

Associations Between Urinary Symptoms and Sexual Health in Older Adults



Cara Tannenbaum, MD, MSc

KEYWORDS

- Sexual dysfunction • Incontinence • Overactive bladder • Treatment
- Older men and women

KEY POINTS

- There is evidence that urinary and sexual symptoms coexist in older men and women.
- Although the relationship may be causal, sexual dysfunction involves a complex interplay of partner factors, relationship factors, individual factors, mental health disorders, life stressors, medical comorbidity, and medication intake.
- Men with overactive bladder and urgency incontinence are less likely to report being sexually active, as are men with erectile dysfunction and stress incontinence after prostatectomy.
- Data on the relationship between sexual dysfunction and urinary symptoms in older women are scarce, and may be mediated by overall poor health and function. In contrast with young and midlife women, little is known about coital incontinence in older women and its response to surgical intervention.
- Surgical and nonsurgical interventions for lower urinary tract symptoms may be effective for treating sexual dysfunction, suggesting the need for inquiry during clinical encounters and future research.

SEXUAL HEALTH AMONG OLDER ADULTS

Sexual activity declines with age, but many older adults remain sexually active well into the ninth decade.¹ In a large population-based survey of sexual activity among older adults in the United States, 67% of men and 40% of women aged 65 to 74 years reported sexual activity with a partner in the previous 12 months.¹ Among men and women aged 75 to 85 years, 39% and 17% respectively reported sexual activity.¹ Most engaged in coital intercourse. Oral sex was performed by nearly half of men and women aged 65 to 74 years, and by up to one-third of those aged 75 years and older.

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Division of Geriatric Medicine, Université de Montréal, 4565 Queen Mary Road, Montreal, Quebec H3W1W5, Canada

E-mail address: cara.tannenbaum@umontreal.ca

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PREVALENCE OF SEXUAL DYSFUNCTION

Sexual problems increase with age and are common. Almost 50% of sexually active older men and women complain of 1 or more sexual problems.¹ Sexual dysfunction, as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), refers to a clinically significant disturbance in a person's ability to respond sexually or to experience sexual pleasure.² Common sexual dysfunctions in older age and their definitions are listed in **Box 1**. The prevalence of different sexual problems by age group among older men and women is described in **Table 1**.¹ Higher rates of medication-induced/substance-induced sexual dysfunction likely exist among the geriatric population with polypharmacy, but the exact prevalence and incidence remain unknown. **Box 2** describes examples of medications and substances that can cause or contribute to sexual dysfunction.²⁻⁶

THE MULTIFACTORIAL NATURE OF SEXUAL DYSFUNCTION

Sexual dysfunction involves a complex interplay of physiologic, psychological, and social factors. Partner factors, relationship factors, individual factors, concomitant mental health disorders, life stressors, medical comorbidity, and cultural or religious influences can all play a role in sexual dysfunction.^{1,2} **Table 2** lists all elements of assessment that are required in a thorough examination of sexual dysfunction.

OVERALL HEALTH STATUS AND SEXUAL DYSFUNCTION

Older men and women who rate their health as being poor are less likely to be sexually active.¹ Furthermore, among those with poor health who remain sexually active, there is a higher occurrence of sexual problems.¹ Older women who report poor overall health are nearly 3 times more likely to report diminished sexual pleasure; in men, mental health problems have a negative impact.⁷ Chronic medical conditions, depression, polypharmacy, cognitive decline, and functional impairment contribute to a lack of libido and many of the other sexual problems listed in **Table 2**.

Box 1

DSM-5 definitions of common sexual dysfunctions in older age

Erectile dysfunction: the repeated failure to obtain or maintain erections during partnered sexual activities.

Delayed ejaculation: marked delay in or inability to achieve ejaculation.

Female orgasmic disorder: difficulty experiencing orgasm and/or markedly reduced intensity of orgasmic sensations.

Sexual interest/arousal disorder: lack of, or significantly reduced, sexual interest/arousal.

Genitopelvic pain/penetration disorder: difficulty having intercourse, genitopelvic pain, fear of pain or vaginal penetration, and/or tension of the pelvic floor muscles.

Medication or substance-induced sexual dysfunction: a disturbance in sexual function that has a temporal relationship with medication/substance initiation, dose increase, or medication/substance discontinuation.

Adapted from Diagnostic and statistical manual of mental disorders, 5th edition. DSM-5. Arlington (VA): American Psychiatric Association; 2013.

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