Sir,

Somatic symptom disorder (SSD) is a new diagnostic entity in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This entity signifies the effort of the committee to overhaul the boundaries of the complex interface between mental and physical health. The disorder is characterized by the presence of somatic symptoms for at least 6 months that causes a significant dysfunction in the patient and is associated with significant distressing thoughts, feelings, or behaviors. Premature (early) ejaculation (PME) is another diagnostic entity under the broad heading of sexual dysfunctions characterized by a persistent pattern of ejaculating within 1 min of vaginal penetration for at least 6 months and on most occasions (roughly >75%) in partnered sexual activity. The definition includes that the condition is not better explained by any other medical condition.

The definition of PME has been a topic of debate among the investigators. The debates had mostly been raged on two points. First, there has been a lack of consensus regarding the duration of ejaculatory latency. Although DSM-5 defines it to be 1 min, it has not been satisfactorily accepted among the experts. Second, the experts are divided regarding the inclusion of distress rising out of the early ejaculation as diagnostic criteria. The distress may arise on the part of the patient for being unable to prolong the coitus or also may stem from the critical comments arising out the partner. Although some investigators feel the criteria to be redundant, it has been identified that probably distress is the most important factor that drives the patient to seek treatment.

The corresponding entity for SSD in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders text revision version (DSM-4 TR) was somatoform disorder. The DSM-4 TR criteria required that the symptoms are unexplainable or in excess of what is expected in any co-occurring medical condition. However, the DSM-5 criteria do not disapprove a diagnosis of SSD if the somatic symptoms are medically unexplainable if the other criteria are met. Somatization disorder is an erstwhile diagnostic entity under the somatoform disorders. It required the presence of at least one sexual symptom among other persisting over a few years having onset before the age of 30 years. The DSM text enumerating a few prototype sexual symptoms contains ejaculatory disturbances. The present DSM-5 text does not provide a definition of “somatic symptoms,” which should have been addressed considering that the whole construct of SSD stands on it. However, neglecting this shortcoming and taking the history of this construct into consideration, PME should be considered as a somatic symptom.

The postulated risk factors associated with the development of PME include physiological, psychological, cultural, and relationship factors. This is very similar to the etiopathological model of somatic symptoms. The treatment of both the disorders...
requires intensive assessment of the factors. Addressing them forms the basis of the psychotherapeutic modes of treatment. Thus, considering the similarities of the disorders, a separate diagnosis of PME appears redundant and raises a question over the sustainability of early ejaculation as a separate diagnostic entity.

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