

SEXUAL PROBLEMS IN ELDERLY WOMEN

Clinical experiences

T. FEDE

Obstetric and Gynecologic Clinic
University of Padua (Italy)

Although sexologists, psychologists and gynecologists have studied the sexual behaviour of the elderly for years a real change of habits is still far ahead.

Practical difficulties prevent menopausal women and the elderly as a whole to cope serenely with their sexual problems, owing to the lack of structures and experts to deal with the practical aspects of this subject (1, 2, 3).

MATERIAL AND METHODS

This study concerns 93 patients between 45 and 65 years of age who applied for a thorough gynecologic check-up. All patients affected by genital pathologies were excluded. Because of the patients' socio-cultural heterogeneity they were not asked to fill in questionnaires but were addressed a series of questions concerning their sexual life in the gynecologic anamnesis.

The patients were divided into two groups (tab. 1): patients in climacterium (40 or 43%), that is with very irregular menstrual cycles or an interval shorter than 1 year since the latest menstruation; patients in menopause (53 or 57%) that is without cycles since more than one year.

Table 1 lists the parameters of sexual activity expressed as: patient's overall satisfaction with her sexual intercourses; presence of sexual desire, to varying degrees; frequency of orgasm; weekly frequency of sexual intercourses. The obtained information concerning the various parameters shows that menopausal patients report unsatisfactory sexual activity more frequently than patients in climacterium although the difference is not significant.

Table 2 reports more significant overall figures concerning sexual dissatisfaction in the two groups. This dissatisfaction refers to one or more of the parameters listed in tab 1. For these patients, table 2 also makes a comparison with their sexual life before climacterium and menopause.

Respectively, 74.2% and 71.4% of the patients reporting unsatisfactory sexual activity had had similar sexual problems when young and adult too but, owing to shame, lack of information or time, had never tackled them.

Respectively, 25.8% and 28.6% of the sexually unsatisfied patients in the two groups admitted that their sexual life had worsened at the time of climacterium and menopause.

CONCLUSIONS

The problem of sexuality can easily be tackled with menopausal patients during a gynecologic check-up. At this point in

SUMMARY

The Author examines 93 patients between 45 and 65 years of age. Their sexual activity at the time of the interview is analysed and compared with the reported activity in youth and adulthood.

The results show that good many patients reporting unsatisfactory sexual activity at the time of the study had experienced a deficient sexual life when younger too.

This problem must be tackled through a medico-psychologic interdisciplinary intervention.

Sexual problems in elderly women

Table 1. — *Patient's sexual activity. Tot. cases 93.*

Parameters of sexual activity		Patients in climacterium Tot. cases 40 (43%)	Patients in menopause Tot. cases 53 (57%)
Sexual satisfaction	No intercourses unsatisfactory int.	5 (12.5%) 19 (47.5%)	6 (11.3%) 27 (51 %)
	Satisfactory int.	13 (32.5%)	11 (20.7%)
	Very satisfactory int.	3 (7.5%)	9 (17 %)
Sexual desire	Reduced	23 (57.5%)	39 (73.7%)
	Normal	17 (42.5%)	14 (26.3%)
Presence of orgasm	No orgasm	8 (20 %)	8 (15 %)
	Unfrequent orgasm	23 (57.5%)	34 (64.2%)
	Frequent orgasm	9 (22.5%)	11 (20.8%)
No intercourses per week	1-2/week	19 (47.5%)	34 (64.2%)
	2-3/week	15 (37.5%)	12 (22.6%)
	3 or more/week	6 (15 %)	7 (13.2%)

Table 2. — *Comparison of unsatisfactory sexual activity and respective sexual activity in earlier periods of life. (Tot. cases 93).*

	Patients in climacterium (tot. cases 40)	Patients in menopause (tot. cases 53)
Patients with unsatisfactory sexuality	31 (77.5%)	42 (79.2%)
Unchanged sexuality	23 (74.2%)	30 (71.4%)
Worsened sexuality	8 (25.8%)	12 (28.6%)

life the patient feels the need for rediscovering a climate of couple but expresses her difficulties in reviving a relation that has been neglected for so many years.

This situation is worsened by the whole of the often annoying troubles entailed by climacterium and menopause.

The results of this study stress not so much the progressive decline of the sexual function over this space of life, but rather, the fact, confirmed by other Authors too^(4,5), that most of the interviewed patients had experienced an unsatisfactory sexual life for the rest of their life too.

According to other Authors⁽⁶⁾ conversely, climacterium and the patient's age play an essential role in determining the decline of the sexual function.

Whatever the cause, the problem does exist and must be tackled in each case through clarifications on the physiology of climacterium and menopause. Cautious

hormonal pharmacologic support^(7,8) can possibly be prescribed and psychologic support must be looked for whenever possible.

BIBLIOGRAPHY

- 1) Vecchi S., Masellis G., Lucchi M. G., Turchi M.: *Contracc. Fert. Sess.*, 8, 2, 215, 1981.
- 2) Abraham G., Pasini W.: *Introduzione alla sessuologia medica*. Ed. Feltrinelli, 32, 1975.
- 3) Fava A., Bongiovanni A., Frassoldati P., Massa F.: *Contracc. Fert. Sess.*, 9, 2, 163, 1982.
- 4) Piscicelli U.: *Psicosomatica ginecologica*. Ed. Piccin, 51, 1979.
- 5) Kepes S.: *Contracc. Fert. Sess.*, 8, 4, 371, 1981.
- 6) De Aloysio D., Codispoti O., Mantuano R., Mauconi M., Nicoletti G., Bottigliani F.: *Contracc. Fert. Sess.*, 8, 5, 483, 1981.
- 7) Thomson J., Oswald I.: *Brit. Med. J.*, 2, 1317, 1977.
- 8) Hoang Hgol Minh, Smandya A., Nguyen Thilon G.: *Contracc. Fert. Sess.*, 8, 6, 559, 1981.