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Sexuality and the Aging Adult: The Attitude and Practice of Physicians and Nurse Practitioners

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The project and manuscript have been successfully completed and meet the standards of the School of Nursing at San Jose State University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

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Sexuality and the Aging Adult:
The Attitude and Practice of Physicians and Nurse Practitioners

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Abstract

Background: As the population ages, many quality of life issues will generate discussion. One such issue is sexuality of the aging adult. While there is substantial documentation related to the physiology and desires of the aging adult, little is known about medical practitioners' beliefs and practices regarding sexuality.

Method: A 14 question survey with a comment section was developed and mailed to 269 physicians and nurse practitioners in Santa Clara County, California. The responses were evaluated using descriptive statistics. The comments received were grouped related to intent or topic.

Results: There was no discernible difference between the beliefs and practices of physicians and nurse practitioners. The responses to the questions that concerned beliefs were very homogenous indicating that practitioners believe sexuality is important across the life span and that the natural and physiological changes that occur do cause concern for aging patients. In addition, there was agreement related to treatment options for sexual dysfunction. While most indicated there are adequate treatment options for men, few felt there were for women. The number of practitioners that indicated they include questions related to sexuality as a part of the initial history and physical were substantially more than was described in the literature.

Conclusions: This study confirms that practitioners regard sexuality as an important aspect of an aging adult's life. More research is needed about treatment options for women, as well as additional investigation regarding the number of practitioners who actually inquire about sexual concerns during the initial intake of the aged adult.

Keywords: sexuality, aging, sexual dysfunction, treatment options.

Background Information

By the year 2020, it is estimated that nearly 20% of the population will be at least 65 years of age (U.S. Bureau of the Census, 2000). In addition, this new group of aging individuals, commonly referred to as the "baby boomers", is characterized as bold, sometimes demanding, and historically have actively sought solutions to perceived problems. As this population ages, their issues will become increasingly apparent.

What are the problems and issues that matter to this aging portion of the population? Certainly there are significant concerns related to housing, finances, social networks, illness, safety, and numerous quality of life issues. One quality of life issue, rarely addressed, is that of sexuality in the aging adult. Does sexual activity continue into old age? Is this a topic that aging persons are concerned about? Is it relevant; is it important?

A literature review of the issues related to sexuality in the aging adult provides an interesting picture. Clearly, by the research completed, the current aging population is interested in maintaining sexual viability (Sexuality Study AARP, 1999). Over time however, sexual activity does seem to decline (Bortz & Wallace, 1999 and Wiley & Bortz, 1996) and it is well understood that as one ages, physiologically, sexual function is compromised (Laflin, 1996). No doubt these two components are related. Additionally, the incidence of sexual dysfunction is stated to be in the 30% range for men and up to 43% for women (Laumann, Paik & Rosen, 1999). While this is measured across all ages, it could certainly be surmised that with the added confounding factor of increased physiological issues as one gets older, the incidence of sexual dysfunction in the aging adult may indeed be even higher. And unsurprisingly, according to the AARP Sexuality Study (1999), there is sufficient evidence that this is a distressing circumstance to this cohort of the population.

Little information was noted in the literature regarding the response of the medical community to the issue of sexuality in the aging adult. However, substantial information was available about methods used for collecting a sexual history but this is mostly related to sexually transmitted disease and high-risk sexual behavior and is aimed at a much younger patient population. Few articles were found that clearly suggest sexuality is or should be a part of a routine history and physical in the aging adult.

A study conducted by Read, King, and Watson (1997) suggests that 70% of the 170 participants considered a primary care practitioner an appropriate person with whom to discuss issues of sexuality. However, they also noted that although there is a high documented prevalence of sexual dysfunction, sexuality and related problems were documented in only 2% of the medical records, suggesting this issue is not explored by the medical practitioner. Hinchliff, Gott, and Galena (2004, p. 56) confirm this lack of exploration and state,

> "Barriers that prevent discussion of sexual matters in consultations can not only impinge upon potential treatment for the patient, but also have an indirect affect on the patient's life, health and intimate relationships. Solutions to overcoming such barriers relate largely to the provision of training for medical students and qualified GPs."

