



Surveying the Epidemiology, Symptomatology and Treatment of a Rare Orgasm Disorder: Post-Orgasmic Illness Syndrome

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INTRODUCTION

Post-orgasmic illness syndrome (POIS) is a rare disorder with debilitating physical and psychological sequelae. We sought to characterize the epidemiology of this disease in the hopes of creating a disease-specific questionnaire to help guide therapeutic investigation.

OBJECTIVE

This analysis seeks to build on current literature concerning POIS. Previous studies have consisted of case studies or small-scale studies of predominantly Caucasian participants. We sought to further characterize symptomatology, disease course, comorbid conditions, precipitating factors, associated behavioral changes, prevalent treatments, and basic demographic in a large, diverse sample.

METHODS

A 30-item questionnaire was distributed to an online community of POIS patients. We assessed diagnostic criteria and clusters of symptomatology described in prior studies. Data assessing disease burden, patient comorbidities, treatment modalities, and the involvement of a medical provider were collected. Pearson's chi-squared (χ^2), the Mann-Whitney U, and Cochran-Armitage tests assessed categorical and continuous variables. $P < 0.05$ was statistically significant.

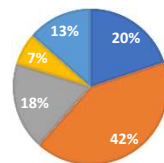
| Preliminary Diagnostic Criteria | | |
|--|-----|--------|
| Diagnostic criteria | n | % |
| 1: ≥ 1 Common symptoms of POIS | 302 | 100.0% |
| 2: Post-ejaculatory symptoms occur within | | |
| <1 min | 49 | 16.2% |
| 1-30 mins | 121 | 40.1% |
| 30 mins-6 hours | 87 | 28.8% |
| 3: Symptoms follow 90-100% of ejaculations | 225 | 74.5% |
| 4: Symptoms persist for 2-7 days | 184 | 60.9% |
| 5: Symptoms disappear spontaneously | 164 | 54.3% |

| | | General | Flulike | Head | Eyes | Nose | Throat | Muscle |
|-------------------------------|-----------|---------|---------|----------|--------|---------|----------|---------|
| Age | p | 0.51 | 0.88 | 0.7499 | 0.57 | 0.32 | 0.37 | 0.95 |
| | Z | 0.65 | 0.15 | -0.32 | 0.58 | -1.00 | -0.89 | -0.06 |
| Age of Onset | p | 0.0008* | 0.93 | 0.6795 | 0.24 | 0.55 | 1.0 | 0.73 |
| | Z | 3.36 | 0.08 | -0.41 | 1.17 | -0.0005 | -0.0005 | -0.36 |
| Avoid Sex | p | 0.001* | 0.42 | 0.001* | 0.02* | 0.03* | 0.003* | 0.02* |
| | Z | -3.22 | -8.08 | -3.22 | -2.26 | -2.15 | -3.00 | -2.26 |
| Avoid Masturbation | p | <.0001* | 0.05* | 0.01* | 0.35 | 0.18 | 0.005* | 0.08 |
| | Z | -4.35 | -1.99 | -2.58 | -0.93 | -1.35 | -2.82 | -1.77 |
| Plan Ahead/Rearrange Schedule | p | 0.0004* | 0.36 | 0.01* | 0.05 | 0.22 | 0.01* | 0.27 |
| | Z | -3.52 | -0.92 | -2.50 | -1.94 | -1.22 | -2.48 | -1.10 |
| Negative Romantic Life Impact | p | 0.19 | 0.22 | 0.04* | 0.01* | 0.01 | 0.02* | 0.007* |
| | Z | -1.32 | -1.22 | -2.03 | -2.50 | -2.46 | -2.26 | -2.68 |
| Pain/Discomfort | p | 0.006* | 0.16 | <0.0001* | 0.001* | 0.21 | <0.0001* | 0.0009* |
| | Z | -2.75 | -1.41 | -3.99 | -3.24 | -1.24 | -4.06 | -3.31 |
| Trauma to Genitals | p | 0.58 | 0.3 | 0.08 | 0.27 | 0.7 | 0.3082 | 0.471 |
| | λ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Premature Ejaculation | p | 0.02* | 0.14 | 0.69 | 0.02* | 0.47 | 0.0208* | 0.0363* |
| | λ | 0.02 | 0.04 | 0.00 | 0.09 | 0.007 | 0.07 | 0.06 |
| Erectile Dysfunction | p | 0.92 | 0.67 | 0.39 | 0.1 | 0.47 | 0.6026 | 0.4179 |
| | λ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Doctor Seen | p | 0.008* | 0.11 | 0.06 | 0.04* | 0.05* | 0.0099* | 0.468 |
| | λ | 0.13 | 0.03 | 0.07 | 0.07 | 0.06 | 0.05 | 0.02 |

