their sense of masculinity and felt ashamed for not fitting in with societal norms.

"When you have sex and you don't experience PE, you feel more manly, calmer and more confident." (P-6)

"Before marriage, I always used a condom when I had sex. Then, when I ejaculated, it was as if nothing had happened. I would pretend." (P-9)

"I feel bad because, as a man, to have this happen to you is

quite humiliating." (P-7)

"As we say here, you didn't deliver like a gentleman." (P-8)

In addition, the participants suffered from different psychological disorders, such as anxiety or depression, due to PE during sexual intercourse. This led them to feel less positive in subsequent sexual relations with their partners.

"My wife wants to reach orgasm through penetration, but my problem makes it impossible. That puts me under pressure and makes me anxious." (P-2)

"In the past, I often felt depressed because I finished and my wife didn't." (P-19)

"I think my problem with PE is affecting my pre-sex anxiety. I feel so anxious that sometimes I feel uncomfortable. I mean, knowing that it's going to happen, I tell her: This is going to happen, and I think: She has been my partner for twenty years and I shouldn't be feeling anxious over this." (P-16)

The participants' discomfort was mainly due to their inability to satisfy their partner, which in turn led to low self-esteem. This issue negatively affected the sexual satisfaction of both partners.

"As I told you, what makes me feel bad is not being able to satisfy my partner." (P-5)

"Basically, it makes me feel very insecure because, like I said, I can't have penetrative sex with my wife, and I feel very frustrated." (P-10)

"Sometimes you even shy away from being with your partner when that situation happens because you don't know if she feels good." (P-11)

3.1.2 Sub-theme 2. Orgasm as a reward: the feeling of not pleasuring one's partner

PE significantly impacts both the affected patients and their sexual partners, causing conflict and relationship issues. The participants' accounts highlighted a lack of enjoyment during sexual intercourse and an inability to delay ejaculation, which resulted in sexual dissatisfaction for both partners. Additionally, the participants described the negative emotions and experiences related to their intimate relations, leading to deep frustration and reduced overall relationship satisfaction.

"When you are going to have sex, the reward is having an orgasm, but I see that she is not coming. In other words, I'm getting the reward on my own. She feels bad, and rightly so." (P-20)

"I don't feel satisfied because I can't enjoy a sexual relationship. I would like to be able to enjoy it with my wife and for her to enjoy it too but finishing so quickly doesn't allow me do that." (P-18)

"One has expectations, but when I start to have intercourse, I have an internal struggle not to ejaculate. That frustrates me a lot." (P-10)

Most of the participants acknowledged having been unsuccessful in using different strategies to try to prolong sexual intercourse and satisfy their partners sexually.

"I have tried to prolong the time before ejaculation. I have tried to control it by pulling my penis out so I don't ejaculate, but my wife tells me not to pull it out. Once I'm inside she doesn't want me to pull it out." (P-22)

"I try to focus on lasting longer. At one point, she even says—I can see that you are not looking at me and you're focusing on something else. I try to take myself to another place mentally so that I don't ejaculate, but it happens." (P-17)

"To lengthen sexual intercourse, I try to pull my penis out for a couple of seconds and do something else, but that hasn't been successful." (P-3)

The participants mentioned using alternative methods for sexual satisfaction with their partners, such as oral sex and masturbation. Additionally, they noted that while their partners enjoyed these sexual practices, they often preferred penetrative intercourse.

"My wife wants to reach orgasm through penetration, that puts pressure on me. She has had orgasms without penetration through oral sex and masturbation. She wants me to seek help from doctors. She is obsessed with having an orgasm through penetration." (P-14)

"She enjoys oral sex, but sometimes, there comes a moment when she also wants penetration." (P-15)

Finally, the participants felt disappointed with sexual intercourse, which led them to avoid it altogether. This avoidance significantly affected the couple's relationship, impacting both emotional and sexual communication. Some participants also mentioned instances where they or their partners had been unfaithful as a way of coping with these challenges.

