Sexual Function and Practice in Elderly Men of Lower Socioeconomic Status

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Normal aging plus certain prevalent diseases are believed to render many elderly men impotent. Recent studies have suggested that educated middle-class and upper-class elderly men continue sexual activity, despite erectile dysfunction, by employing alternative practices such as mutual masturbation and oral sex. Few elderly men of lower socioeconomic background have been included in these studies, however. Using physician-administered interviews, 87 men attending an urban Veterans Administration geriatric clinic were studied to determine (1) the prevalence of erectile dysfunction, and (2) the sexual practices and attitudes of this group.

Of the 87 men, 28% reported complete loss of erectile function, while 31% had frequent difficulties achieving vaginal intromission. Unlike economically advantaged groups, only 29% used mutual masturbation and 16% used oral sex. Attitudes toward these practices were negative. With one exception, men unable to perform coitus ceased all heterosexual activities. **J Fam Pract 1990; 31:162-166.**

Pioneer studies of geriatric sexuality have shown that approximately 50% of men over the age of 70 years engage in coitus.[1–3] This figure is often cited as the prevalence of sexual potency in the elderly, even though some men who do not engage in coitus may have normal penile function and therefore retain their potency, but simply do not have a willing sexual partner.[2,4] The prevalence of erectile impotence, as such, among older men is largely unknown. Slag et al[5] recently reported that 34% of the men attending a Veterans Administration medical clinic were impotent. Most of their patients were below the age of 60 years, however, and therefore had not experienced the significant decline in sexual activity that occurs during the eighth decade, as described by Verwoerdt et al.[3]

If the prevalence of erectile impotence does increase with age, then the use of sexual practices that require a lesser degree of penile tumescence, such as mutual masturbation and oral-genital gratification, may represent a reasonable alternative for elderly couples. Despite the conservative attitudes often attributed to the aged, the Starr-Weiner and Consumer Union studies recently reported prevalence rates as high as 56% for these alternative sexual practices.[6–8]

Unfortunately, almost all studies of geriatric sexuality have focused on highly educated, economically advantaged populations. Few elderly men and women of lower socioeconomic status and limited education have been included. Sexual practices may vary with economic and educational background.[9] Kinsey and colleagues[10] found that younger men of poor and working class status are strongly oriented toward coitus and are likely to consider alternative sexual practices unacceptable. If older men of similar socioeconomic background share this attitude, then the development of erectile dysfunction with age may lead to the cessation of coitus, sexual dissatisfaction, and the end of all heterosexual activity.

Eighty-seven older men from predominantly blue-collar backgrounds were interviewed to (1) determine the prevalence of erectile dysfunction, and (2) determine the sexual practices and attitudes of this often neglected group.

METHODS

A survey of the sexual practices and problems in elderly men attending a geriatric outpatient clinic at the Philadelphia Veterans Administration (VA) was conducted. Of

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TABLE 1. DEMOGRAPHIC CHARACTERISTICS

Characteristic	Percent
Age (years)	
Mean 72.6	
Range 61-84	
Race	
White	50.6
Black	49.4
Education	
Less than high school	68.2
High school graduate	17.6
Post-high school	14.1
Occupation	
Unskilled	14.3
Machine operator/semiskilled	30.9
Skilled manual	27.4
Clerical-sales-technician	14.3
Professional/semiprofessional	13.1

110 consecutive patients, 87 agreed to participate and signed informed consent. Patients with dementia or previously diagnosed problems with communication skills (hearing loss, aphasia) were not asked to participate. A standardized questionnaire was administered by the patient's clinic physician. In most cases the physician interviewer had cared for the patient at least several months before testing. The questionnaire was designed to elicit information in the following areas: demographic characteristics, including occupation and education; medical diagnosis; medications used; genitourinary tract operations; frequency of alternative sexual practices; sexual satisfaction; and attitudes concerning sexual practices. Men no longer sexually active were questioned about their most recent sexual experiences. All participants completed the questionnaire in full.

RESULTS

The demographic patterns of the subjects interviewed are summarized in Table 1. The mean age was 72.6 years. Three patients were in the 60- to 65-year age range and eight patients were 80 years old or older. The majority were skilled or unskilled workers with less than a high school education. All were ambulatory and independent in the instrumental activities of daily living, as demonstrated by previous testing performed on all geriatric clinic patients. The medical diagnoses, genitourinary operations, and medications used are displayed in Table 2. For ease of reporting, the patients are divided into two groups: group 1, men who continue to practice coitus; and group 2, men who have not practiced coitus within the preceding year.