With the lack of existing evidence, it is worth exploring several questions. Do physicians and/or nurse practitioners believe sexuality is important to the aging population and is it addressed for the purpose of discovery and treatment? Do physicians and nurse practitioners believe there is adequate treatment available for sexual dysfunction? And, is there a difference in practice based on age, gender, discipline (general practice, internal medicine, gynecology and urology), and/or educational level (MD/NP) of the practitioner related to this issue.

The myth of the *"sexless"* aging adult must be challenged (Schlesinger, 1996, and Gott & Hinchliff, 2003). Though it is a long held cultural belief, the documented evidence suggests otherwise. Education and acknowledgment of the sexuality of the older person is necessary for the medical community if it is to partner with this segment of the population to address their very real, documented concerns related to sexual dysfunction and adaptation to the sexual changes brought on by aging. The intimacy and sense of belonging that is established as a result of satisfying sexual activity does, indeed, enhance the well-being of the aging adult and provide meaning and substance to their relationships making this an important issue (Whitbourne, 1990). As stated by Whitbourne,

> "Sexuality incorporates a broad range of feelings . . . (and) promotes psychological intimacy between adults. In expressing these feelings, the knowledge that one can love and is loved can provide a *unique* source of strength and inspiration to the identity of the aging person – male or female." (1990, p. 30).

Methodology

To address the above questions, a 15 item survey was developed since no previously constructed and validated survey could be found. The survey included four demographic questions including age, sex, discipline, and educational level (MD vs. NP), eight questions that addressed the practitioners' beliefs, two questions that addressed their practice and a final section that allowed for comments. Table 1 delineates the 10 questions related to beliefs and practices. The questionnaire was then distributed to practitioners in Santa Clara County, California. Selection was based on a convenience sample drawn from the yellow pages of the phone directory. Four disciplines were identified as potential participants: obstetrics and gynecology (Ob-Gyn), general practice (GP), internal medicine (IM) and urology (Uro). A total of 269

surveys were distributed. Each mailing included the questionnaire, a brief cover letter, and a stamped return envelope. Surveys were mailed to 81 Ob-Gyn practitioners, 76 GP practitioners, 89 IM practitioners, and 23 Uro practitioners, both physicians and nurse practitioners. Upon receipt of each answered questionnaire, the results were entered into a database program for analytical purposes. Using descriptive statistics and percentages, the data was correlated and conclusions were drawn.

Question #	Question
5	Do you believe that sexual activity continues to be an important aspect of a man or woman's life **beyond the age of 50 and up to the age of 65?**
6	Do you believe that sexual activity continues to be an important aspect of a man or woman's life **beyond 65 and throughout the course of a lifetime?**
7	Do you believe the physiological changes that occur as a **man** ages might impair his ability to have satisfying sexual encounters?
8	Do you believe the physiological changes that occur as a **woman** ages might impair her ability to have satisfying sexual encounters?
9	Do you believe these physiological changes, if they impair satisfying sexual encounters, are of concern to **men?**
10	Do you believe these physiological changes, if they impair satisfying sexual encounters, are of concern to **women?**
11	During the History and Physical portion of the patient interview with **male** patient's 50 or older, do you ask questions related to their sexuality/sexual function?
12	During the History and Physical portion of the patient interview with **female** patients 50 or older, do you ask questions related to their sexuality/sexual function?
13	Do you believe that there are **adequate treatment options for males** that address sexual dysfunction related to the aging process?
14	Do you believe that there are **adequate treatment options for females** that address sexual dysfunction related to the aging process?

Table 1

Results

After a mailing of 269 surveys, 73 (27%) were returned. The respondents of the questionnaire, based on the first four questions, met the following demographic profile as illustrated in Figure 1. Seventeen percent were Ob-Gyn, 20% were IM, 26% were Uro and the largest majority, at 43%, was GP. As to age, 56% were in their forties and fifties accounting for the majority of respondents. Fifteen percent were in their thirties, eighteen percent were in their sixties and eleven percent were in their seventies. Thirty six percent of the respondents were female and 64% were male. Only 7%, or 5 of the 73 respondents, were nurse practitioners, 2 in Uro, 2 in GP and 1 in Ob-Gyn. All 5 were female.

