RESEARCH

Female premature orgasm: Does this exist?☆

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KEYWORDS
Female premature orgasm;
Frequency;
Measurement

Summary
Introduction. — Female premature orgasm (FPO) is almost unknown in scientific literature. In Kaplan and Sadock’s Comprehensive textbook of psychiatry, two lines of text are written about this condition, which is classified as a not otherwise specified (NOS) sexual dysfunction. Whatever this entity is or not, it’s a common topic in internet sexual forums and chats. How many women are suffering from premature orgasm, which occurs sometimes even before intercourse or just by a little stimulation and with no more interest in continuing the sexual interaction, is unknown. It is also necessary to differentiate from persistent sexual arousal syndrome with which it is sometimes erroneously linked.

Objectives. — The aim of this study is to measure the extend of FPO.

Methods. — A cross-sectional study was carried out with an analytical component concerning the sexual active female population in between 18–45 years old. A sample of women from general population (n = 510) was invited to answer questionnaire in an exploratory evaluation. A four-criteria questionnaire was used to try to capture the extension and form of the syndrome: (a) occurrence and frequency of premature orgasm, (b) sense of loss of control with the orgasm, (c) difficulties in the relationship with partner, and (d) distress with the orgasm.

Results. — According to our results, around 40% of sexual active women have occasionally episodes of premature orgasm, 14% comprised criteria for probable case, and 3.3% comprised criteria for FPO.

Conclusions. — To expand currently results, further studies are needed using larger samples and also with different ones as those collected in clinical settings.

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Introduction

Overview of premature female orgasm has been conducted with more or less credibility, by some physicians based on clinical cases they witnessed. In the last decade, there has been a lot of research carried out on the prevalence and types of female sexual dysfunction, however FPO is unknown in scientific literature. Also classical textbooks of sexual medicine and psychiatry have little if any mention to this problem, so it remains a hidden issue, often discussed on internet forums and chats.

If there is an area of female sexuality still shrouded in mystery, it is par excellence the orgasm, not only because of our limited understanding of its mechanism but also for the great variability and subjective aspects that women report about it.

Despite the obvious differences between the orgasm in both sexes, the few studies that have directly compared male and female experiences of orgasm have found striking similarities between them (Graham, 2010). Some researchers have reported a possible homologous female prostate gland that is potentially involved in a sudden spurt of fluid being released at the moment of orgasm (Wimpressinger et al., 2007). Further, 82% of the women who reported the sensitive area (Graevenberg spot or G-spot) also reported ejaculation with their orgasms (Darling et al., 1990).

Credible evidence exists that the female prostate and female ejaculation have been discovered, described, and then forgotten over the last 2000 years (Korda et al., 2010). Anatomically, the female prostate — formerly known as Skene’s paraurethral glands — is highly variable, and today ejaculation is the major symptom that leads to investigation on paraurethral region with an impact on women sexual lives (Wimpressinger et al., 2009). Under this line of investigation an electrophysiologic study of the female ejaculation, point out there was no relation between orgasm and the passage of fluid from either vagina or urethra, in contrast to male in whom orgasm is associated with ejaculation (Shafik et al., 2009).

Even so, the sexual response in men ad women seems be similar from a neurophysiological perspective, i.e. in evolution the spinal cord sexual reflexes ascends to the brain level where sensations and perceptions have autonomic representation, in this way sexual arousal (hormonally modulated) and libido (pheromonally modulated) represent the afferent part of the cerebral orgasm process (Motofei, 2009).

There are few descriptions on spontaneous orgasm that may occur in response to sole imagination, in the absence of any physical stimulation, stressing the role of its central neural mechanisms. It is uncommon but well-known that sexual arousal and orgasm may occur as a part of a partial seizure (Janszky et al., 2004); usually the auras or the epileptic discharges may induce general sexual or genital arousal, which may sometimes progress to orgasmic activity (Ozkara et al., 2006).