TABLE 2. PERTINENT PAST MEDICAL HISTORY AND THERAPY

History and Therapy	Percent*
Disease	
Hypertension	55.8
Diabetes mellitus	24.4
Alcohol abuse	8.1
Neurologic	14.0
Peripheral vascular	7.0
Endocrine	0
Psychiatric	9.3
Ischemic heart disease	34.9
Congestive heart failure	17.4
Genitourinary procedures	
Prostatectomy	29.7
Other	6.8
Medications	
Antihypertensive agents	59.3
Sedatives or tranquilizers	5.8
Vitamin E	1.2

**Percentage of total with diagnosis. Many patients were given more than one diagnosis.*

Sexual Activity

Forty-four patients (group 1) reported that they continue to practice coitus with their partners. Forty-three patients (group 2) reported no longer engaging in coitus. In group 2, however, 11 patients masturbated, 1 was a homosexual who practiced oral-genital techniques, and 1 engaged in mutual masturbation with his spouse. Therefore, overall, 57 (67%) of the patients interviewed engaged in some sexual activity.

Erectile Function

Thirteen group 1 patients (30%) reported the inability to achieve or maintain an erection suitable for penetration in 25% or more of their attempts at coitus, and therefore fulfilled the Masters and Johnson criteria for impotence.[11] Seven additional patients identified difficulties with erection and penetration as a significant sexual problem but had a lesser failure rate or were unable to quantify the problem.

Twenty-three (54%) group 2 patients reported no longer experiencing erections spontaneously, or on awakening, or during attempts at coitus or masturbation. An additional six patients were able to masturbate to orgasm but felt that the degree of tumescence obtained was inadequate for vaginal penetration. Ten men reported achieving

TABLE 3. ERECTILE FUNCTION OF SURVEY SUBJECTS

Function	Group 1 (Practice Coitus) No.	Group 2 (No Longer Practice Coitus) No.*	Total (%)
†Intact	24	10	41.0
‡Impaired	20	6	31.3
None	—	23	27.7

*Of this group, 4 patients could not assess function.
†Patients report no difficulty in achieving erections suitable for coitus.
‡Erections achieved were defined by the patient as frequently unsuitable for coitus.

erections spontaneously or during masturbation that they judged to be suitable for coitus. Four patients were unable to assess their erectile function.

Combining the patients in groups 1 and 2 who could assess their function, 28% no longer experienced erections, 31% reported frequent difficulties achieving an erection suitable for coitus, and 41% denied having difficulty with erection or penetration (Table 3).

Alternative Sexual Practices

More than 96% of the subjects reported attempting coitus in every adult heterosexual encounter. Only three men reported occasionally having sexual relations in which vaginal penetration was not attempted. In addition to coitus, 15 (34%) group 1 men practiced mutual masturbation and 7 (16%) practiced oral-genital sex (Table 4).

In group 2, the percentage of men who had participated in alternative practices when they were still able to perform coitus was also low. Only one group 2 man, no longer able to achieve an erection suitable for vaginal penetration, continued an active heterosexual relationship by employing an alternative practice (mutual masturbation).

No member of either group had recently practiced anal intercourse, although six had participated in this activity in the distant past. Two men currently were engaging in homosexual activities, while four others had done so in the distant past. Regarding attitudes toward alternative sexual practices, responses were generally negative, with 63% disapproving of oral sex, 63% disapproving of anal sex, and 65% disapproving of homosexuality.

Impact of Dysfunction

Seventy-two percent of the patients were identified as having a sexual problem (including erectile dysfunction and premature ejaculation) that the physician-interviewer felt would benefit from further evaluation and therapy. Three of these patients viewed the cessation of sexual activity as a positive occurrence. Thirty men stated that their sexual dysfunction was of little concern, and they were not interested in therapeutic intervention. The remaining 30 patients (48%), however, expressed concern about their problem, indicating feelings of anger, guilt, or loss of self-esteem. Only 15 patients (24%) had previously sought help from a health professional.