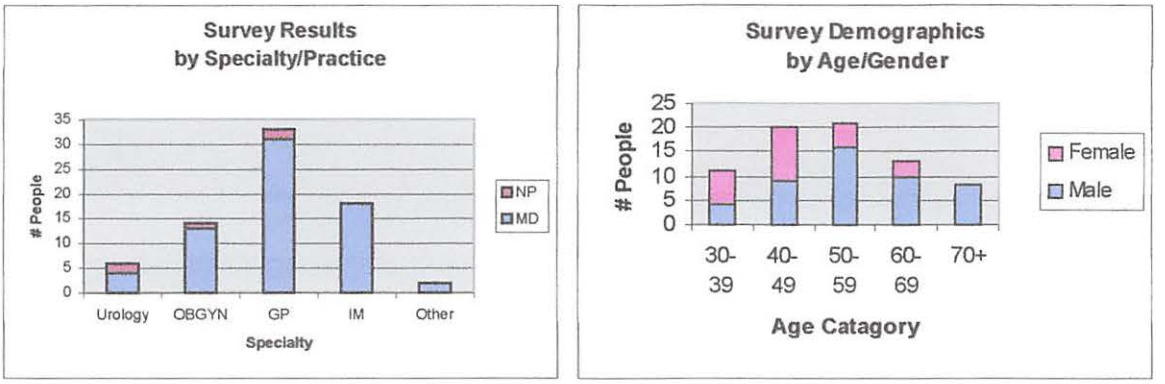

Figure 1 Demographics by specialty, age and gender

Questions 5 and 6 addressed the practitioner's belief in the importance of sexuality to patients from ages 50 to 65 and then from 65 through the remaining lifespan. The results were overwhelmingly consistent and indicated that practitioners believe sexuality is important to people throughout their life span at percentages of 100% and 99% respectively.

Questions 7 and 8 queried the practitioners regarding their beliefs related to physiological changes that occur as men and women age and the impact these changes may have on satisfying sexual encounters. Again the results were consistent. Ninety seven percent of respondents believed that physiological changes that occur with aging do impair the ability of men to have satisfying sexual encounters and 100% of respondents believed the same is true for women.

Asked if practitioners believed this was of concern to men and women in questions 9 and 10, once again there was agreement. Ninety nine percent of the respondents believed that men would be concerned with impaired sexual function due to physiological changes and 96% believed that women would have concern over this issue.

Practitioners were then asked if they routinely addressed issues of sexuality with their male and female patients 50 and older during the routine history and physical in questions 11 and 12. The results were far less consistent related to this issue. Because Ob-Gyn practitioners do not see men, a number of respondents placed an "NA" for question 11, which addresses this question

as related to men specifically. Making adjustments for that in the computation, the final results indicated that 71% of physicians routinely pursued this question with their male patients and 68% of the respondents stated they routinely ask females questions related to sexuality in the routine history and physical. Table 2 delineates this information by discipline.

Finally, question 13 and 14 posed a question that would measure the practitioner's belief in adequate treatment options for sexual dysfunction related to the aging process. While 78% of the practitioners stated there was adequate treatment for males, only 26% of respondents believed there was adequate treatment for females.

A comment section was provided at the bottom of the questionnaire. Out of the 73 respondents, 16 made comments that will be reviewed in the Discussion. These practitioners comments provided valuable insights into several aspects of the topic.

Responses to Question:

"During the history and physical portion of the patient interview with male (question 11) and female (question 12) patients 50 or older, do you ask questions related to their sexuality/sexual function?"

	Urology	General Practice	Internal Medicine	Obstetrics & Gynecology	Others
Asked both men and women	50%	61%	67%		100%
Asked men only	33%	6%	6%		
Asked women only		3%			
Asked neither men or women	17%	30%	28%		
Asked women (No men patients)				86%	
Did not ask women (No men patients)				14%	
Total	100%	100%	100%	100%	100%

Table 2

Discussion

The results of this study provided both expected and provocative results. The compiled data suggest both physicians and nurse practitioners are in agreement. The practices and beliefs of

both groups mirrored one another with no significant disagreements. For that reason when the term "practitioners" is used, this will include both groups.