In the DSM-IV-TR, the orgasm definition focuses on physiological changes rather than subjective ones, suggesting an uniformity of the objective indicators of orgasm, whereas research indicates considerable variability across women. Moreover, DSM-IV-TR classification system for sexual dysfunction largely assumes that women and men experience similar sexual difficulties.

Regarding overall sexual satisfaction, in more “male centred” societies, gender differences in sexual satisfaction were more marked than in “gender-equal” ones, although in all countries women had lower ratings of subjective sexual well-being compared to men. The issue of distress seems likely to be related to the degree to which orgasm is important to an individual woman (Bancroft, 2009, Richters et al., 2003).

Basson (2002) suggested that we should reconsider the women’s orgasm as a component of her arousal and consequently dysfunctional orgasm as an arousal problem itself, given that unlike the male response, a woman’s orgasm often is not an one peak event (Richters et al., 2006).

Bancroft (2003) concluded that “in general, the predictors of distress about sex did not fit well with the DSM-IV criteria for the diagnosis of dysfunction in women”.

Given this, Kaschak and Tiefer (2001) provided a “women—centred” definition of sexual problems as “discontent or dissatisfaction with any emotional, physical or relational aspect of sexual experience” (Basson et al., 2000).

Despite these considerations, there are still many open questions as to how the boundaries of normal variation, to understand the relational context of sexual problems and specifically within the orgasmic dysfunctions, to understand whether or not there is an equivalent in women for male ejaculation, in this case a disturbance as premature orgasm.

In Kaplan & Sadock’s Comprehensive textbook of psychiatry, a female analogy of premature ejaculation is presented on sexual dysfunctions not otherwise specified and on the chapter “sexual dysfunction not correlated with phases of the sexual response cycle”. Data on FPO are lacking; no separate category for premature orgasm in women is included in DSM-IV-TR. However, in the university of Chicago study, 10 percent of women felt they reached orgasm too quickly (Sadock, 2005).

We didn’t find a single study relating premature orgasm with medical drugs. But there’s descriptions on spontaneous orgasms with antidepressants, e.g. Yanik (2004) reported spontaneous orgasm started with venlafaxine in a case of middle-aged woman (Altindag and Gunes, 2008).

Specific on FPO, we found a single study mentioning that 11.7% of women report coming to orgasm too quickly (Richters et al., 2003) but we don’t know in witch circumstances it happens and it repercussion. Anyway we think that this problem exists as we describe next two cases highly suggestive of FPO.

Case 1

"... the thing is, I feel the same way men must feel about premature ejaculation and don’t completely see the difference — I finish very quickly, whereas my boyfriend doesn’t get a chance to, and it’s really starting to bother me. Once I orgasm, I find it uncomfortable to continue, the mood changes and he ends up missing out, which I feel bad about..."
Case 2

"I always reach orgasm, and very fast every time I get over the partner. Almost all my sexual intercourse were casual. In most relationships I wait, sometimes frustrated, that my partner reaches orgasm. Often the final part of the relationship is like my commitment to please the partner."

If this entity really exists, we are probably lacking a broad sexual assessment of patients and fail diagnosing it and/or underestimate the prevalence of other sexual problems not else described.

As far as we know, this study is the first ever done seeking the prevalence of the phenomena, so the aim of this study is to measure the extend of FPO.

Methods

Study population

A convenience sample from the general population was used, collected within the staff of institutions, namely schools, health departments, and private corporations. Authorization was asked to the manager’s office of the private corporations and ten public institutions and, after permission their staff was invited to voluntarily participate. The aim of investigation was explained and a date was scheduled to fill the questionnaires and send them by mail. Eight hundred questionnaires were given for self-completion with a reply-paid envelop for the return.

This sample consists of Portuguese women between 18 and 45 years old (M = 30.48; SD = 6.7), with medium/high education level (M = 16.19; SD = 2.83); two hundred fifty eight (50.6%) was single and 205 (40.2%) was married.

