# Barriers Preventing Older Veterans from Seeking Treatment for Erectile Dysfunction

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In this qualitative study, interviews of older male veterans reveal possible reasons men do not seek medical assistance for their sexual problems.

Erectile dysfunction (ED) is one of the most common chronic medical disorders affecting men older than 40 years, but only a small percentage of older men seek treatment for this disorder.[1] Barriers to seeking care for ED remain unclear.

One possibility is lack of awareness or uncertainty about effective treatments. A self-administered, random survey revealed that 77.3% of respondents who had not sought treatment cited this as a reason.[2] Other reasons cited were embarrassment (29.8%), ignorance or misinformation about treatment (45.2%), and lack of affordability (25%).[2] Data from the Cross-National Survey on Male Health Issues found that feeling embarrassed of talking about ED and the belief that ED was a normal part of aging were common reasons for not seeking treatment.[3] Furthermore, a qualitative study conducted in England concluded that older adults did not seek treatment for sexual problems because of demographic characteristics of their general practitioner, the general practitioner's attitudes towards later-life sexuality, the belief that sexual problems are part of "normal aging," embarrassment and fear, a perception that sexual problems are "not serious," and lack of knowledge about appropriate services.[4] Study participants were recruited from a population in which minority patients comprised only 0.4% of the group, however.

Since minorities have limited access to medical care,[5,6] it may not be possible to generalize these results to a racially or ethnically diverse population, like that of the VA. To identify barriers to seeking treatment for ED in just such a population, we conducted a study in men recruited from our facility's geriatric clinic.

## PREVALENCE OF ED AND ITS TREATMENT

Studies show that the prevalence of ED increases from 2% for men younger than 40 years to 86% for men aged 80 years and older.[7] Almost half of the 27,500 respondents to a globally administered sexual health survey (men and women aged 40 to 80 years) had experienced at least one sexual problem.[8]

Because age is strongly correlated with ED, its worldwide prevalence is expected to more than double between 1995 and 2025 as the older adult population increases, particularly in developing countries.[9–12] Conditions correlated with ED include hypertension, diabetes, hyperlipidemia, lack of physical activity, obesity, smoking, cardiovascular disease, lower urinary tract symptoms, lower attained education, psychological stress, and depression—all common conditions in the VA population.[13–16]

In a survey of men aged 20 to 75 years in six countries, respondents agreed that ED was a source of great concern for themselves and their partners. Most men surveyed also placed high importance on the ability to perform sexually and did not believe they were too old for sex.[17] Despite such sentiments and the high prevalence of ED in older men, the disorder remains largely untreated. Investigators in a global study, for example, reported that only 18% of men had discussed their sexual problems with a physician.[18] In another study of approximately 1,200 men aged 18 to 91 years in western Australia, only 11.6% with self-reported ED had received treatment.[19] Furthermore, a survey in Great Britain of 1,768 men and women with a median age of 50 years reported that, of the 49% of male respondents who wanted help for sexual problems, only 6% had actually received it.[20]

## STUDY DESIGN AND PARTICIPANTS

The Institutional Review Board of the VA Greater Los Angeles Healthcare System (VAGLAHS) approved our study. To recruit participants, we

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posted study information on a bulletin board in the patient waiting room of the geriatric clinic containing information on how to contact the study coordinator to arrange participation. After obtaining informed consent, we administered a screening questionnaire to determine if patients met eligibility requirements, including a minimum age of 65 years, not currently receiving treatment for ED, and ability to communicate in English. We also administered a Mini-Cog test to exclude patients with dementia. (The Mini-Cog test is a quick screening test for dementia with a sensitivity of 99%, specificity of 93%, and a diagnostic value of 96% in older adults.[21])

After enrolling in the study, each participant completed a demographic questionnaire and underwent a one-on-one, semistructured interview with a trained research assistant. The interview questions were developed based on a literature review and were guided by Andersen's Behavioral Model of Health Care Utilization.[22–24]

Interviewers used prompts to explore detailed answers to specific questions related to sex. For example, for the question, "Do you think it is dangerous for people with certain medical conditions to engage in sexual activity?" interviewers used prompts such as diabetes, high blood pressure, heart disease, and high cholesterol to elicit a detailed response from each participant. Topics of discussion included, among other things, beliefs about conditions or medications that make sexual activity risky, lifestyle factors and ED risk, and availability and effectiveness of ED treatments. Interviewers also asked about any personal sexual problems and posed these questions at the end of the interview so that participants would not be self-conscious or provide biased responses to other questions. Interviews were conducted in a quiet, private room and lasted from 45 minutes to one hour. The interviews were tape recorded and transcribed verbatim by a professional transcription service (Table 1).