First and foremost, the return of 73 questionnaires from a distribution of 269 was remarkable. The normal rate of return for a mass mailing of research surveys quoted by numerous marketing and research agencies in the San Francisco Bay area of California is anywhere from 1% to 3% suggesting that on the high side, a return of less than 10 surveys would have been expected (telephone conversations, May 9, 2005). The fact that the return rate for this survey was 27% or 73 surveys suggests that there is great interest in the topic. It also suggests a willingness to approach a subject often fraught with taboos and lack of understanding, at least when able to do so anonymously. It can't be overstated the level of interest this suggests and should be held in mind when assessing the data.

One urologist stated, "the medical profession is prudish when it involves sexual issues." However, as evidenced by the responses, the medical profession does indeed challenge the oft stated belief of the "sexless" aging adult: Almost 100% confirm a belief that sexual activity remains an important issue throughout the life span. The preponderance of agreement and the homogeneity of respondent's answers is consistent across the age span of both male and female practitioners in all services. Furthermore, the survey suggests that practitioners believe the changes that occur as one ages, that can impair satisfying sexual encounters, are of great concern to both males and females. Of all questions related to the above stated topics, never less than 96% stated agreement. Simply stated, practitioners overwhelmingly believe that sexual activity is an important issue throughout the lifespan, normal physiological changes associated with aging can impair sexual function, and this is of concern to both males and females. However, this is where the agreement ends.

The questions that followed were related to the practitioners daily practice and their belief in the adequacy of treatment options. The results were interesting but also provocative. First, the results of the daily practice of taking a history and physical that includes questions related to sexuality and sexual dysfunction reveals an interesting dilemma. Seventy one percent of practitioners stated they included questions related to sexuality/sexual function with male patients and 68% stated they included such questions with female patients. An article by Read, King and Watson (1997) noted that when the medical records of GP physicians were examined, a mere 2% showed any documentation related to sexuality/sexual function. Additionally they stated (2003, p. 387), "It appears that GPs find it difficult to discuss sexual issues with their patients or take an accurate sexual history because they feel uncomfortable about the subject and lack adequate instruction in sexuality". Gott and Hinchliff, (2003, p. 690) state that, ". . . older people have sexual problems that they would like to discuss with their GP, but they feel unable to do so. GPs may need to be more proactive in raising sexual health issues in consultations if these needs are to be meet." It seems there may be a "don't ask, don't tell" situation. Gott and Hinclhliff, also state that barriers to exploration of this issue include "sensitivity, complexity, and constraints of time and expertise." (2004, p.528)

So one could question the results reached in this survey. Indeed, are these numbers, 71% and 68% correct? Are these practitioners more in tune with the needs of their patients and more willing to address the topic? Have they sought information and subsequently feel expert enough to address the issues? Do they have/take greater time with their patients? With documented evidence so contrary, one wonders. One colleague, who had completed the questionnaire, inquired about the results. When the information was shared, she expressed her amazement and

stated she simply didn't believe it. She further stated, physicians simply don't have time. This sentiment was echoed many times in the comment section of the survey.

It is perhaps that practitioners want to answer with what they perceive to be the "right" answer to a very sensitive subject. The answers may be a reflection of what practitioners think they "should" do rather than a reflection of what they do. If you have answered questions confirming your belief that sexuality is important and is a concern to an aging client, one could certainly understand a practitioner stating they ask regarding such issues. It is difficult, at best, to reveal shortcomings and that may indeed be the perception of practitioners; if this is important, and I don't do this, I am not a good practitioner. However, even in the event these answers are skewed, perhaps this questionnaire will raise awareness and cause pause for thought. Perhaps as a result, consideration of this timely topic will indeed increase the incidence of practitioner query.

