Sex and the older man

GP perceptions and management

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BACKGROUND
Despite the links between aging and sexual dysfunction, the majority of adults continue to be sexually active well into their later years. Conditions such as erectile dysfunction however, present one of many obstacles to maintaining a healthy sex life. Given the sensitive nature of sexual difficulties, many men are reluctant to seek medical advice. It is therefore essential that general practitioners are equipped to discuss and provide unbiased advice and treatment for men of all ages.

OBJECTIVE
This article reviews current knowledge regarding GP approaches to sexuality and the older man.

DISCUSSION
Findings suggest that broader cultural beliefs about age appropriate sexuality are evident in general practice. Asking about sexual health remains a low priority for many GPs, particularly when it comes to older patients. Further education is needed to raise professional awareness about the importance of healthy sexuality in aging.

General practitioners are typically the first point of contact for men experiencing health problems and are a primary source of help for sexual difficulties.[1–3] Despite this, many men are reluctant to raise sexual problems in the medical setting. Recent Australian prevalence data indicates that while 21% of men aged over 40 years experience significant erectile problems, only 30% discuss their problem with a health professional.[4] Barriers to raising sexual difficulties include patient assumptions that sexual dysfunction is a 'normal' part of aging, lack of awareness about treatment, difficulties discussing sex, and fear of a negative response.[4–5] One study has indicated that men wait up to 25 years before discussing erectile dysfunction (ED) with their GP,[6] highlighting the strength of these barriers. However, research suggests the majority of men with ED would like their GP to ask about sexual health during routine visits.[7]

This review examines current knowledge about GP approaches to sex and aging. It represents a starting point to identifying gaps between current and evidence based management of the sexual health of older men, to inform both GPs and education providers.

Method

Published research, reviews, opinion pieces and unpublished reports addressing medical attitudes and practices relating to aging male sexuality were considered. Given the limited research in this area, the review took a broad and inclusive approach.

The literature was identified via online databases and search engines, hand searches and personal communications with authors. The review examined 102 papers, books and reports, 28 of which are included in this article. The majority of papers reported on survey based research, qualitative studies and opinion pieces. The quality and level of evidence was considered for each paper, however, given the nature of this field of research, a systematic review was not justified.

Discussion

Perceptions of aging and sexuality

There are several common myths of aging and sexuality: that older individuals are not sexually desirable, sexually desirous, nor sexually capable.[8–12] The latter myth is most likely generated by the gradual and natural aged based decline in sexual function experienced by many adults.[5,10] However, recent research strongly counters these common myths, indicating the majority of adults continue to be sexually active well into their later years.[5,12–17]

A vast amount of literature has addressed societal stereotypes of sex and aging, describing a widespread underestimation of the sexuality of older adults.[18] Other authors argue that research evidence for these myths and stereotypes is lacking.[19] One paper suggests that perceptions of aging are guided by an interaction of general

stereotypes and characteristics of individuals in a situation.[10] From this perspective, the judgment of medical professionals will be guided by any global biases they may hold regarding aging and sexuality, combined with the characteristics of their individual patient.[10]

These issues raise the question: how dominant are cultural notions of age appropriate sexuality in the clinical setting, and how does education and experience in working with older adults influence GP perceptions?

GP attitudes and practices

Preliminary research suggests that many GPs perceive sexual functioning as an important health issue in aging.[20–22] In a qualitative study of expectations about aging, sexual functioning was the fifth most frequently mentioned 'life domain' by physicians and older adults.[20] Over two-thirds of physicians and half of older adults mentioned sexual function during the focus groups, highlighting the importance of this topic to both groups.

Research by Gott et al[23] also suggests that GPs regard primary care as an important first point of contact for people with sexual health concerns. General practitioners noted the increasing importance of the GP role for older patients, due to limited availability and accessibility of sexual health services for older people.

However, despite a professional recognition of the importance of healthy sexuality in aging, research also suggests a more pervasive personal belief that sex becomes less important with age. Qualitative research by Gott et al[21–22] suggests that – at a fundamental level – many GPs hold stereotyped views of sexuality and aging. They found that GPs often regard sexual health as a legitimate topic to discuss with younger, but not older, patients.[21] General practitioners indicated a reluctance to initiate discussions about sexual health with older patients, including GPs who were proactive in discussing sex with younger patients.[21] They attributed this reluctance to various reasons including perceptions that sexual health priorities are not relevant to older individuals, discomfort in discussing sex with older patients, lack of training, concerns about causing offence, and belief that sex is less important to older patients.[21]

For other GPs, concerns about the health of older patients also presents a barrier to effectively managing men's sexual functioning. One study found reluctance among GPs to prescribe PDE5 inhibitors out of concern that the patient may have undetected heart disease.[24] This particular finding highlights the need for further professional education about evidence based ED assessment and treatment.