"Over the last few months, we haven't had much sex because of the awkwardness. For me, it's because of the worry that I'm not going to achieve the goal, and that in itself is a failure. For her, it's disappointment because she expects to enjoy it, but she gets tired." (P-4)

"She doesn't want to do anything with me now, that's why I'm here. I am not sexually satisfied, and neither is she." (P-10)

"...there was infidelity. We were both unfaithful." (P-12)

3.2 Theme 2. Restoring sexual identity and function

This theme addresses the participants' ability to adapt their sexuality in view of their PE condition. The participants recognised the importance of identifying the possible underlying causes of PE as a fundamental step in finding a solution. In addition, they explored different approaches to addressing their sexual dysfunction, either through communication with their partners or by seeking help from healthcare professionals.

3.2.1 Sub-theme 1. Acknowledging the problem and looking for possible causes

Identifying the factors contributing to or exacerbating PE is crucial for managing it. Many participants were conscious of their condition and the challenges it posed. Some even speculated that ADHD could potentially trigger PE. They acknowledged that when their minds involuntarily wandered to other matters, it affected their ability to control ejaculation.

"We have sometimes stopped sex because I was going over something in my mind. I think about work or even a negative situation, for example, if I have had an argument with her or something." (P-5)

"I sometimes get distracted, but I try to focus on what I'm doing so that I don't ejaculate prematurely." (P-23)

"As soon as I start being intimate with my wife, I immediately tense up, like I don't want to fail." (P-10)

The participants acknowledged having experienced heightened sexual desire towards their partners, which they recognized as a potential trigger for PE. While initially seen as positive for their sexual relationship, this desire paradoxically became a source of conflict when it led to PE, resulting in mutual dissatisfaction.

"When I'm with her I get too excited, I don't think about anything else but having sex with her." (P-21)

"When I'm about to penetrate I feel that hot, juicy feeling... I want to control myself, but I can't." (P-4)

Work stress, a sedentary lifestyle and financial difficulties exacerbated the situation, even when the problem of PE was already present. These factors led to a decline in the frequency of sexual intercourse.

"At the beginning we had sex every day. Then, because of stress, as a technician I worked long hours and had a twelve-hour schedule from Monday to Sunday, and in reality the stress of everyday life. Also, I had a lot of debts and pending issues and when I went away on a trip, we weren't intimate for a month..." (P-10)

"My physical condition might have been a cause, as I was quite overweight and weighed around one hundred and twenty kilos, I was very fat. Also, I imagine that the amount of time I spent working made me tired all the time, sleepy, exhausted. I think that was one of the things that affected my problem the most." (P-7)

"I have a financial situation that is affecting me quite a lot and that has led me to feel very stressed and anxious. I sometimes don't realise it, but it is there. It could be affecting me." (P-16)

3.2.2 Sub-theme 2. Seeking alternatives through different channels of support

Most of our participants have actively sought out healthcare professionals, including physicians, urologists, and sexologists, in their quest for answers. Whether influenced by marital complexities, the distress of dealing with PE, or the conflicts arising in their relationships, they have turned to these specialists for guidance. Prior to seeking professional help, they often confided in their closest friends and family members, seeking advice and alternative viewpoints. It is crucial to highlight that their primary motivation in seeking solutions for PE was to satisfy and please their partners.

"As a man, and understanding her, I knew that I had to seek help." (P-5)

"I had gone to urologists as well... Basically because of problems in my marriage." (P-7)

"I have actually sought help many times and even gone to several urologists and I went to a sexologist once." (P-19)

"First of all, I asked my colleagues and friends. About 7 months ago I started asking them. I didn't do so before because I was too embarrassed." (P-1)

Communication between the participant and their partner was crucial in managing the PE condition. Through open and honest dialogue, they established a channel for sharing experiences and insights. Even when their partners expressed dissatisfaction, they worked together to provide tools that helped manage the situation. This interaction process highlights communication as a vital element that fosters mutual understanding and facilitates collaborative management of the challenges related to PE.

