Maintaining Sexual Life of Older Person to Enhance Quality of Life

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ABSTRACT
Sexual life is a part of the life of human and encompasses sexual function, sexual attitude, sexual behavior, and sexual partner. Sexual functions are affected by physical and psychological factors. Sexual activity is the expression of sexual life. It includes the expression of sexual desire, love, and emotion which finally result in sexual satisfaction. Aging process decreases all functions of body system, including sexual functions. Sexual dysfunction can become an indicator of aging process or other underlying diseases. To maintain sexual life in older person is to maintain general health condition in aging. Studies showed that many elderly still can enjoy an active sexual life even though sexual function might decrease. Based on many experimental and clinical data, aging process can be prevented, delayed, and even reversed to optimal state. Older person will have younger physiological age than their chronological age; thus sexual function and other organ function should be maintained and quality of life could be enhanced. In conclusion, sexual life can be maintained even in aging and this will enhance the quality of life and social life. A healthy lifestyle supported by proper treatment is needed to maintain sexual life in elderly.

Key words: sexual life, aging, reversal effect, quality of life

INTRODUCTION
Sexual life is a part of the life of human being. Sexual life encompasses sexual function, sexual attitude, sexual behavior, and sexual partner. It includes the expression of sexual desire, love, and emotion which finally result in sexual satisfaction. Sexual activity becomes one of the facets in the domain of social relationship to assess quality of life.

Sexual activity is the expression of sexual function. The four components in sexual functions are sexual desire, sexual arousal, orgasm, and ejaculation in the male. Ejaculation in the male is actually not a component of sexual function, but more as a reproductive function. However, as ejaculatory disorder could disturb sexual function, it is included as a component of sexual function. Ejaculation is not equal to orgasm. However, as orgasm and ejaculation occur at the same moment in normal male, many people, even experts in sexology misunderstand the two conditions as one event. “Female ejaculation” is believed to occur in some women with certain stimulation, but it is not as important as in male.

Another component that is rarely mentioned is sexual satisfaction. Mostly it is not differentiated with orgasm, even though they are not the same; orgasm may occur without sexual satisfaction. Sexual satisfaction might improve the quality of life, and inhibition of sexual satisfaction might result in decreased quality of life. A recent study on 3.957...
respondents aged 25-74 years (2016 men and 1941 women) in Asia Pacific area (including Australia and New Zealand), showed that sexual satisfaction was linked to satisfaction with life priorities and overall health. Only 41% men and 34% women were completely or very satisfied with sex (King et al., 2011).

**SEXUAL LIFE AND AGING**

Sexual function is affected by physical and psychogenic factors. The psychogenic factors include predisposing, precipitating, and maintaining factors. The physical factors comprise hormone, nerve, blood vessel, and iatrogenic factors. Sexual function is actually an indicator of the function of other related organs (Pangkahila, 2010).

Aging process occurs slowly with 3 phases: 1. Subclinical phase (25-35 years old), 2. Transitional phase (35-45 years old), 3. Clinical phase (45 years old above) (Fowler, 2003). In aging, decreased organs’ functions might cause decreased sexual function. Aging process is generally considered as a “normal” etiology of decreased sexual function which results in sexual dysfunction. Furthermore, aging people accept sexual dysfunction with all of its consequences as a natural disorder or disease even though this disturbs their quality of life (Pangkahila, 2010). However, many aging people are still sexually active and sexual problems are frequent among aging people. Unfortunately, these problems are infrequently discussed with physicians (Lindau et al., 2007). The Massachusetts Male Ageing Study (MMAS) showed that 52 percent of male respondents aged 40-70 years reported some degree of Erectile Dysfunction (Feldman et al., 1994). The fact that many aging people still enjoy an active sex life is contradictory with the general perception that aging people are “asexual” human being (Taylor and Gosney, 2011). A study in Taiwan agreed with Western studies that link sexual activity with better health and higher quality of life (QoL) in elderly. Physiological stress and daily activity levels are recognized as quality-of-life measures; lower stress and more daily activities among sexually active elderly suggests a connection between sexual activity and higher QoL. Increasing knowledge and improving attitudes about sexuality may help elderly to build healthier relationships and enhance health and QoL. If healthcare professionals possess greater understanding of older peoples’ sexuality, healthcare systems may find ways to increase sexual knowledge and foster healthier attitudes and relationships to improve older peoples’ overall health and QoL (Wang et al., 2008).

