

# **CHANGES IN SEXUAL FUNCTIONING AND ITS ASSOCIATION WITH RELATIONSHIP FUNCTIONING IN OLD AGE**

**MARITA MCCABE PhD  
DEAKIN UNIVERSITY  
MELBOURNE AUSTRALIA**

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RESEARCH**



# **DISCLOSURE**

Menarini Advisory Board

Continuing Education Talks for GPs - supported by Menarini

# OBJECTIVES

- This presentation will examine
  - The prevalence of the different sexual dysfunctions among males and females and how these change with increasing age
  - How sexual expression changes with increasing age
  - The impact of sexual dysfunction and sexual activity on the relationship

# CHANGES IN SEXUALITY WITH INCREASING AGE

- ❑ Most studies on men have been on EDs, but there have been some recent studies on PE
- ❑ Studies on women have examined desire, arousal and orgasm
- ❑ There has been limited research on sexuality among older couples

# HIS ISSUES



## PREVALENCE OF ED

- ❑ Minimal, moderate and complete ED for men from 40 to 70 years is about 50%
- ❑ Prevalence of complete ED increases from about 5% to 15% from age 40 to age 70 years
- ❑ Age is the variable most strongly associated with ED

McCabe & Althof, JSM, 2013; Rosen et al., Curr Med Res Opin, 2004; Laumann et al., Int J Impot Res, 2009

# PREVALENCE OF ED AMONG AUSTRALIAN MEN

- ❑ Study conducted with 1240 men between ages 18-91 years
- ❑ About 40% reported ED: about 10% occasionally, 10% often, and 20% all the time
- ❑ Complete ED increased from 2% in the 40-49 year age group to 45% in the 70-79 year age group

Chew et al., Int J Impot Res, 2000

## PREVALENCE OF ED AMONG AUSTRALIAN MEN

- ❑ Only 11.6% of men with ED had received treatment
- ❑ 40% of diabetic men aged 60 years or older had ED all the time
- ❑ Hypertension, ischaemic heart disease, peripheral vascular disease and diabetes were frequently associated with ED

Chew et al., Int J Impot Res, 2000



## CAUSES OF ED

- ❑ Medical causes
- ❑ Psychological factors
- ❑ Combination of medical and psychological causes

# IMPACT OF ED ON MEN

- ❑ Reduced sexual satisfaction
- ❑ Reduced general life satisfaction
- ❑ Reduced relationship satisfaction
- ❑ These findings were most apparent for men with psychogenic ED

McCabe & Althof, J Sex Med, 2013

# RECENT AUSTRALIAN STUDY

## □ Participants

- 410 men with ED
- 242 men without ED
- Age range 18-92 years

McCabe & Matic, J Sex Med 2013

# FREQUENCY OF REPORTED MEDICAL CONDITIONS IN MEN WITH AND WITHOUT ED (%)

Medical Condition	Men with ED (%)	Men without ED (%)
Enlarged Prostate	18.3	3.7
Prostate Cancer	9.3	-
Spinal Cord Injury	8.3	0.4
High Blood Pressure	35.4	2.5
Heart Disease	16.6	12.4
High Cholesterol	33.7	2.1
Diabetes	17.6	12.0
Anxiety/Depression	26.8	2.4
Prostate removed	20.2	9.0

## HELP SEEKING BEHAVIOR OF MEN WITH ED

- ❑ 90% of men had discussed their problem
- ❑ 78% had spoken to their partner
- ❑ 71% had spoken to their GP

### *Of these 71%*

- ❑ 22% said doctor was not at all helpful
- ❑ 44% said doctor was somewhat helpful
- ❑ 34% said doctor was extremely helpful

McCabe & Matic, J Sex Med, 2013

# IMPACT OF ED ON RELATIONSHIP

- ❑ Men with ED compared to men without ED were
  - Less relaxed about initiating sex
  - Less satisfied with their sexual performance
  - Less satisfied with their relationship in general
  - Less confident
  - Likely to have lower self-esteem