Age discrepancy between GPs and patients is also an influencing factor in the discussion of sexual health. General practitioners have acknowledged that discussing sex with older patients became easier as they themselves got older.[23] However, younger GPs were more likely to draw parallels to 'discussing sex with your parents'.[23] Australian GPs have also indicated greater difficulty in taking a sexual history from patients who were the same age as them, compared to younger patients, whom GPs regarded as more accustomed to discussing sex.[25]

General practitioners have identified cultural factors including taboos and myths as a barrier to discussing sex with older patients. Beliefs regarding asexuality and aging appear to be a common barrier with GPs less likely to presume sexual activity among older than younger patients.[23] The popular media appears to have some impact on these perceptions. In Gott et al's research, GPs agreed that the 'young and beautiful' slant of popular media contributed to patient and GP perceptions of asexuality in aging.[23]

General practitioner assumptions about the conservatism of older patients may also present a barrier to discussion of sexual health. Gott et al[23] found that some GPs assume older patients are reluctant to discuss sex, which in turn influences whether and how GPs broach the topic.[23] Several GPs were concerned about causing offence to the patient, while others regarded sex in older age as within the 'private sphere'.[23]

Unfortunately, patients' reluctance to initiate discussions about sexual health[4,6] may unwittingly perpetuate these attitudinal GP barriers to discussion of sexual health. Research findings suggest however, that mutual concerns about attitudes to sex prevent both GPs and patients from raising sexual health problems in consultation. Patients' expectations about GP attitudes appear to act as a barrier to men seeking treatment, with men concerned about a negative response from their doctor.[1] Other Australian research has similarly found that some older men do not believe their doctor regards sex as important for older men.[26]

These barriers are not reflected in older male patients' desire to discuss sexual health in medical consultations. One study found that 73% of male geriatric outpatients wished to discuss their erectile function, and believed that it should be a routine part of assessment.[27] This view was not shared by physicians, with only 27% believing that erectile function should be included in routine assessment.[27]

The extent to which patient age impacts on GP treatment of men's sexual health problems remains an unanswered question. It may be logically concluded, that, if sexual problems are infrequently raised in consultation with older male patients, then many conditions such as ED are going undetected and untreated. However, at the time of this review there was no identified research on this specific topic.

Recent Australian research has indicated that of men aged 40 years and over who discussed sexual difficulties with their GP, only 58% subsequently received treatment.[4] While this indicates that barriers exist to effective GP management of men's sexual health problems, it is uncertain as to whether patient age plays an important role. Similarly, a 1 year audit found that physicians were more likely to discuss sexual function with older patients than other groups at risk for ED, such as patients with diabetes and hypertension.[5] However, the data did not provide an indication of whether discussions were initiated by the physician or patient, nor the frequency with which ED was discussed with younger patients.

General practitioners have identified many barriers to their management of sexual dysfunction, none of which pertained directly to the old age of patients.[28] The most common reasons included a lack of training, education or knowledge, lack of time, and perceived patient reluctance or embarrassment. General practitioners infrequently cited barriers that may be associated with patient old age, including age differences between GP and

patient, stigma or societal attitudes to sex, GP embarrassment or attitude, and the sensitive nature of the subject.

The good news however, is that when sexual health concerns are addressed, preliminary research suggests that older male patients are typically satisfied with the treatment they receive.[16] This is an encouraging finding, highlighting the importance and positive outcomes of actively addressing sexual health concerns with older patients.

Conclusion

Despite research evidence for the normal and gradual decline in sexual functioning with age, the majority of adults wish to maintain a healthy, satisfying sex life well into their later years. It is therefore essential that GPs dealing with older men are knowledgeable about sexuality and intimacy in later life, and are proactive in managing patient sexual health concerns. This incorporates routine inclusion of brief sexual history taking within medical histories, asking about sexual health when risk factors for sexual dysfunction are evident, and sensitivity to the often subtle indicators of sexual or relationship difficulties.

Patient age appears to impact considerably on GP initiation of discussions about sexual health with men, highlighting the importance of ongoing professional education strategies to further promote GP discussion and evidence based treatment. Just as importantly, these educational initiatives must be evaluated for their capacity to improve GP practices.

It is also important to note that maintenance of healthy sexuality in aging is a shared responsibility that does not lie solely on the GP's shoulders. It is well recognised that sexual health is one of a myriad of other health conditions that GPs see within patient consultations. General practitioners are continually required to make decisions about the best use of consultation time to make the greatest difference for their patient. With this in mind, community education strategies are vital to raise public awareness about the importance of seeing a doctor for sexual health concerns – relieving the pressure on GPs to raise the issue when symptoms or risk factors may not be readily apparent. However, it is essential that GPs are receptive and well armed to manage the sexual health and relationship concerns of older men when they do arise.

Implications for general practice

- GPs represent a primary yet underutilised source of help for the sexual difficulties of older men.
- Maintenance of healthy sexuality is a shared GP and patient responsibility.
- GPs are encouraged to be proactive in managing older patients' sexual health concerns, via routine sexual history taking within medical histories, asking about sexual health when risk factors are evident, and sensitivity to indicators of sexual difficulties.

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