DISCUSSION

The first objective of this study was to determine the prevalence of erectile dysfunction in elderly men attending a geriatric medical clinic. The survey found that 28% of the men interviewed no longer experienced erections and that an additional 31% had difficulties achieving an

TABLE 4. SEXUAL PRACTICES

Practice	Time Frame	Group 1 (Practice Coitus) No. (%)	Group 2 (No Longer Practice Coitus) No. (%)	Total No. (%)
Masturbate	Currently	6 (13.6)	11 (25.6)	17 (19.6)
Mutual masturbation	Currently	15 (34.1)	1 (2.3)	25 (28.7)
	Recent past*	—	9 (20.9)	
Oral-genital sex	Currently	7 (15.9)	1 (2.3)†	14 (16.1)
	Recent past*	—	6 (14.0)	
Anal intercourse	Currently	0	0	0
Homosexuality	Currently	1 (2.3)	1 (2.3)	2 (2.3)

*Recent past refers to when patient was last sexually active with a partner.
†Homosexual relationship.

erection suitable for coitus. Almost one half of these patients noted a resultant loss of self-esteem.

Although previous studies have documented the percentage of elderly men who engage in coitus, no other study addressed the prevalence of erectile dysfunction as such. Twenty-nine percent of the men in a study by Pfeiffer et al[12] listed loss of potency as the reason for ending sexual relations. Potency was not defined, however, and no information on erectile function was given for those still sexually active. Finkle et al[13] questioned a VA population similar to the one surveyed here but reported no data on erectile function in those aged over age 65 years.

Some authors have equated the cessation of sexual activity with the development of impotence, even though other factors, such as marital discord, may end sexual relations while penile function remains intact.[2,4] This study shows, however, that elderly men who no longer practice coitus should not necessarily be classified as impotent, since 23% of group 2 patients reported preserved erectile function. Conversely, 30% of group 1 patients met the Masters and Johnson criteria for impotence (inability to achieve vaginal intromission in more than 25% of attempts).

The second goal of this study was to describe the sexual practices and attitudes of elderly men of lower socioeconomic background. A review of the literature shows a serious underrepresentation of such individuals in past studies of geriatric sexuality. Approximately one half of this study group practices coitus, a figure not dissimilar to that reported by Pfeiffer et al,[12] Freeman,[1] and Pearlman.[2] In addition, 25% of patients who were no longer active with a partner masturbate.

In contrast to the recent Starr-Weiner and Consumer Union reports describing frequent use of oral sex and mutual masturbation by populations of elderly men and women, predominantly middle and upper class, few of the elderly men in this study population engaged in or approved of these practices. This finding is unfortunate, since a lesser degree of penile tumescence is needed for these sexual techniques, and they are therefore often recommended by therapists for men with erectile dysfunction.[14–16] In fact, only one patient who was no longer able to achieve an erection suitable for vaginal penetration continued to be sexually active with a partner by employing an alternative practice. As suggested by Kinsey's work, for men in this social group the loss of erectile function suitable for coitus usually means the end of all heterosexual activity.

Patient reports of sexual function and attitudes may differ from what is actually practiced. Such may be the case in this study. Pfeiffer et al,[12] however, found good agreement between information from spouses questioned separately, suggesting that personal interview techniques can yield valid information. Furthermore, the administering of the questionnaire by the patient's regular care physician in this study should have maximized compliance.

Alternative methods of assessing erectile function such as nocturnal penile tumescence and sexual laboratory studies contain inherent methodological flaws. Nocturnal penile tumescence does not assess the quality of erections and therefore cannot gauge whether the penis is firm enough to achieve vaginal intromission.[17] Sexual laboratory studies require the use of an artificial environment that has an unknown effect on the sexual performance of elderly subjects. Therefore, a self-reporting technique is likely to be the most effective and practical way of determining the prevalence of erectile dysfunction in this age group.

Finally, this population consisted of elderly men attending a medical clinic. Because of the prevalence of illnesses that may affect erectile function, such as diabetes and hypertension, these results in no way reflect purely age-related changes. The relationship of disease and medication to the development of erectile dysfunction has been reported elsewhere.[5,18]

This study found that erectile dysfunction is very common and is often associated with a decrease in self-esteem. Furthermore, men of lower socioeconomic background and limited education are unlikely to use alternative sexual practices useful for erectile dysfunction. This population may, however, be open to the use of devices such as penile implants that can restore the ability to engage in coitus. It is hoped that these findings will encourage primary care providers to explore questions of sexual dysfunction with their elderly patients, search for reversible causes, and provide counseling and other therapies where applicable.

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