

## **INDEX OF PREMATURE EJACULATION<sup>®</sup>**

**Developed by:**

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## The Index of Premature Ejaculation (IPE) Background and Scoring

### Background

The Index of Premature Ejaculation (IPE) is a self-report questionnaire developed to address issues associated with ejaculating prematurely. The IPE addresses three aspects of this condition: sexual satisfaction, control over ejaculation, and distress about the condition. The control and distress domains are in keeping with the DSM-IV diagnostic criteria of "a lifelong persistent or recurrent ejaculation with minimal sexual stimulation before, upon or shortly after penetration and before the subject wishes it. The clinician must take into account factors that affect duration of the excitement phase, such as age, novelty of the sexual partner or stimulation, and frequency of sexual activity. The disturbance causes marked distress or interpersonal difficulty".

The items of the IPE were generated from discussions with experts and patients. Patients and experts were asked about what was most bothersome about premature ejaculation. Short latency was mentioned but in addition reduced sexual satisfaction of him and his partner, and poor control over ejaculation were also concerns.

Subsequent use of the IPE in clinical trials involving approximately 250 men has demonstrated that it has excellent psychometric properties and has demonstrated discriminative and construct validity, test-retest reliability, internal consistency and sensitivity to change. This is the case at both the item level and the domain level (control, distress, sexual satisfaction).

The validity of the IPE at both the item level and the domain level supports the use of individual IPE domains as primary endpoints (e.g. Sexual Satisfaction) with the remaining domains being utilised as secondary endpoints. This approach also ensures that all aspects of experiencing premature ejaculation are evaluated.

The IPE has been developed and validated in a number of languages: Czech, Dutch, Finnish, French, German, Hebrew, Hungarian, Italian, Norwegian, Polish, Portuguese, Spanish, Swedish, Turkish, US Spanish.

The development of the IPE was presented at the European Society of Sex and Impotence Research, Hamburg, Germany, 2002<sup>1</sup> and was also presented at the North American Sexual Medicine Society, Chicago, USA, 2003. A manuscript, which describes the IPE development, has been published: Althof S, Rosen R, Symonds T, Mundayat R, May K, Abraham, L. Development and validation of new questionnaire to assess sexual satisfaction, control, and distress associated with premature ejaculation. Journal of Sexual Medicine 2006; 3: 465-475.

## IPE Scoring System (Items, Total, Domains)

### Individual Items

The IPE contains 10 items and each item has 5 possible response options.

**Items 1-8**, are scored 5-1 (in descending order) with the 'no sexual intercourse, not applicable' category set to 'missing'.

e.g.

Over the past four weeks, when you had sexual intercourse, how often did you have control over when you ejaculated?

<input type="checkbox"/> No sexual intercourse, not applicable	[Missing]
<input type="checkbox"/> Almost always/always	[5]
<input type="checkbox"/> Much more than half the time	[4]
<input type="checkbox"/> About half the time	[3]
<input type="checkbox"/> Much less than half the time	[2]
<input type="checkbox"/> Almost never/never	[1]

**Items 9 & 10** are scored 1-5 (in ascending order) with the 'no sexual intercourse, not applicable' category set to 'missing'.

e.g.

Over the past four weeks, how distressed (frustrated) have you been about your control over ejaculation?

<input type="checkbox"/> No sexual intercourse, not applicable	[Missing]
<input type="checkbox"/> Extremely distressed	[1]

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<sup>1</sup> Symonds T, Althof S, Rosen R, Roblin D, Layton M. Questionnaire assessment of ejaculatory control: Development and validation of a new instrument. International Journal of Impotence Research 2002, 14, suppl 4, S33.

<input type="checkbox"/> Very distressed	[2]
<input type="checkbox"/> Moderately distressed	[3]
<input type="checkbox"/> Slightly distressed	[4]
<input type="checkbox"/> Not at all distressed	[5]

## Domain Scores

Three domains have been identified through factor analysis.

Domain	# of items	Items	Score range
Sexual Satisfaction	4	3, 6, 7, 8	0-100*
Control	4	1, 2, 4, 5	0-100*
Distress	2	9, 10	0-100*

### \*Standardisation of scoring to 0-100 scale

Each domain should then be standardised onto a 0-100 scale using the following formula:

Control domain: (unstandardised score - 4)  $\times$  100/16

Sexual Satisfaction: as above

Distress (unstandardised score - 2)  $\times$  100/8

A higher score = more control, more satisfaction, less distress.

### Missing items

Inevitably there will be occasions when not all questions for a particular domain have been answered, either by mistake or because the respondent was not prepared to answer a particular question. However, if 50% or more of the items have been answered then the standardised score can still be calculated. For example, if only 3 items had been answered on the sexual satisfaction scale the equation would be:

(unstandardised score - 3)  $\times$  100/12 - where 3 is the number of items and 12 is the range of the 3 items (3-15).

### Missing Questionnaires

If more than a baseline assessment has been made prior to end of treatment (EOT) then the last observation carried forward (LOCF) principle can be applied. If a final questionnaire has been completed but there are missing items (no

more than 50%) the standardisation algorithm can be adjusted as above. If more than 50% are missing then LOCF will apply.

If there is only baseline and EOT assessments both must be completed for this subject to be evaluable.