Measures

The used questionnaire was conceived considering previous clinical-based questionnaires on sexual problems and analyzed for it comprehensibility among authors. In its header was emphasized the importance of the work and the anonymity. Social demographic characteristics were integrated, and questions about occurrence and frequency of premature orgasm, feelings of loss of control with the orgasm, difficulties in the relationship with partner, and distress with the orgasm were included.

Five questions about frequency were placed in a Likert type scale using “always”, “often” “rarely” and “never”. In the sentences, an intermediate category of answer was not deliberately placed to cause a rift, and avoid the central tendency of responses.

An open space for any consideration that the participant wished to write was also created allowing future qualitative studying of the answers.

An English version of the original questionnaire can be found as attachment of this article. The criteria used to evaluate the existence of FOP (Table 1) were randomly established basing on the organization of DSM-IV-TR, and they represent a debatable starting point.

Results

Overall, 510 (64%) responses to the questionnaire were received. As the questionnaire was anonymous, there was no detailed information available about non-responders.

Dimensionality of the scale

The Likert type scale composed of five items was subjected to a factor analysis with varimax rotation. We obtained two factors explaining 76.4% variance. The first consisting of items 1, 2 and 3 called “premature orgasm” and explaining 56.0% of the variance; the second consisting of items 4 and 5, called “consequences of premature orgasm” explaining 20.4% of the variance. The Cronbach alpha of the scale was 0.80.

Discrtpives

Premature orgasm occurred occasionally or rarely in 208 subjects (40.8%) and 88 women (16.9%) had premature orgasm often or always. In this sample, 214 (42%) women did not refer any kind of problems related to prematurity of orgasms. Feeling lack of control over the timing of orgasm rarely occurred in 225 women (44.1%), and in 71 (13.9%), this complaint occurred often or always. Relationship difficulties with partner happens rarely in 90 women (17.7%) and often or always in 18 (3.5%). Distress rarely occurred in 82 subjects (16.1%) and in 17 women this occurred often or always (3.3%).

According to our criteria, 40.8% of women have occasional or episodic premature orgasms. About 14% of the subjects are either probable or mild cases, and finally, 3.3% of the sample had full criteria for POF (Table 2).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Classification of the presentation of premature orgasm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional code adapting the DSM-IV</td>
<td>Classification</td>
</tr>
<tr>
<td>(Question 1 = 3 and/or Question 3 = 3) + (Question 2 = 3)</td>
<td>Episodic premature orgasm</td>
</tr>
<tr>
<td>(Question 1 = 1 or 2 and/or Question 3 = 1 or 2) + (Question 2 = 1 or 2)</td>
<td>Probable case</td>
</tr>
<tr>
<td>(Question 1 = 1 or 2 and/or Question 3 = 1 or 2) + (Question 2 = 1 or 2) + (Question 4 = 1 or 2) + (Question 5 = 1 or 2)</td>
<td>Effective case</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Categories of premature orgasms on the sample (n = 510).</th>
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<tbody>
<tr>
<td>Classification</td>
<td>M (%)</td>
</tr>
<tr>
<td>No cases</td>
<td>214 (42%)</td>
</tr>
<tr>
<td>Episodic premature orgasms</td>
<td>208 (40.8%)</td>
</tr>
<tr>
<td>Probable case</td>
<td>71 (13.9%)</td>
</tr>
<tr>
<td>Effective case</td>
<td>17 (3.3%)</td>
</tr>
</tbody>
</table>

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We compared women in the four rating categories regarding: age, schooling years, and sexual frequency through an analysis of variance, Anova with Tukey test, and there were no statistically significant differences. Regarding the distribution of marital status’ variable in the four categories, no statistically significant difference was found in the Chi² test.

Discussion

Our results highlight that there is not an insignificant number of women with orgasmic premature responses, before they wished to, even occasionally, in a ‘male’ sense.