# A COMPARISON OF MEAN SEAR SCORES OF MEN WITH ED AND THOSE WITHOUT ED

SEAR Scale	Men with ED (N=410)		Men without ED (N=242)	
	M	SD	M	SD
Total SEAR	57.1	22.7	77.5	16.6
Sexual Relationship Domain	48.0	22.8	76.5	19.4
Confidence Domain	69.2	22.2	78.8	18.1
Self-esteem Subscale	67.2	25.3	76.0	22.1
Overall Relationship Subscale	71.2	28.9	80.2	21.0

## MEAN SCORES IN QOL, MASCULINITY, RELATIONSHIP AND SEXUAL SATISFACTION FOR MEN WITH DIFFERING SEVERITIES OF ED

	Mild (N=46)		Moderate (N=174)		Severe (N=189)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
QOL*	3.9	0.6	3.6	0.6	3.5	0.7
Masculine confidence*	4.0	1.1	3.5	1.1	3.2	1.3
Relationship satisfaction	4.9	2.1	4.5	2.1	4.6	2.2
Sexual satisfaction*	3.5	1.2	2.6	1.1	2.0	1.2

\* $P < .01$



## DISCUSSION

- ❑ ED may be a sign of other medical conditions
- ❑ Many men with ED do not seek treatment until the problem has been in place for a long period of time
- ❑ ED impacts on a range of aspects of men's lives, not just their erectile functioning

# WHAT ABOUT PREMATURE EJACULATION?

- ❑ Prevalence rates vary from 9%<sup>1</sup> to 83%<sup>2</sup> in population based studies depending on the nature of the question that is asked
- ❑ It is generally claimed that the prevalence is between 20-30%<sup>3</sup>, but the prevalence for the ISSM definition for lifelong PE is likely to be about 3% and for acquired PE about 4%

<sup>1</sup>Fugl-Meyer & fugl-Meyer, Inter J Impot Res, 2002; <sup>2</sup>Shaeer & Shaeer, J Sex Med, 2012; McCabe & Connaughton, Int J Sex Health, 2014

# WHAT ABOUT PREMATURE EJACULATION?

- ❑ PE does not increase with increasing age
- ❑ The psychological and relationship factors associated with PE are similar to those associated with ED<sup>1</sup>
- ❑ Men with PE frequently do not seek help for their problem

<sup>1</sup>Althof et al., J Sex Med, 2014

# HER ISSUES



# GENERAL OBSERVATIONS ABOUT FEMALE SEXUALITY

- ❑ Women's sexuality is highly contextual and discontinuous throughout the life cycle
- ❑ Sexual response and desire ebbs and flows and is dependent on current contextual and relationship variables as well as historical and biological/ hormonal factors

# How Does Age Impact Her Sexuality?



# CHANGES IN FEMALE SEXUALITY AT MID-LIFE & BEYOND

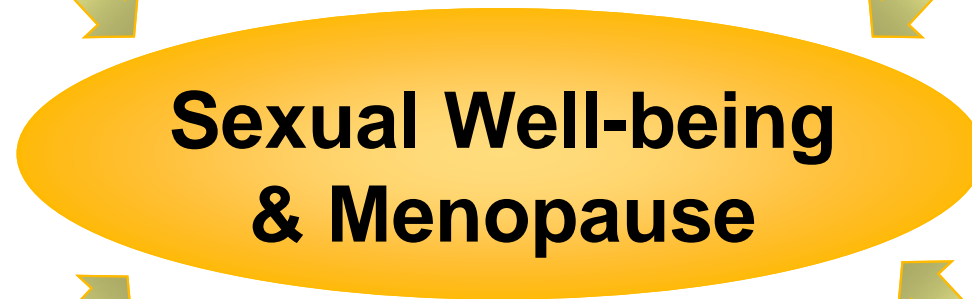
- ❑ Changes in both intrinsic and receptive sexual interest
- ❑ Changes in ease/intensity/amount of stimulation needed for sexual arousal
- ❑ Orgasmic response may become more muted or take longer to occur
- ❑ Increase in complaints of inadequate lubrication / dyspareunia

## Interpersonal Factors

(couple, partner's health, significant relationship...)