However, many healthcare professionals do not consider the sexual function of their elderly patients. On the other side, older people experience difficulties in disclosing their sexual problems to healthcare professionals (Taylor and Gosney, 2011). People are more likely to seek help if their doctor initiates to ask about sexual function during a routine visit. However, doctors tend not to take a proactive approach to sexual problems, and often have limited knowledge on sexual problems in elderly (Hinchcliff and Gott, 2011). Physicians should be able to help older patients to disclose their sexual problem. Physicians’ knowledge about sexual function in elderly should improve patient education and counseling. Clinical ability overview is needed to diagnose the health-related sexual problems and to treat the problems (Lindau et al., 2007).

**SEXUAL PROBLEMS AND QUALITY OF LIFE IN AGING**

Sexual dysfunction is a common problem in aging, either in men or women. The Massachusetts Male Ageing Study (MMAS) showed that the incidence of erectile dysfunction increases with age (Feldman et al., 1994). In women, sexual problem increases with age, at least due to decreased hormone during perimenopause and menopause. Sexual dysfunctions occur if one or more factors affecting sexual function are disturbed due to certain cause; mostly physical factors. But in the end patients will still suffer from psychogenic problems that make the sexual dysfunction become more complicated.

Any sexual dysfunction may cause decreased QoL including social life. QoL is the individual’s perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. The WHOQOL instruments were developed collaboratively by WHO in a number of centres worldwide, and have been widely field-tested. The WHOQOL-BREF is a shorter version of the original instrument. This comprising 26 items, which measure physical health, psychological health, social relationships, and environment (WHO, 2011). One of the three items in the psychological health domain is sexual activity.

Aging process is a dominant cause of sexual dysfunction, either in men or women. This aging process does not only affect physical aspect, but also psychogenic aspect of older people. Some psychogenic problems related to sexual dysfunction are diminished attraction, monotony, boredom, and lack of emotional contact. Some psychogenic problems appear as the results of decreased sex steroid hormone level.

**MAINTAINING SEXUAL LIFE**

Maintaining sexual life in older people means maintaining their sexual function. Many basic and clinical data showed that aging process can be delayed, even reversed. The goal is to delay and reverse the aging process, especially related to sexual function. Since aging process occurs slowly via 3 phases started in young chronological age, treatment can be performed.

Studies at the Medical Faculty Udayana University showed that testosterone replacement therapy reversed the impairment of testis and corpus cavernosum of penis caused by aging process (Lalamentik, 2008; Widhiantara, 2010; Arsani, 2011). These data explained that aging process can be delayed, even reversed to younger optimal state.

To maintain sexual life, there are some suggestions to practice in daily life.

1. Build a harmonious sexual life with the partner
2. Practice healthy exercise
3. Consume healthy diet
4. Avoid hazardous substances
5. Balance the activities and relaxation
6. Avoid stress
7. Do regular medical check up to detect aging process
8. Get treatment to delay or reverse aging process
9. Treat any disease that might be the risk factors
10. Treat any sexual dysfunction.

**CONCLUSION**

Sexual life in elderly can be maintained and thus will enhance the quality of life and social life.
DAFTAR PUSTAKA

11. Widiantara G. Testosterone and luteinizing hormone therapy increase the number of Leydig cells of mice (Mus musculus) that is decreased by cigarette smoke exposure (thesis). Bali, Indonesia. Udayana University; 2010.