

Sexual Activity in the Elderly as a Factor that can Impact Quality of Life

Actividad sexual en el adulto mayor como factor que puede impactar en la calidad de vida

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Summary

Objective: to evaluate the quality-of-life impact on sexual activity in male patients aged 65 to 75 years. **Methods:** analytical cross-sectional study, conducted from March to August 2019, at the Family Medicine Unit No. 58 of the Mexican Institute of Social Security. Male patients aged 65 to 75 years were included, the sample was calculated for finite populations with non-randomized by convenience sampling, with a total of 436 patients, to whom the GENCAT Scale was applied to evaluate quality of life and the New Sexual Satisfaction Scale to assess sexual interest, both instruments were validated for Hispanic population. **Results:** 83.4% (364) patients considered that active sexual relations do improve their quality of life; in addition, 85.76% (374) of the patients had sexual interest and 72.9% (318) of the patients with active sexual activity felt happy. Risk factors for sexual disinterest were identified as dissatisfaction with present life, lack of motivation and perception of worsening health, among others. **Conclusion:** it was determined that sexual activity had an impact on the quality of life of the elderly.

Keywords: sexual behavior, quality of life, elderly

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Resumen

Objetivo: evaluar el impacto de la actividad sexual en la calidad de vida en pacientes masculinos de 65 a 75 años de edad. **Métodos:** estudio transversal analítico, llevado a cabo de marzo a agosto de 2019, en la Unidad de Medicina Familiar No. 58 del Instituto Mexicano del Seguro Social. Se incluyeron pacientes masculinos de 65 a 75 años de edad, la muestra se calculó para poblaciones finitas con muestreo no probabilístico por conveniencia, con un total de 436 pacientes, a los que se les aplicó la Escala de GENCAT para valorar la calidad de vida y la Nueva Escala de Satisfacción Sexual para valorar el interés sexual, ambos instrumentos validados para población hispana. **Resultados:** se encontró que 83.4% (364) de los adultos mayores consideraron que las relaciones sexuales activas sí mejoran su calidad de vida, además se reconoció que 85.76% (374) de los pacientes tenían interés sexual y 72.9% (318) de los pacientes con actividad sexual activa se sienten felices. Se identificaron factores de riesgo del desinterés sexual como la insatisfacción con la vida presente, falta de motivación y la percepción de empeoramiento de la salud, entre otros. **Conclusión:** se determinó que la actividad sexual impactó en la calidad de vida de pacientes en edad adulta.

Palabras clave: conducta sexual, calidad de vida, adulto mayor

Introduction

Sexuality develops differently in each phase of life, and in adulthood it becomes necessary to have a set of specific knowledge and experiences for its optimal development.¹ The World Health Organization (WHO) defines it as an essential aspect of the human being

throughout his or her life.² There are important factors related to it that have an impact on satisfaction and quality in adults, which are expressed by their desires, thoughts, beliefs, attitudes and values, as well as helping to have high levels of confidence, which contributes to the performance of basic activities of daily living; in this context, sexual activity is a key indicator for a satisfactory aging.³⁻⁵

On the other hand, quality of life is focused on enhancing and creating an opportunity for self-awareness, transcendence and coherence of feeling the meaning of life,⁶ a multidimensional concept influenced by both environmental and personal factors and its measurement refers to the degree to which people have life experiences that are valued.⁷ It has been determined that more than 60% of men consider sexual satisfaction to be of high importance in their quality of life and in sexually active men, it is rated as one of the most important aspects of their life.⁸⁻¹⁰

Knowing and assessing the sexuality of patients, as well as the changes that this has, can show important data in relation to dissatisfaction or lack of disease control, since a decrease in the frequency of sexual activity is associated with a deterioration of health with limitation of concomitant diseases such as diabetes mellitus, cardiovascular disease and dementia.^{11,12} In addition, considering that sexual activity is a type of physical activity classified as moderate intensity, with which up to 85 kCal can be burned if performed for a short duration (for example, like climbing two flights of stairs), it is possible that there is a health benefit, as well as for the prevention of heart disease, reduction of its risk factors and improvement

of comorbidities,⁴ so it is essential that health professionals consider sexuality as an aspect to evaluate.^{13,14}

Given the above considerations, it was decided to conduct this study to evaluate the impact of sexual activity on quality of life in male patients aged 65 to 75 years.