"I thank her infinitely, because she tells me—Don't hurry, things take time. It will work out." (P-13)

"Now that we have asked for professional help to solve it, she is back to normal with me, she is supporting me." (P-12)

"She likes to read up on it a lot. She more or less explained to me why PE happens and then I understood why we had to ask for help from healthcare professionals." (P-5)

The participants acquired various resources to manage their PE by discussing it with friends and researching the disorder online. Commonly utilized methods included taking pills, using anesthetic creams, consuming energy drinks, and masturbating before sex. However, they recognized that these strategies often fell short of achieving the desired results.

"You check the internet and pills are one of the most advertised methods. But if you don't take them regularly, they don't work." (P-22)

"A while ago, I used an anesthetic cream following advice from friends, but it didn't work for me at all." (P-2)

"I drank a lot of stimulant drinks and masturbated before sex to control PE, but none of that works." (P-12)

4. Discussion

This study aimed to describe and understand the experiences of patients with ADHD and premature ejaculation. Following a phenomenological approach inspired by Merleau-Ponty has allowed us to understand a complex phenomenon from the perspective of the individuals embodying it. The experiences of the participants with ADHD and PE were interpreted taking into account that we access the world through our bodies [25]; the participants' bodies cannot be separated from their presence in the world. The participants faced several challenges in relation to PE, which had an impact on their masculinity and sexual satisfaction. Recent studies on masculinity are relevant due to current social changes in society that permeate economic, political, cultural, and sexual spheres. The main objective of studies on masculinity is to identify the conflict that men experience in the face of changes to masculine identity [32].

Male sexuality is seen as a symbol of virility and masculine power. The exploration of this analytical approach has been driven by feminist studies on sex and sexuality that highlight how women are oppressed by men, thus creating an impelling force for studying male sexuality. From a social perspective, while female sexuality is repressed, male sexuality is encouraged and seen as a symbol of masculinity [33].

The study participants experienced social pressure to conform to masculine norms, which led to feelings of shame, depression and anxiety. In addition, PE negatively affected their relationships, causing sexual dissatisfaction and emotional conflict. To address this dysfunction, the participants sought to identify possible triggers, such as ADHD or excessive sexual desire, and explored various therapeutic strategies. They also turned to media sources, such as the Internet, for information and possible solutions, but to no avail. Despite

the challenges in their relationships, open and honest communication with their partners played a crucial role in the process of managing PE.

The participants felt ashamed for not meeting social expectations to satisfy their partners during sex, which compromised their sense of masculinity. The contribution of women's studies to gender approaches should not be underestimated. They have had a significant impact on current research on masculinity, given that the problems related to female sexuality highlight the need to study their gender counterpart. This includes attitudes, men's role in society, and the personification of men's power. Men with PE often focus intensely on their sexual performance, leading them to disconnect from their partners and not pay attention to their partners' satisfaction [34]. This is common among those with sexual dysfunction due to health issues [35, 36]. Feminist research has highlighted how, in dominant cultural discourses, men's sexuality has been positioned as superior to women's [37]. However, the tides are changing, and women are no longer submissive; instead, they are demanding a pleasurable and satisfying sex life, which could lead men to feel threatened, thus accelerating the ejaculation process. The participants with PE felt stressed, dissatisfied, and fearful of their partners being unfaithful, resulting in a significant psychological burden [37, 38]. In addition, they experienced anxiety, depression, and insecurity due to their inability to satisfy their partners sexually. As for how quickly a man can achieve an erection after ejaculation, our conclusions are based on the experiences of the participants. The male refractory period varies with age; it is shortest at 20 years of age but as an individual ages, it lengthens and can last from hours to days [39]. The ejaculatory process of individuals with ADHD could be accelerated by psychological factors related to the condition, such as impulsivity and lack of attention or concentration.