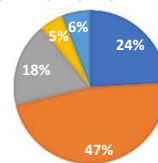
RESULTS

302 participants were included for analysis. The mean age of the cohort was 32.6 ± 11.4 years (mean age of onset of 19.1 ± 7.8 years). Three or more diagnostic criteria were met by 88.4% of the sample. Common symptom clusters were general (219, 72.3%), muscle (137, 45.2%), and head (93, 30.7%) clusters. General ($Z = -2.52$, $p = 0.01$) and throat ($Z = -2.67$, $p = 0.008$) symptom clusters were likely to satisfy more diagnostic criteria. Common comorbidities included premature ejaculation (141, 46.7%), depression (79, 26.2%), and generalized anxiety disorder (57, 18.9%). About half of participants (51.0%) sought medical advice from generalists, urologists/sexual medicine specialists, non-physician medical professionals and neurologists, among other specialties. Attempted treatments included pharmacotherapy, vitamins, supplements, and herbal remedies with variable efficacy.

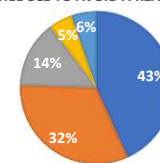
HOW OFTEN DO YOU ABSTAIN OR AVOID SEXUAL INTERCOURSE TO AVOID A REACTION?



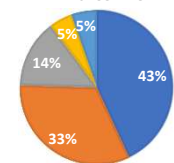
HOW OFTEN DO YOU ABSTAIN FROM MASTURBATION TO AVOID A REACTION?



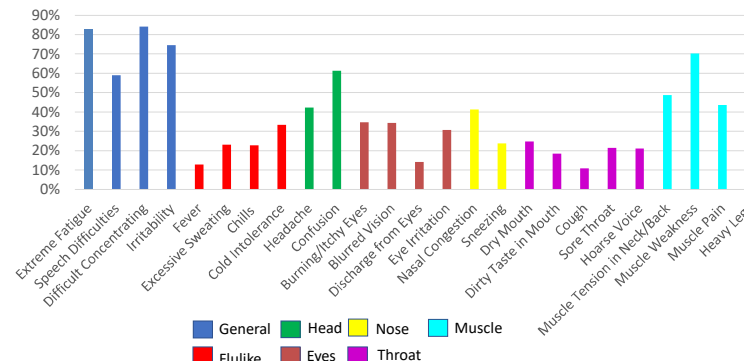
HOW OFTEN DO YOU REARRANGE YOUR SCHEDULE TO AVOID A REACTION?



HOW OFTEN IS YOUR ROMANTIC LIFE NEGATIVELY IMPACTED BY THE EJACULATORY REACTION?



■ Always
■ Frequently
■ Sometimes
■ Rarely
■ Never



CONCLUSION

POIS is a distressing condition that has variable symptomatology but a relatively constant syndrome onset of less than twelve hours and duration of two - seven days. Respondents to the survey indicated considerable disruption to their lives in addition to physical pain and discomfort. Symptom clusters may provide prognostic value to determine burden of disease. Although a variety of medications, vitamins and supplements have been trialed, no treatment has consistently alleviated symptoms. Further clinic research to elucidate the pathophysiology behind POIS is necessary to guide potential treatment.