## Psychological Factors

(anxiety, depression, body image...)



## Cultural Factors

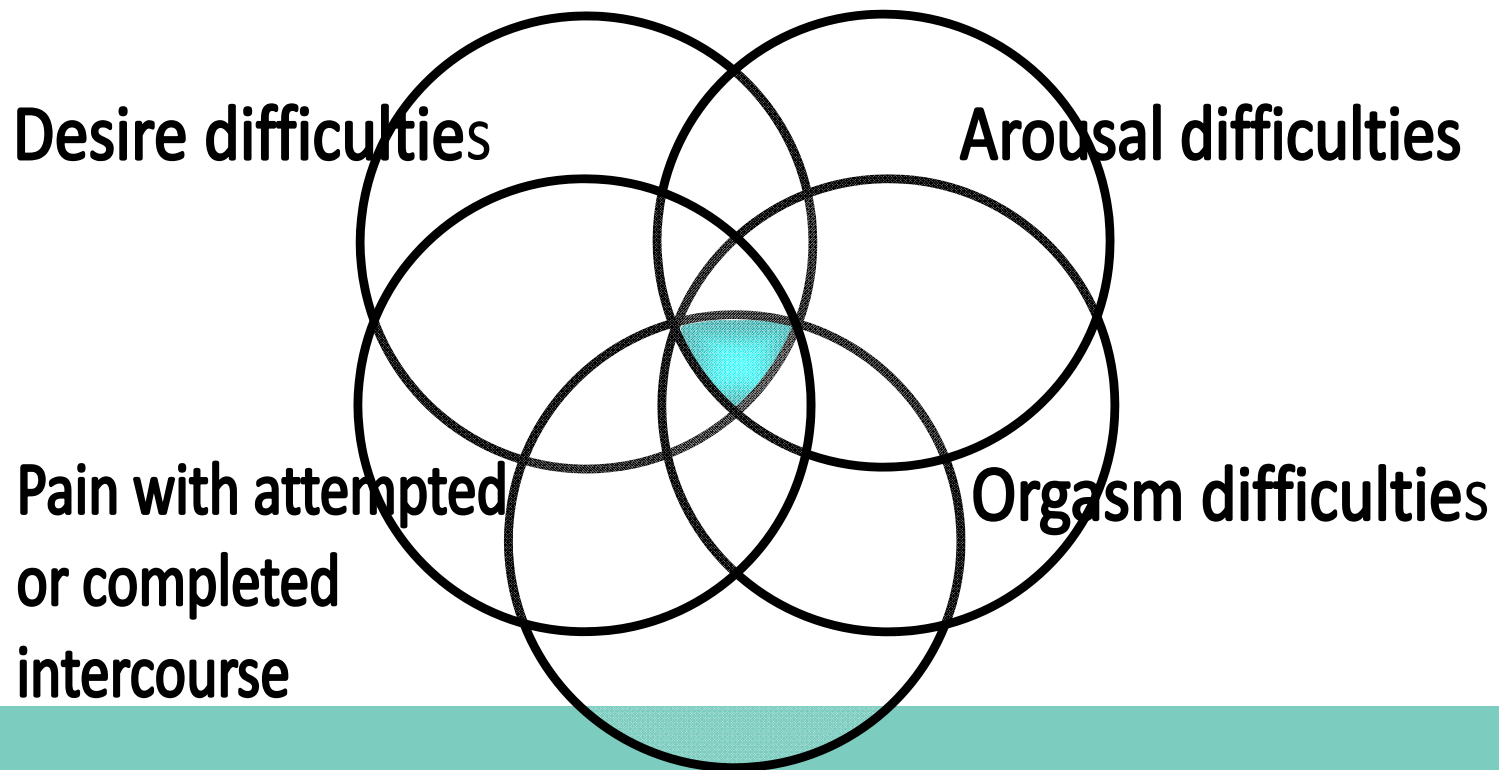
(sexual identity, social role, support...)