These findings are consistent with previous studies on patients with PE [7, 40, 41]. Disorders such as anxiety and depression may significantly contribute to both the cause and perpetuation of PE [6, 41]. Therefore, specific care is required to manage this sexual dysfunction. The participants stated that PE had led to conflicts and difficulties in their relationships, as well as sexual dissatisfaction for both partners due to their inability to prolong sexual encounters. These ejaculation disorders hinder the pleasure of both the affected person and their partner [42, 43]. The participants also described negative experiences of sexual intercourse, which led them to have fewer and less enjoyable encounters. Similar results were observed in a previous study examining the dynamics of a couple in which one partner suffered from PE. It revealed a significant level of sexual dissatisfaction and a gradual reduction in the frequency of sexual encounters [7]. In addition, there are some studies that suggest that circumcision could have positive effects on the latency time of intravaginal ejaculation, ejaculation control, sexual satisfaction and the severity of PE [44]. Many participants tried various strategies to prolong intercourse and satisfy their partners but did not achieve the desired results. These disappointing experiences led some participants and their partners to avoid sex and be unfaithful. A recent study has shown that people who practise polygamy have a lower incidence of PE compared to monogamous men. This finding has been attributed to greater sexual experience, relationship maturity, a higher frequency of sexual intercourse and greater psychosexual comfort [45].

Most participants believed that ADHD could be a potential cause of PE. They identified distractibility, a common aspect of their daily lives, as a contributing factor. These findings are in line with recent evidence suggesting that distractibility may adversely affect sexual activity for individuals with ADHD as it reduces their enjoyment, while also highlighting ADHD as a relevant risk factor for PE [10]. Furthermore, the participants identified sexual hyperexcitation as a potential trigger for PE, corroborating previous research that established an association between the severity of ADHD symptoms and the manifestation of hypersexual behaviors [46]. Similarly, it has recently been suggested that a thorough assessment of individuals with lifelong PE about ADHD be conducted, with particular emphasis on hyperactive and impulsive characteristics [21]. Impulsivity, in general terms, is characterized by action without premeditation, impatience, a willingness to take risks, difficulty in waiting for one's turn, an inability to maintain concentration, difficulty in delaying gratification, and a propensity for novelty seeking [47, 48]. Considering that the mastery of ejaculatory control is a developmental and structural process and given that most men naturally learn to delay ejaculation, traits such as hyperactivity and impulsivity may adversely impact this motor learning process [49, 50]. Furthermore, the participants highlighted other factors, such as work stress, sedentary lifestyles, and financial difficulties, as exacerbating the problem and leading to less frequent sexual intercourse with their partners. When treating PE, it is essential to consider the combination of physiological, psychobehavioural, cultural, and relational factors, as all these elements play an important role [51]. The participants, motivated by their desire to satisfy their partners, tried to find solutions through communicating with their partners and friends, as well as with different healthcare professionals. For these individuals affected by PE, confiding in their partner was key to managing their condition. Recent literature suggests providing psychosexual counselling and cognitive-behavioural therapies focused on sexuality to all patients with PE, with their partners actively participating in the treatment process [52]. The participants also searched for information on the internet and sought out recommendations from friends, which led them to put various methods for dealing with PE to the test, such as the use of medication and anesthetic creams, the consumption of energy drinks and masturbation before sex. However, these strategies proved to be ineffective. Indeed, while online searches for PE are increasing, reflecting the current relevance of this condition in society [53], a study evaluating the quality of information available on the internet about PE revealed that only a few websites offered complete and comprehensive medical information about this sexual dysfunction. As a result, men are accessing information of highly variable quality [54].