Finally, it is interesting to consider the results of beliefs related to treatment options. The vast majority (78%) believe there is adequate treatment for male sexual dysfunction with drugs such as Viagra. However, an alarming rate of only 26% believe there is adequate treatment for females. One 50 – 59 year old female IM physician stated in the comment section, "Women's sexuality is difficult to measure. No acceptable treatments since WHI (Women's Health Initiative)." Another comment, "Explore more medical options for women" mirrored this belief that there are inadequate treatment options for women. And still another commented, "There is Estratest (Hormone Replacement Therapy with Estrogen and Testosterone) but I worry about increasing their cardiovascular risk." And finally, "Until there are adequate options for females including testosterone (convenient dosing), we'll stay behind . . .". Practitioners overwhelmingly

agreed there was inadequate treatment for females. Certainly this could be a compelling reason for avoiding the topic. Without adequate treatment options, why engage?

Limiting Factors

A major disadvantage in this study was the lack of "why" questions. The comment section did provide some insight into the less homogenous answers but, without consistent documentation as to why or why not something occurs, there is a limit to the conclusions that can be drawn. Also, if questions 11 and 12 had been further developed to include "acceptable" reasons for not asking such as lack of time, lack of treatment options, or gender barriers, perhaps the answers would have been different. Another limiting factor is the inability to verify the data through the medical record. A study that includes more sophisticated questions and queries both practitioners and patients, using the medical record to validate the data, would be valuable.

In addition, this survey did not inquire about culture or ethnicity. It is absolutely feasible that culture or ethnicity could play an important role in the ability of practitioners and their patients to engage in a conversation related to sexuality. Without data, it is difficult to discern if this is an important factor. Future studies should include this parameter.

Finally, it must be recognized that this is a very small sample size drawn from one geographic location. For that reason, it is difficult to generalize these results.

Implications for Further Research

Because of the small number of studies done on this topic, this study adds to a limited body of knowledge and provides insight into avenues for refinement and pursuit. As the population ages, sexuality becomes a more timely topic. Clearly, more research needs to be completed related to treatment options for women experiencing sexual dysfunction. Also, the discrepancy between the limited documentation and the responses of practitioners in *this* survey reveals a

need to resurvey with a more sophisticated tool to verify the practice of including or not including issues of sexuality and sexual dysfunction in a routine history and physical.

Only as problems are identified are solutions sought. And so fittingly stated by Gott and Hinchliff (2003, p. 1617), "The stereotype of the 'asexual older person' remains pervasive and, despite having little empirical grounding, influences not only popular portrayals of later life, but also policy and research agendas." It is imperative this research continue so the needs of the aging adult can be better understood and addressed, and this important quality of life issue explored and resolved.

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Survey Questionnaire
The Physician's and Nurse Practitioner's Response to
Sexuality and/or Sexual Dysfunction in the Aging Population

Please Circle All Correct Answers.

1. What is your age?

   Under 30 50 – 59
   30 – 39 60 – 69
   40 – 49 Over 70

2. What is your gender?

   Male
   Female

3. What is your Professional Title?

   Medical Doctor (MD)
   Nurse Practitioner (NP)

4. Where Do You Practice?

   Urology
   Obstetrics and Gynecology
   General Practice
   Other _____

5. Do you believe that sexual activity continues to be an important aspect of a man or woman's life **beyond the age of 50 and up to the age of 65?**

   Yes
   No

6. Do you believe that sexual activity continues to be an important aspect of a man or woman's life **beyond 65 and throughout the course of a lifetime?**

   Yes
   No

7. Do you believe the physiological changes that occur as a **man** ages might impair his ability to have satisfying sexual encounters?

   Yes
   No

8. Do you believe the physiological changes that occur as a **woman** ages might impair her ability to have satisfying sexual encounters?

   Yes
   No

9. Do you believe these physiological changes, if they impair satisfying sexual encounters, are of concern to **men**?

   Yes
   No

10. Do you believe these physiological changes, if they impair satisfying sexual encounters, are of concern to **women**?

    Yes
    No

11. During the History and Physical portion of the patient interview with **male** patient's 50 or older, do you ask questions related to their sexuality/sexual function?

    Yes
    No

12. During the History and Physical portion of the patient interview with **female** patients 50 or older, do you ask questions related to their sexuality/sexual function?

    Yes
    No

13. Do you believe that there are adequate treatment options for **males** that address sexual dysfunction related to the aging process?

    Yes
    No

14. Do you believe that there are adequate treatment options for **females** that address sexual dysfunction related to the aging process?

    Yes
    No

15. If you wish, please make additional comments here.