

CHAPTER 36

Aging and Sex

As my old grandpappy used to say, 'I may not be as good as I once was, but I'm as good once as I ever was'. This should just about sum up the effect of aging on sex in the male. He may not be able to have sex three times in an hour but he is better equipped to do it once and make it last an hour. And yet many men worry that they cannot perform as they did when they were teenagers. A woman, on the other hand, tends to worry that her partner's increasing slowness to arousal is because he isn't aroused by her body any more. As they feel their sexual powers slipping away, both partners are also prone to drag up and magnify old resentments.

In terms of pure physical prowess, men reach their sexual peak between 18 and 20, while women do so somewhere in their mid-thirties to early forties. From there, it's downhill all the way - but at a very gentle incline.

In men, changes in the hypothalamus and pituitary gland affect secretion of luteinising hormone, which in turn causes a decreased production of testosterone by the testes. This causes slower erections, reduced semen production and decreased ejaculatory intensity, but is usually not sufficient to cause a reduced sex drive. Only in about five percent of men over seventy does the decrease become sufficient to cause low sex drive and this is then accompanied by listlessness, weight loss, poor appetite, impotence, weakness and easy fatigability. These are the only cases where testosterone replacement is necessary or beneficial but, because all these symptoms can appear with other diseases, this should only be done where the patient has a markedly subnormal testosterone level. Another major change with aging in the male is a greatly increased recovery period between ejaculations. An 18 year old male can ejaculate up to eight times in 24 hours, while a 35 year old can only do so about once a day.

In women, changes are mainly those due to diminished oestrogen, and to a lesser extent progesterone, production. The most annoying physiological change in sexual response for many older women is that vaginal lubrication occurs more slowly and in diminished amounts. This is mainly a problem if vaginal dryness produces pain and tenderness with intercourse but can also cause problems with either or both partners misinterpreting lack of vaginal lubrication as lack of arousal. The lining of the vagina becomes thinner and less elastic as a result of aging and can tend to bleed and become easily irritated and infected, with resultant painful intercourse. These changes can progress to actual shrinkage of the vagina. However, the clitoris is not effected. Neither is the woman's capacity for orgasm, the frequency of which actually increases with aging, though many women over sixty note that their orgasms are less intense - mainly due to fewer and less intense involuntary contractions of the outer portion of the vagina with orgasm. These effects can all be countered, to some extent at least, by oestrogen replacement therapy, which, as noted in the previous chapter, has other important health benefits. This can, however, take anywhere from four months to two years to work. Since testosterone is largely produced in the adrenal glands in women, sex drive is not usually affected by aging.

For most married couples, the frequency of sexual intercourse declines in a more or less linear fashion from about forty on, though there is little change from the ages of 55 to 70 (average about three times a month). On top of this, however, is a good degree of sexual activity not involving actual intercourse. Fifty-two percent of married men and 36 percent of married women over fifty masturbate. This does not drop much with further aging, with half of people in their sixties masturbating and 46 percent of men and 35 percent of women in their eighties doing so.

Declining frequencies of intercourse in elderly couples relate more to inability of the man to perform than to any other factor. Thirty-five percent of men over sixty and more than half of married men over seventy have difficulty getting or maintaining erections. In most cases, this is tied to declining general health rather than a specific effect on sex. Thus, sixty year olds in poor health are six times as likely to have some kind of sexual difficulty as are those in good health, while in men over 75, the figure is forty times more likely.

Amazingly enough to many, a survey of healthy men and women between 80 and 102 found that 62 percent of men and 30 percent of women were still having sexual intercourse, while 87 percent of men and 68 percent of women were having some kind of physical intimacy. The most common male complaint (37 percent) was fear of poor performance, which 33 percent complained of failure to maintain an erection, 28 percent of inability to achieve erection, the same number of inability to reach orgasm, 23 percent of not enough opportunities for sexual encounters, while the same number had problems with their partner's vaginal pain or lack of lubrication. At thirty percent, lack of vaginal lubrication was also the biggest problem for females, though on a par with too infrequent orgasms and their partner's erection problems. Only a quarter complained of low sex drive - the same number as complained of not enough opportunities for sexual encounters.

Unfortunately, in many nursing homes, affection and sexual desire are transformed into the by-products of a pathology and treated with psychotropic medication. Nursing homes should acknowledge and support - not block - residents' efforts to establish relationships.

If you want to retain your sexual abilities into a ripe old age, the first rule to remember is 'if you don't use it, you lose it'. If sex with a partner is not possible, masturbate. If you have a partner, experiment with different positions and techniques till you find ones that suit you. Don't get stuck in the old sex is only for bedtime routine but enjoy it whenever the opportunity arises; bedtime, when we older ones are often tired, stiff and bloated from a large dinner, may well be the worst time for sex. Stay away from alcohol before sex; it can dampen sexual responses. Remember the saying with which I started the chapter. As we get older, males may take longer to get an erection and even longer to ejaculate. That can be an advantage if one uses it to create a long, relaxed experience rather than expecting the sexual sprints of one's youth. It doesn't matter if the guy loses his erection during foreplay or on attempted intercourse; carry on with other things and he may well get it back. If he doesn't, too bad; enjoy the experience anyway. If he takes too long for either his or his partner's satisfaction, he shouldn't feel that he must keep going until he ejaculates no matter how long it takes. A half-completed episode can still be very pleasurable and can well lead to another, even more satisfying, one later. One useful approach to recapturing that old drive is to go back to dating behaviours - earn your sex by kissing, hugging, necking, petting, romancing, playing. Equally important is to get plenty of exercise, have a healthy diet and take vitamins. It is also very important that, if you do experience sex problems, you consult a competent, interested doctor (not one who is inclined to think you should have forgot about sex at your age) without delay. Many problems can be fixed but the longer they are left to develop the less likely this is.