When working with patients diagnosed with PE who also present with hyperactivity and ADHD, clinicians should consider specific strategies and interventions that address both the sexual aspects and symptoms associated with ADHD. It is crucial to perform a comprehensive evaluation that includes both sexual history and a detailed evaluation of ADHD, to

identify how these disorders interact and affect patients' lives. Cognitive behavioral therapies may be particularly effective, focusing on cognitive restructuring to manage the negative thoughts and impulsivity characteristic of ADHD. It is also recommended that behavioral techniques, such as ejaculation control training using stop-and-start methods and systematic desensitization, be adapted to manage inattention and hyperactivity [52]. Additionally, psychosexual counseling that focuses on information about sexual function, communication among couples, and the resolution of underlying emotional problems, could provide a framework for improving understanding and cooperation between patients and their partners. Moreover, multidisciplinary collaboration with ADHD specialists, such as psychiatrists and psychologists, is essential to ensure cohesive and effective treatment that addresses all facets of these complex disorders [52].

The characteristics of the participants were diverse in terms of age, religion, age of onset of PE, and lived experiences, thus guaranteeing variability in their responses. Although the number of participants is deemed acceptable as a result of reaching data saturation, it is crucial to acknowledge that our findings cannot be extrapolated to the entirety of men with ADHD and PE. This is due to the qualitative nature of our study, whose primary aim was to understand the experiences of the participants. The main limitation we have encountered when analysing the literature is the lack of information regarding the prevalence of PE in the participants' country of origin, meaning that we were unable to gain an in-depth understanding of the situation as a whole. Further research estimating the prevalence of PE in the Dominican Republic would be advisable. In addition, the participants were all from the Dominican Republic, so the sample is not representative of today's multicultural society. To have a better understanding of the phenomenon, future research should be conducted in different geographical and could include patients with PE who have male partners. It would also be advisable to use comparison groups to compare participants' experiences with PE and ADHD.

5. Conclusions

Our findings suggest that individuals with both PE and attention-deficit/hyperactivity disorder experience heightened emotional challenges stemming from traditional masculine norms and the social pressure to conform, ultimately having a negative impact on their sexual well-being. Furthermore, they encounter difficulties in their relationships, resulting in sexual dissatisfaction for both partners. In a quest to reclaim their sexual identity and function, the participants sought assistance from healthcare professionals and explored potential triggers for this sexual dysfunction, including the influence of ADHD.

The study participants expressed gratitude for the opportunity to engage in open and nonjudgmental discussions concerning an issue they needed to address and manage with the support of healthcare professionals and their loved ones. Gaining a deeper understanding of the experiences of individuals with PE has the potential to improve the approach and efficacy of treatments for managing this condition.

AVAILABILITY OF DATA AND MATERIALS

The data for this study consist of audio recordings and transcripts from the interviews with the participants. These contain confidential information (*e.g.*, full names). The analyzed data is stored in an ATLAS.ti software project, which is required for access. Additionally, all of the data is in the possession of the lead researcher (RRR).

AUTHOR CONTRIBUTIONS

JGG and RRR—designed the research study; analyzed the data. RGA, RFC and ARO—performed the research. MRM and RAR—provided help and advice on critical review of the manuscript; wrote the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the Institute of Human Sexuality of the School of Medicine of the Autonomous University of Santo Domingo (Protocol number: CEI-ISH-001-2023). Participants were informed about the study's objective and asked to provide written consent for their participation. The participants signed an informed consent form and granted permission to record the interviews before the data collection process began. The Organic Law 3/2018 of 05 December 2018, on the Protection of Personal Data and Guarantee of Digital Rights guaranteed confidentiality and anonymity.

ACKNOWLEDGMENT

This study has been made possible thanks to the "Programa de Ayudas para la Recualificación del Sistema Universitario Español. Ministerio de Universidades (Spanish Government)". We would like to thank the participants who took part in this study.

FUNDING

This work was supported by the "Plan Propio de Cooperación Internacional 2023" of the University of Almería (reference: UAL2023_3).

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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How to cite this article: Jessica García-González, Rafael García-Alvarez, Raúl Romero-del Rey, Rosario Fadul-Calderon, Antonio Ruiz-Ortiz, Mar Requena-Mullor, *et al*. Experiences of patients with attention-deficit/hyperactivity disorder and premature ejaculation: a phenomenological study. Journal of Men's Health. 2024; 20(10): 136-145. doi: 10.22514/jomh.2024.173.