A total of 20 men with a mean age of 74 years participated in the study. Ninety percent were married or had a significant other, 60% were white, and 35% were African American. Ninety percent of the participants had graduated from high school or attained higher education, and 60% had an annual income of more than $30,000 (Table 2).

*The majority believed that ED was a normal part of the aging process, "just like getting wrinkles."*

## RESULTS

Interview responses were divided into four categories: (1) health beliefs, (2) predisposing factors for seeking health care, (3) enabling factors for seeking health care, and (4) need for health care (health status).

### Health beliefs

*Medical conditions and risk of sexual activity*. Most men believed it was dangerous for patients who have suffered a stroke to engage in sexual activity. Participants also identified high blood pressure and high cholesterol as dangerous for sexual activity.

*Psychological conditions and risk of sexual activity*. Depression was the only psychological condition participants mentioned as associated with decreased sexual functioning.

*Medications and risk of sexual activity*. Many participants responded that taking medication for stroke made sexual activity risky. But participants did not think that taking medications for common medical conditions—such as diabetes, high blood pressure, high cholesterol, heart disease, and depression—made sexual activity risky.

*Lifestyle and risk of ED*. Most participants thought that smoking had a negative influence on erectile function. Several participants believed that smoking and drinking alcohol had a greater influence on ED than the aging process did.

*Aging and sexuality*. Most participants responded that the frequency of sexual activity decreases with age, as does the quality of the erection and interest in sexual activity. The majority believed that ED was a normal part of the aging process, "just like getting wrinkles." Several participants noted, however, that individuals may feel sexual desire at 80 or 90 years old, depending on lifestyle.

*Regular sexual activity and men's health*. Most men believed that sexual activity is important for mental and emotional health. They were less certain about the benefits of sexual activity for physical health.

*Knowledge of ED treatment*. The majority of participants knew about the oral prescription medications for ED. Some participants were aware of the herbal preparations for ED, as well as other treatments, such as vacuum pumps and injections.

*Effectiveness of ED treatment*. Most men thought that Viagra (Pfizer, Inc.,

**Table 1. In their own words: What older veterans say about ED,[a] aging, and sexuality**

| Topic | Response examples |
|---|---|
| Medical/psychological conditions and risk of sexual activity | "It depends on how bad the heart disease is. Like you have congestive heart failure plus high blood pressure and you start having sex, it might be too much for the heart. You might go into a stroke or a heart attack…it depends on the medication you take."<br>"…many men beyond 60 or 65 have periods of depression. And during those periods of depression I'm sure sexual functioning is not part of their lives." |
| Lifestyle and risk of ED | "It depends on the person, how they take care of themselves. If he's smoking, drinking, letting his health run down, you can be a young man and you can't perform. Whereas if you're an older man, such as myself, and you're doing the things you're supposed to do, on proper medication and taking care of yourself, eating properly and taking exercise, then you can have intercourse just like a normal man. That has been proven in my case." |
| Aging and sexuality | "Sexuality is primarily based upon your level of testosterone. And starting about 50 years, you start losing your ability to produce testosterone. And with that loss, presumably the libido goes away and it's a regression of one or the other." |
| Regular sexual activity and men's health | "Just makes you feel alive and engaged as a human being in the world and it's a pleasure that's always been very important all through life and then to lose that pleasure feels like a loss and makes you feel even older." |
| Effectiveness of ED treatment | "It depends upon the person. You can't give one pill to a thousand people and have the same response. Some people respond very well, some people will have side effects."<br>"The Viagra treatment is very effective I think. The pumps and the surgery, I wouldn't want any part of them. They're effective for certain people like diabetics…" |
| Source of ED treatment knowledge | "Well, I do read a lot of stuff about health and, you know, what's good and not good for you. And then, you know, there's so many sources these days… radio, television, newspapers, magazines…a lot of information out there." |
| Process for evaluating ED | "I think the easy way would be for the doctor to approach the person with all honesty, and let the person know that they're trying to help them with whatever is going on in their life to straighten out whatever's wrong. First you've got to make a person feel comfortable and then you get that person talking, and then you can get answers." |
| Characteristics of the health care provider | "I don't think the age is that important. I certainly believe that…somebody who is a professional in that field and has achieved some degree of education, i.e. a doctor, has a sufficient background to be able to intelligently discuss such a problem with a patient. Ethnicity does not matter to me. I don't care if you're purple."<br>"Maybe I might feel a little more comfortable with somebody my own age. I would feel that he could understand my problem better, but it wouldn't be essential." |