## Biological Factors

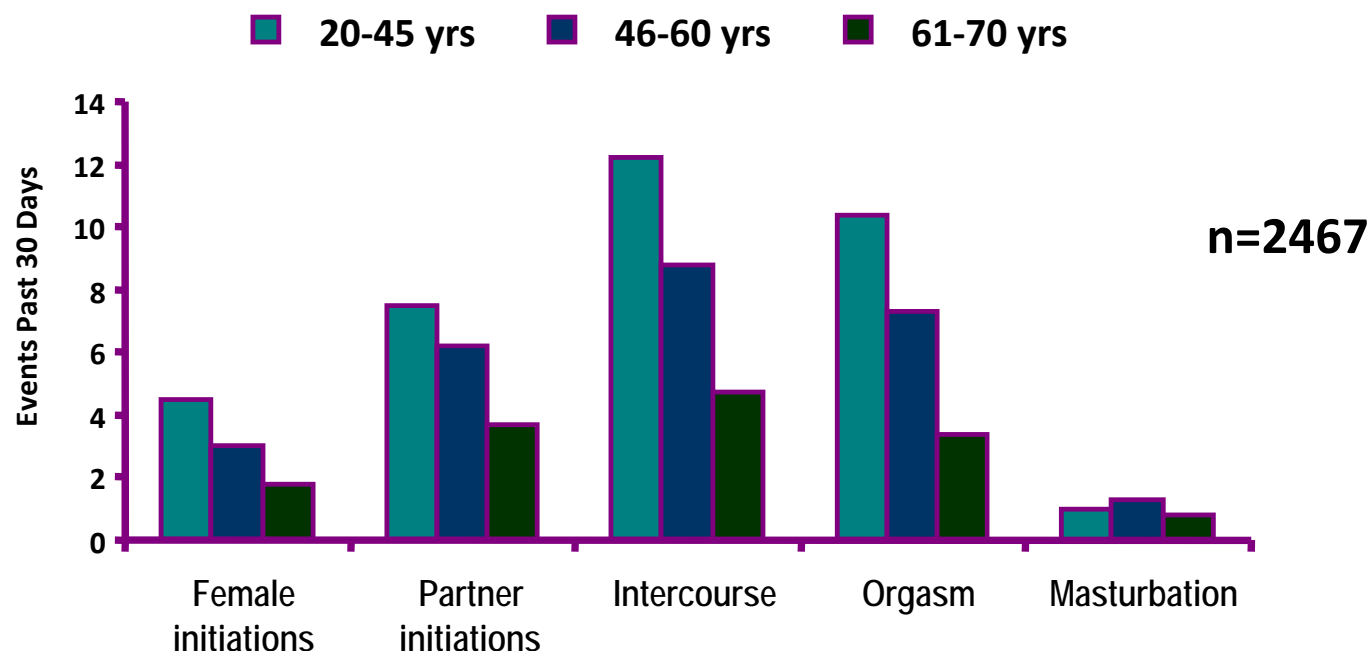
(hormones, aging, drugs, general health...)



# CO-MORBIDITY OF WOMEN'S SEXUAL DISORDERS



# SUMMARY OF SEXUAL ACTIVITY BY AGE – ALL COUNTRIES



Across four countries (France, Germany, Italy, UK) there is a decline in all aspects of sexual activity with increasing age

Dennerstein, et al., J Sex Med., 2006

# PROPORTION OF WOMEN WITH SEXUAL DIFFICULTIES BY COUNTRY

% Low :	FRANCE	ITALY	GERMANY	UK
DESIRE	21	28*	36**	34*
AROUSAL	23	22	20	24
PLEASURE	23	31*	32*	34*
ORGASM	20	18	21	18

\*p<0.05 vs. France; \*\*p<0.05 vs. Italy & France

n=2467

Dennerstein et al., J Sex Med., 2006

# SEXUAL DESIRE BY COUNTRY AND AGE

% with low sexual desire

Age	20-45 years	46-60 years	61-70 years
France	11	27*	39*
Italy	14	32*	81**
Germany	20	41*	66*
UK	24	37*	47*