Methods

An analytical cross-sectional study was conducted, with the participation of male patients with an age range of 65 to 75 years, attached to the Family Medicine Unit No. 58 of the Mexican Institute of Social Security, who attended for consultation during the months of March to August 2019, regardless of the presence of comorbidities or marital status and whether or not they had had sexual intercourse; those patients with neurological diseases, female patients and those who did not sign the informed consent were excluded. The independent variable was sexual activity and the dependent variable was quality of life.

Calculation for finite populations was performed with non-probabilistic sample by convenience. The sample number was 436 participants. The GENCAT Scale, an instrument that allows the objective evaluation of quality of life by referring to the level to which people have life experiences that they value, was applied, and which reflects the dimensions that contribute to a full and interconnected life and takes into account the context of the physical, social and cultural environments that are important to people. The New Sexual Satisfaction Scale was also applied to determine the sexual interest, frequency of sexual activity, and sexual satisfaction of the respondents; both instruments are validated for Hispanic population.^{15,16}

The references were captured in a database developed in Excel and analyzed using the spss v. 25 program, an exploratory analysis was performed to evaluate the continuous variables of interest, through the Kolmogorov-Smirnov test, central tendency and dispersion estimators for the continuous variables, and odds ratios were calculated to identify risk factors with a value of $p < 0.05$ and a 95% confidence interval (95% CI). The study was approved by the Ethics Committee of the Mexican Institute with number R-2019-1505-071.

Results

A total of 436 men from 65 to 75 years of age and met the inclusion criteria participated, with a mean age of 70.1 years, of which the age group with the highest concentration of patients was 65-70 years of age with 54.6% (238). 68.8% (300) were married and of these, 69.5% (260) were sexually interested; 14.2% (62) were widowed. Table 1 shows the baseline characteristics of the participating elderly.

It was identified that, in general, 85.76% (374) of the patients were sexually interested, of which 62.61% (273) had sexual relations at least once a week, while 87.16% (380) of the patients felt satisfied or very satisfied with their sexual activity; in addition, 58% (253) of the patients perceived their sexual health good and 79.8% (348) felt motivated to engage in some type of activity.

On the other hand, symptoms of depression were detected in 24.76% (108) of the studied population, in contrast to 72.9% (318) of the patients who were happy. In addition, 83.49% (364) of the elderly considered that sexual

activity improved their quality of life.

Table 2 summarizes some of the quality-of-life characteristics and their relationship to sexual interest; all patients who were not sexually interested were also not sexually active ($p < 0.001$). Dissatisfaction with present life (OR, 2.88, 95% CI, 1.34-6.19, $p = 0.005$), perception of happiness (OR, 3.90, 95% CI, 2.10-7.57, $p < 0.001$), frequent behavioral problems (OR, 4.52, 95% CI, 2.00-10.21, $p < 0.001$), lack of motivation (OR, 4.18, 95% CI, 2.14-8.15, $P < 0.001$), perception of worsening health (OR, 5.53, 95% CI, 3.04-10.07, $P < 0.001$) and perception of poor health (OR, 1.84, 95% CI, 2.06-3.21, $P = 0.028$) were associated with increased risk of sexual disinterest.

Discussion

Personal experiences with sexuality are rarely discussed in public and are not addressed in health systems, as they are not a priority in daily consultation. The importance of sexual health and sexual satisfaction in adulthood is often not explored, let alone how it relates to their quality of life, although it is recognized as a human right and part of a healthy life. It is important to evaluate the impact of sexual activity in the elderly, since there are different diseases that can affect sexual activity and, consequently, their quality of life.¹⁷

Kizilay et al.¹⁸ identified that sexual dysfunction is a major public health concern, and just as physicians report on the side effects associated with chronic degenerative diseases such as diabetes mellitus, hypertension, cancer, anxiety and depression, they should also give importance to sexual health in people of different ages, as well as assess its impact on quality of life since men and women

around the age of 65 years who show a decrease in stress in their daily activities suggest a connection between stress and sexual activity. In addition, it has been shown that more than 50% of sexually active men have incorporated sexual health as an important part of quality of life and an overall improvement in their health and sexual activity.¹⁹

Sexuality plays an important role in the identity of the individual, in interpersonal relationships, particularly in patients with diabetes mellitus, since they present problems in enjoying life, both at work and in intimacy. On the other hand, the development of chronic changes in the vascular, respiratory, nervous system, self-image, energy and self-esteem can be directly or indirectly affected by the expression of negative sexual affect.²⁰