Some of these women report that this is due to the fact that they are in a good relationship with their partner, are in a very excited relation or feel too excited with the sexual act by itself, with very intense desire or just being for long time without having sex. And, these explanations are apparently too masculine.

Secondly, it appears that forcing the criteria in terms of intensity and frequency of premature orgasms and also for the occurrence of its consequences for the couple or the woman herself i.e., in the sense of dysfunctionality, values fall progressively. We can understand this as a very high tolerance in respect of ‘positive’ of the female orgasm as opposed to ‘negative’ aspects (i.e., delay or difficulty obtaining an orgasm).

Third, it seems to exist a clear sense of dimensionality, as in virtually all pathophysiological and psychopathological phenomena in general and in psychosexuality particularly. At one extreme are women who have a complete control over their orgasm at the other extreme is a group of women who report having a lack of control over the moment of orgasm, which occurs very early during intercourse, leading to personal or couple discomfort (distress).

Between these two limits, there is a group of sporadic or mild/moderate dysfunction related to orgasmic prematurity.

Fourth, we sought to investigate whether there were significant differences between women in different categories: no orgasmic complaints, premature occasional orgasm, mild/moderate cases and with FPO full criteria with regard to variables sexual frequency, age, education and marital status. We believe that the absence of differences is primarily due to sample homogeneity.

Fifthly, it should be noted that over the past decades, the behavioural medicine saw more or less ‘exclusive’ behaviour changing from one genre to another, e.g., smoking, excessive alcohol consumption and drug use, excessive sexual behaviours, stroke in women and anorexia and bulimia in men. It is also possible that in the orgasmic response, some changes are in progress hand in hand with the psychosocial changes.

Finally, we wish to reinforce the idea that this sample does not represent a general sample of a population anywhere in the world. It consists of women belonging to medium-high social status and highly educated in more than 60% of cases. We would also like to point out the questionnaire vulnerabilities since it was intended to be a means of screening and not a diagnosis instrument.

Conclusion

According to these data, we can say that in this sample, the phenomenon premature female orgasm exists in a wide spectrum of presentations; we can also see that a significant number of women suffers from what could be called dysfunctional premature orgasm.

To expand our results and to achieve a better understanding of FPO, further studies are needed using larger samples and also different ones as those collected in clinical settings.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.
Appendix A.

Female Premature Orgasm (FPO_09)

During sexual relations people express a great diversity of responses. Given this, we are interested in knowing some aspects of sexuality that may cause you discomfort. Please answer the questions in this questionnaire as honestly as possible. There are no right or wrong answers. Your answers will be kept completely anonymous.

<table>
<thead>
<tr>
<th>Age</th>
<th>Education (years)</th>
<th>Occupation</th>
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<tbody>
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Date ___ / ___ / ___

Marital status (Please circle around item number):

In the first 5 questions, place an X in the appropriate column space according to the following key:
1 = Always 2 = Often 3 = Rarely 4 = Never

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you ever have orgasms with minimal sexual stimulation, at any time of the relationship but before the desired?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. How often you think you have no control over the moment of orgasm, that is, occurs before please?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How often has occurred to have orgasms before you want?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. To have orgasms before you want to, causes difficulties in the relationship with your partner? (if you haven’t, left in blank)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>5. Having orgasms before you wish, causes you severe discomfort or unpleasant feelings, such as guilt, shame, or irritability? (if you haven’t, left in blank)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. What is your monthly frequency of sexual encounters? (Put an X in the appropriate space):
- Sexually inactive by this time __ less than 5 __ between 6 and 8 __ between 9 and 12 __ more than 13 __

If you have orgasms before the desired, often or always, answer the following questions:

7. In your case, having an orgasm before wanted, happened with all, or almost all the partners? YES__ NO__ or occurred only with a few partners? YES__ NO__

8. In your opinion, having orgasms before the wishes may be related to a disorder or disease? YES__ NO__, or any medication you take? YES__ NO__

If you wish you can write some comment or explanation on the box below.

Thank you for collaborate.
References