\*p<0.05 vs. 20-45 yrs old; \*\*p<0.05 vs. 46-60 yrs old and vs France

n=2467

Dennerstein, et al., J Sex Med, 2006

# SEXUAL AROUSAL BY COUNTRY AND AGE

% with low sexual arousal

Age	20-45 years	46-60 years	61-70 years
France	15	31*	31*
Italy	10	27*	60**
Germany	13	21*	34**
UK	16	27*	47*

\*p<0.05 vs. 20-45 yrs old; \*\*p<0.05 vs. 20-45 and 46-60 yrs old

n=2467

Dennerstein, et al., J Sex Med., 2006

# ORGASM BY COUNTRY AND BY AGE

% with orgasmic difficulties

Age	20-45 years	46-60 years	61-70 years
France	16	23	28*
Italy	14	32*	81**
Germany	13	23*	32*
UK	15	18	27**

\*p<0.05 vs. 20-45 yrs old; \*\*p<0.05 vs. 20-45 and 46-60 yrs old

**n=2467**

Dennerstein, et al., J Sex Med., 2006

# PERCENTAGE OF WOMEN WITH LOW SEXUAL DESIRE BY MENOPAUSAL STATUS ALL COUNTRIES COMBINED

Menopausal Status & Age (yrs)  
Base: women with sexual partners

Pre-menopause (20-49) n=597	Surgical Menopause (20-49) n=146	Surgical Menopause (50-70) n=248	Natural Menopause (50-70) n=288
19%	32%*	48%**	46%**