It is important to carry out more studies on this topic in the daily consultation to establish a better doctor-patient relationship and implement an effective treatment, it is necessary to contemplate sexual interest and sexual activity as a means to obtain health benefits, since this is classified as a moderate physical activity, which involves a caloric burn that can also reduce the risk factors and consequences of comorbidities that the patient may present. Thus, it is considered that sexual activity, apart from being a factor that can improve the quality of life of patients, can also be considered as an incentive to reduce a pre-existing disease. In the case of diabetes mellitus, if there is adequate metabolic control, diseases related to sexuality can be prevented, such as erectile dysfunction, premature ejaculation and decreased libido; likewise, cardiovascular diseases are related to pre- and post-sexual symptoms such as

Table 1. Sociodemographic study population characteristics

Variable	Global	Non-sexual interest (n=62)	Interested in sexual activity (n=374)	p
Age (years)*	70.1 ± 3.5	71.9 ± 2.8	69.8 ± 3.5	<0.001*
Age range**				0.001 ^a
65-70 years	238 (54.6%)	21 (33.9%)	217 (58%)	
71-75 years	198 (45.4%)	41 (66.7%)	157 (42%)	
Marital status**				<0.001 ^a
Married	300 (68.8%)	40 (64.5%)	260 (69.5%)	
Widowed	62 (14.2%)	10 (16.1%)	52 (13.9%)	
Divorced	41 (9.4%)	0 (0%)	41 (11%)	
Consensual union	5 (1.1%)	0 (0%)	5 (1.3%)	
Single	28 (6.4%)	12 (19.4%)	16 (4.3%)	

*Media and standard deviation

**Frequency and percentages

@T-Student Test for independent samples

^aχ² Pearson Test

Table 2. Sexual interest life quality comparative

Factor*	Non-sexual interest (n=62)	Interested in sexual activity (n=374)	p ^a	OR (IC 95%)
Lack frequent sexual intercourse	62 (100%)	101 (27%)	<0.001	-
Sexual dissatisfaction	11 (17.7%)	45 (12%)	0.213	1.57 (0.76-3.24)
Own desire and/or partner's	56 (90.3%)	326 (87.2%)	0.485	1.37 (0.56-3.36)
Bad sexual health perception	6 (9.7%)	57 (15.2%)	0.249	0.59 (0.24-1.44)
Present life dissatisfaction	11 (17.7%)	26 (7.0%)	0.005	2.88 (1.34-6.19)
Frequent depression symptoms	5 (8.1%)	48 (12.8%)	0.287	0.59 (0.22-1.56)
Happiness perception	17 (27.4%)	33 (8.8%)	<0.001	3.90 (2.01-7.57)
Frequent feelings of insecurity or incapacity	11 (17.7%)	49 (13.1%)	0.326	1.43 (0.69-2.93)
Restlessness	5 (8.1%)	45 (12.0%)	0.364	0.64 (0.24-1.68)
Own Self dissatisfaction	6 (9.7%)	27 (7.2%)	0.445	1.37 (0.54-3.48)
Own Self dissatisfaction	11 (17.7%)	17 (4.5%)	0.001	4.52 (2.00-10.21)
Lack of motivation	17 (27.4%)	27 (7.2%)	<0.001	4.85 (2.45-9.60)
Perception of not being healthy	17 (27.4%)	31 (8.3%)	<0.001	4.18 (2.14-8.15)
Health deterioration perception	45 (72.6%)	121 (32.4%)	<0.001	5.53 (3.04-10.07)
Health deficit perception	39 (62.9%)	179 (47.9%)	0.028	1.84 (1.06-3.21)

*Frequency and percentages

^aχ² Pearson Test

erectile dysfunction, which can appear one to three years before angina, thus persuading patients to have better control of these diseases.^{17,21}

One of the limitations found in this study was that the approach was made only to male patients and did not take into account the existing comorbidities in them, so the study is a basis for further deepening our knowledge on this topic.

Conclusions

It was observed that sexual activity is an important factor associated with quality of life in patients between 65 and 75 years of age; patients in this age range show sexual interest, regardless of whether they are married, widowed or single. In addition to the above, it was shown that there are risk factors for sexual disinterest and sexual dissatisfaction, given this scenario it is important to focus on this problem to help patients to have a healthy sexual health and thus improve their quality of life.

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