[a]ED = erectile dysfunction.

New York, NY) was effective and that it worked "80% to 90%" of the time. Few participants knew about the effectiveness of other treatments, such as herbal preparations and vacuum pumps. Several participants had tried Viagra and found it effective. Most had not tried other treatments.

## Factors that predispose patients to seek care

*Source of ED treatment knowledge.* Most participants obtained their information from television or other news media. For the remaining participants, information came from health care providers.

*Process for evaluating ED.* Most respondents believed that health care providers should ask older men about sexual problems routinely as part of general health care examinations. Most men also believed that direct questioning was more effective in eliciting information about sexual functioning than indirect questioning (for example, by filling out a form). Participants preferred that their health care provider initiate the discussion.

## Factors that enable seeking care

*Knowledge of available VA resources for ED treatment.* Participants overall were unaware that the VA offers treatments for ED.

*Sources of support or assistance.* Most participants responded that they would talk to their primary care physician, psychiatrist, urologist, or neurologist for information or assistance. Several participants would seek help from a sex therapist. About half of participants said they would not use the internet for information, and most would not seek help from their friends or family members.

*Communication with health care provider.* Most participants said they would not find it difficult to discuss ED with their health care provider, whether a physician or a psychologist. Several participants indicated they would feel uncomfortable discussing their problem with a social worker or a female nurse, however. Although most participants believed pharmacists to be knowledgeable about medications, many did not want to talk to a pharmacist about ED.

*Characteristics of the health care provider.* Important characteristics of the health care provider, according to some respondents, related to age, education or training, and gender, with several participants saying they would prefer an older male provider. Most participants did not consider the provider's race or ethnicity to be significant.

*Needed services.* One participant stated that health care providers need to receive more education about sexual problems in older adults. Others believed that providers should offer more literature to educate patients. Most participants did not think that additional sexual disorder clinics were necessary, but they did believe that patients with ED might find support groups helpful.

*Reasons for seeking help.* Wives or partners would strongly influence most respondents to seek help for ED. Respondents also cited not enjoying sexual activity, concern about improper organ function, and compromised happiness or contentment as reasons for seeking help.

## Health status

Half of the men reported having sexual problems, two may have had sexual problems but were unaware of

**Table 2. Demographic characteristics of study participants**

| Characteristic | Participants |
|---|---|
| **Predisposing characteristics** | |
| Age in years, mean (SD) | 74 (6) |
| Relationship status, % | |
| Married | 35 |
| With significant other | 55 |
| Without significant other | 10 |
| Race/ethnicity, % | |
| White | 60 |
| African American | 35 |
| Asian American | 0 |
| Latino | 5 |
| Native American | 0 |
| **Enabling characteristics** | |
| Education, % | |
| Graduate school | 20 |
| College | 30 |
| High school | 40 |
| Less than high school | 10 |
| Income, % | |
| Less than $30,000/year | 40 |
| More than $30,000/year | 60 |

**Table 3. Barriers to seeking treatment for ED[a]**

- Belief that stroke, high blood pressure, high cholesterol, depression, and medications for stroke pose risks for sexual activity
- Tendency to attribute ED to part of the normal aging process
- Inaccurate or incomplete knowledge of available treatments for ED
- Lack of awareness that the VA offers treatment for ED

[a]ED = erectile dysfunction.

them, and the rest reported that they did not have sexual problems.