\*p<0.05 vs. PreM women; \*\*p<0.05 vs. Younger SM or PreM women

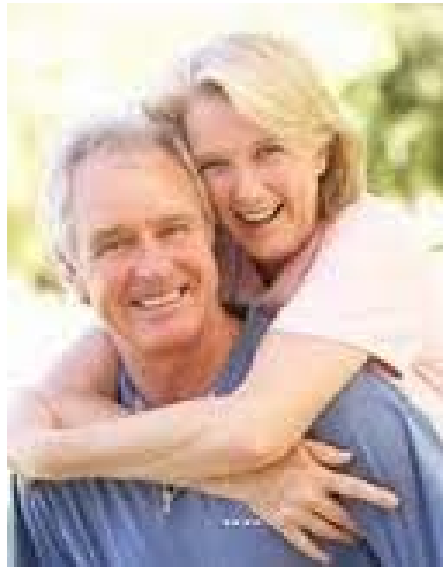
Dennerstein, et al., J Sex Med., 2006

## WOMEN AS PARTNERS

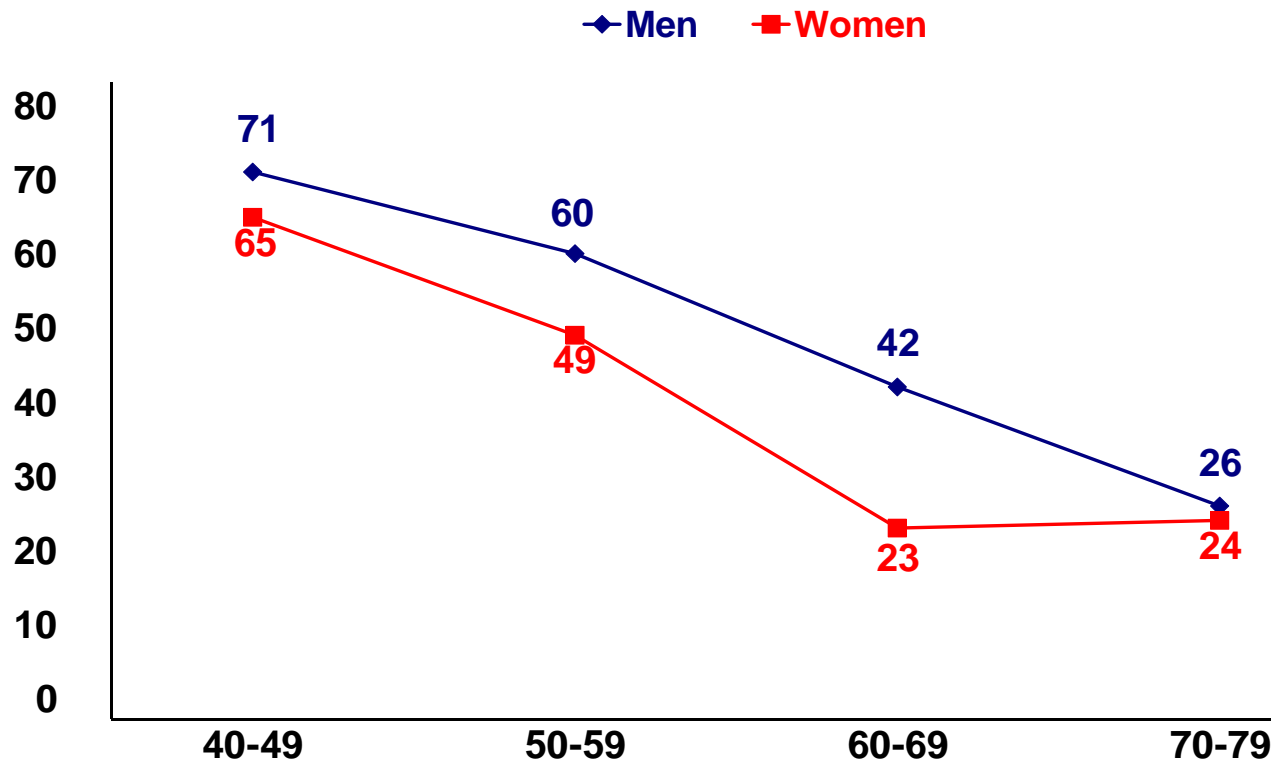
- ❑ Women report a progressive loss of desire with age
- ❑ Menopause has a further detrimental effect
- ❑ Feelings for partner and partner's health and sexual problems are the strongest predictors of sexual changes at mid-life in women
- ❑ Loss of desire and vaginal dryness are the most frequently reported FSD



