

Sexual Activity and Satisfaction in Healthy Community-dwelling Older Women

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ABSTRACT

BACKGROUND: Female sexual dysfunction is a focus of medical research, but few studies describe the prevalence and covariates of recent sexual activity and satisfaction in older community-dwelling women.

METHODS: A total of 1303 older women from the Rancho Bernardo Study were mailed a questionnaire on general health, recent sexual activity, sexual satisfaction, and the Female Sexual Function Index.

RESULTS: A total of 806 of 921 respondents (87.5%) aged 40 years or more answered questions about recent sexual activity. Their median age was 67 years; mean years since menopause was 25; most were upper-middle class; 57% had attended at least 1 year of college; and 90% reported good to excellent health. Half (49.8%) reported sexual activity within the past month with or without a partner, the majority of whom reported arousal (64.5%), lubrication (69%), and orgasm (67.1%) at least most of the time, although one third reported low, very low, or no sexual desire. Although frequency of arousal, lubrication, and orgasm decreased with age, the youngest (<55 years) and oldest (>80 years) women reported a higher frequency of orgasm satisfaction. Emotional closeness during sex was associated with more frequent arousal, lubrication, and orgasm; estrogen therapy was not. Overall, two thirds of sexually active women were moderately or very satisfied with their sex life, as were almost half of sexually inactive women.

CONCLUSION: Half these women were sexually active, with arousal, lubrication, and orgasm maintained into old age, despite low libido in one third. Sexual satisfaction increased with age and did not require sexual activity.

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KEYWORDS: Age; Female sexual function; Libido; Sexual activity; Sexual satisfaction; Women

Alfred Kinsey and colleagues established the Institute for Sex Research and quantified male sexuality for the first time in their 1948 book.¹ Five years later, their book on female sexual behavior appeared.² In 1966, Masters and Johnson provided anatomic and physiologic data on human sexual

response.³ Although sexuality, particularly sexual dysfunction, is now a major focus of medical research, there are few studies of sexual activity and sexual satisfaction in community-dwelling older women.

It is known that sexual activity in older women is positively associated with having a partner,⁴⁻⁶ good health,⁶⁻⁸ and current estrogen use.⁹ A few community-based¹⁰ and population-based^{4,11,12} studies have asked about satisfaction, desire, arousal, and orgasm in older women. The largest survey of female sexual activity leading to personal distress was mailed to a representative sample of 50,003 US women aged 18 to 101 years in 2006; 63% responded.¹² In that study, low desire (libido) was the most common problem reported by all age groups; women aged 45 to 64 years reported more sexually related distress than younger and older women.

We report a study of sexual activity and satisfaction as reported by older community-dwelling women from the

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Rancho Bernardo Study (RBS) cohort. We describe the prevalence of current sexual activity; characteristics associated with sexual activity, including demographics, self-reported health, menopause history, and hormone use; frequency of arousal, lubrication, orgasm, and pain during intercourse among sexually active women; and sexual desire and sexual satisfaction in sexually active and sexually inactive older women.

MATERIALS AND METHODS

Study Population

The RBS included 82% of community-dwelling adult residents of Rancho Bernardo, a suburb of San Diego, California. Since inception in 1972-1974, Study participants have been followed annually by mail for vital status and morbidity, and every other year for specific conditions or behaviors potentially related to healthy aging. The Study was approved by the institutional review board of the University of California, San Diego. Mailed questionnaires reminded participants that responses were voluntary, and they did not need to answer any questions that they preferred not to answer.

Measures

In October 2002, 1303 surviving RBS community-dwelling women were mailed a questionnaire about physical and emotional health, menopause, hysterectomy status, current estrogen use, the presence or absence of an intimate partner, and the presence or absence of recent (past month) sexual activity with or without a partner. Standard 5-point scales with the responses “excellent,” “very good,” “good,” and “fair or poor” were used to assess self-rated physical and emotional health. The Female Sexual Function Index (FSFI)¹³ was mailed in the same envelope, which included the participant RBS identifier but no personal identifiers.

The FSFI, a multidimensional scale for assessing sexual dysfunction in women, includes 19 questions developed by Rosen and colleagues.¹³ The FSFI has demonstrated reliability and validity in women with or without sexual dysfunction, has good test-retest reliability for each of its individual domains ($r = 0.79-0.86$) and overall (Cronbach's $\alpha \geq 0.82$). The FSFI estimates the extent of difficulty in 6 domains of sexual function: desire, arousal, lubrication, orgasm, pain, and satisfaction.

We inserted one additional question: “Over the past 4 weeks, have you engaged in any sexual activity or intercourse?” for a total of 20 questions (Appendix 1, online, question 3). The first 2 questions were answered indepen-

dently of partner status or recent sexual activity and relate to sexual desire. The next 11 questions were answered only by women who had engaged in sexual activity in the past 4 weeks, with or without a partner, and relate to arousal, lubrication, and orgasm. The next 4 questions concerned emotional closeness with a partner and pain associated with vaginal penetration. The 19th question addressed satisfaction with overall sexual life in all respondents who had a partner whether or not they were currently sexually active. The last question addressed overall sexual satisfaction with or without a partner.

The FSFI questionnaire specifies that sexual activity could include caressing, foreplay, masturbation, and intercourse. Intercourse was defined as penile penetration (entry) of the vagina. The questionnaire specifically stated, “You do not need to have a partner to answer this questionnaire.”

Statistical Analysis

Data from 806 of the 921 women (87.5%) aged 40 years or more who returned the questionnaire and answered the question about recent sexual activity with or without a partner in the past 4 weeks are the basis of this report. Baseline characteristics are summarized for the entire study cohort and compared between women who were sexually active and those who were not. Results are presented as means and standard deviations of continuous variables with t test used to evaluate significant differences. Categorical variables are shown as percentages, and associations are tested with chi-square tests. Age is analyzed by quartile based on the 806 respondents, with 201 or 202 women in each quartile: quartiles are age less than 55.13 years, 55.14 to 68.02 years, 68.03 to 79.91 years, and 79.92 years or more. Data are analyzed using SAS (version 9.2; SAS Institute, Inc, Cary, NC) and SPSS (version 17.0; SPSS Inc., Chicago, Ill).

RESULTS

Table 1 shows the characteristics of the 806 women overall and separately by the presence or absence of recent sexual activity. The median age was 67 (range 40-99) years; 63% (503) were postmenopausal, 20% (158) reported still having menses, and 17% (143) had insufficient data to classify. The mean number of years postmenopause was 24.6 years, the mean age at menopause based on last menses was 47.7 years, and 22.4% of all women reported a bilateral oophorectomy. Overall, 30.3% reported using estrogen therapy at the time of the survey. More than half of the women had at least begun a college education, and more than 90% of the heads of house-

CLINICAL SIGNIFICANCE

- The majority of sexually active women report frequent arousal, lubrication, and orgasm that continue into old age despite low sexual desire.
- The youngest and the oldest women reported the highest frequency of orgasm satisfaction.
- Sexual satisfaction increased with age and did not require sexual activity.
- A focus on sexual satisfaction instead of sexual dysfunction may be a better approach to female sexual health.

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