## DISCUSSION

This qualitative study identified several barriers to seeking treatment for ED in older men (Table 3). The belief that stroke, high blood pressure, high cholesterol, depression, and medications for stroke are dangerous for sexual activity appeared to be a significant barrier that has not been reported in other studies. Although Shabsigh and colleagues found that concomitant conditions were indeed associated with not seeking ED treatment, men with such conditions still sought treatment when their ED was combined with a desire for sex.[3] Patients need to be assured by a health care provider that even though stroke, high blood pressure, high cholesterol, depression, and medications for stroke are risk factors for ED, they do not preclude sexual activity. Such patient education will help overcome this barrier.

Most participants were able to appreciate the effects of aging on sexual function but had a tendency to attribute ED to normal aging, which also can be a significant barrier to seeking treatment. It is known, for example, that attributing symptoms of urinary problems to normal aging can inhibit older people from seeking treatment for these problems.[25,26] Our finding on beliefs about aging and ED is consistent with other reports.[3,4]

Another barrier appears to be inaccurate or incomplete knowledge of available ED treatments. Although participants appeared to be knowledgeable about the availability of oral prescription medications, they had a highly exaggerated impression of these medications' effectiveness. And they had less information about other types of ED treatments and their effectiveness. This disparity most likely reflects the effect of widespread advertisement of oral prescription medications in the media.[27] The finding that most participants reported obtaining their information about ED treatments from television or other news media corroborates this perception.

*Most patients in our study responded that physicians should initiate discussions about sexual problems routinely by direct questioning, which may reflect patient discomfort about opening such conversations.*

Another major barrier was that participants did not know that the VA offers ED treatments, although this finding could be specific to the institution where this study was conducted. Better education of patients and providers can overcome this obstacle.

On the plus side, participants appeared to have appropriate health beliefs about the effects of lifestyle on sexuality. Health care providers should exploit this knowledge by promoting a positive, healthy lifestyle for their older patients.

Providers should also maximize another interesting finding—that patients are not uncomfortable discussing sexual problems with their health care providers. This finding contrasts with earlier reports, which have cited shame and embarrassment as a common reason for not seeking treatment in the older population.[2–4,17] A positive association between severity of ED and embarrassment of talking about it also has been reported.[3] Note, however, that most patients in our study responded that physicians should initiate discussions about sexual problems routinely by direct questioning, which may reflect patient discomfort about opening such conversations. This discomfort could be a major barrier to seeking treatment in older men.

Most participants in our study reported they would contact their primary care provider for assistance with their ED. Some reported a preference for an older male provider, but the provider's education and training also were mentioned as important characteristics. Preference for a provider with demographic characteristics similar to those of the patient has been reported elsewhere.[4] Our finding that spouses or partners have a profound

influence on men's decisions to seek treatment for ED also is consistent with previously reported findings.[28,29]

Study participants were representative of the patients who attend the VAGLAHS geriatric clinic in terms of race/ethnicity and marital status, but were more educated and had higher incomes. Nonetheless, the 50% prevalence of ED in our sample was within the range reported in other studies for this age group.[7,14,19] Prevalence rates, the questionnaires that studies utilize, and differences in the definition of ED vary widely between studies. (The National Institute of Health consensus panel defines ED as an inability of the male to achieve an erect penis as part of the overall multifaceted process of male sexual function.[30])

## Study limitations

Our study has several limitations. Since participants were older veterans, our findings cannot be generalized to a nonveteran population. In addition, participants were recruited from an outpatient clinic where they were receiving ongoing care; the identified barriers, therefore, may not represent those of the overall population. Finally, although participants were not being treated for ED at the time of the study, some had been treated in the past, which could have biased our findings.

## CONCLUSION

The desire to have sex, maintaining a general health condition suitable for sexual activity, and the availability of a partner may be important motivating factors for seeking treatment for ED. Future studies should investigate these issues.

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### *Disclaimer*

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