# ISSUES FOR THEM

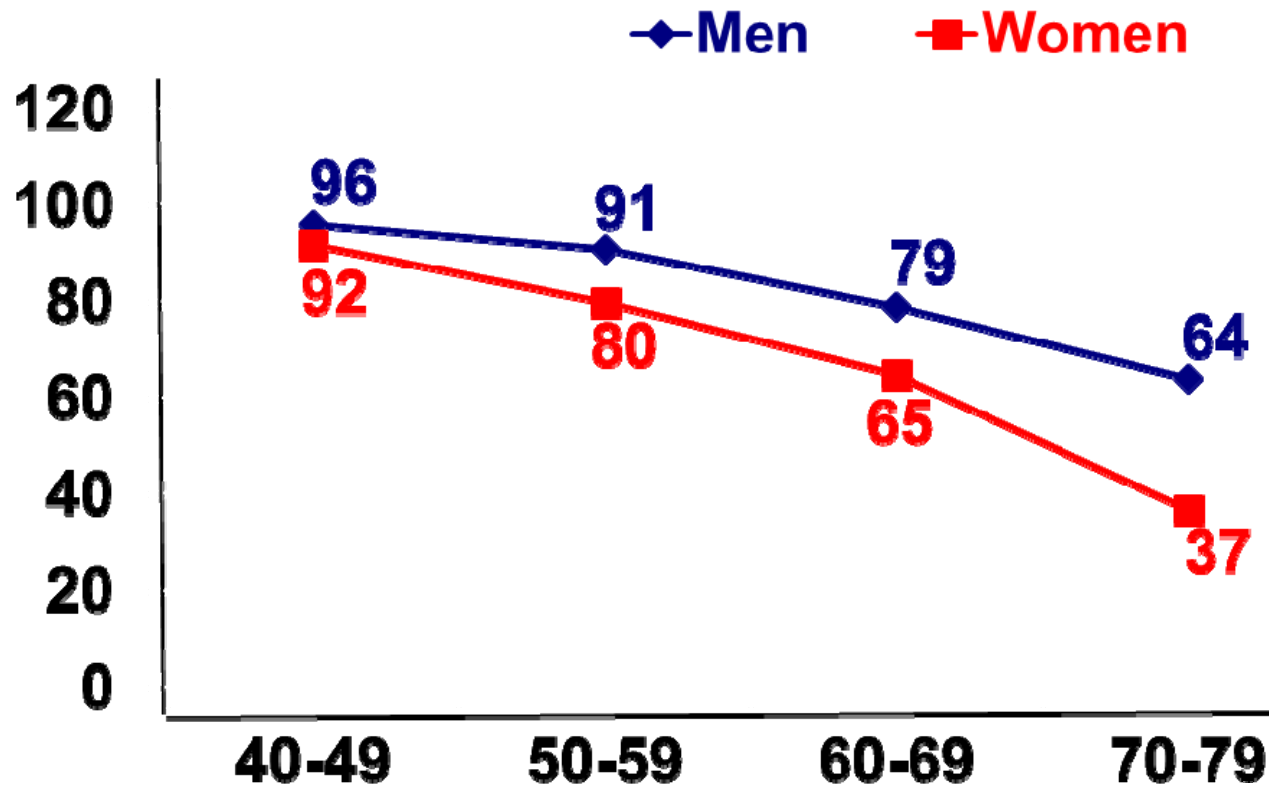


# PROPORTION OF RESPONDENTS HAVING REPORTED THEY HAD SEX AT LEAST ONCE PER WEEK IN THE PAST 12 MONTHS



Laumann et al., Int J Impot Res., 2001

# PROPORTION OF RESPONDENTS HAVING REPORTED THAT SEX IS EXTREMELY, VERY OR MODERATELY IMPORTANT



Laumann et al., Int J Impot Res., 2001

# SEXUAL ACTIVITY, AGE AND PARTNERSHIP: LEVEL OF INTIMATE CONTACT IN THE PAST YEAR

Age group (years)	Living with partner n = 893	Living without partner n = 406
18-40	93%	74%
41-60	92%	56%
61-92	61%	16%

Beutel et al., Andrologia, 2002

# FACTORS RELATED TO COUPLE SEXUAL ACTIVITY AND SATISFACTION

- Age
- Relationship satisfaction
- Medical conditions

McCabe Psychotherapy, 1992; McCabe, Sex Marital Ther, 1994; McCabe & Cobain, Sex Marital Ther, 1998; McCabe, New Ethics Journal, 2003

# WHAT ARE BARRIERS TO SEXUAL ACTIVITY WITH INCREASING AGE?

- Physiological changes
- Lack of privacy
- Lack of a partner
- Negative attitudes from staff and physicians
- Feeling of unattractiveness

## IMPLICATIONS OF THESE RESULTS

- ❑ With increasing life expectancy, people live one third of their life above 60 years
- ❑ Important to provide older people with “permission” to be sexual beings and seek help for sexual problems
- ❑ Need to develop treatment programs that can help to resolve issues related to sexual dysfunctions

# ESSENTIAL INGREDIENTS FOR SEXUAL TREATMENT PROGRAMS

- ❑ Medical screen
- ❑ Communication exercises (to identify and improve problems in the relationship)
- ❑ Sensate focus exercises (to identify and improve body image, performance anxiety and sexual anxiety problems)
- ❑ CBT to resolve negative attitudes to sex and promote behavioural strategies to improve sexual functioning

Delaney & McCabe, Sex Marital Ther., 1989; Purcell & McCabe, Sex Marital Ther., 1992; McCabe & Price, J Sex Med., 2008; Jones & McCabe, J Sex Med., 2011



