

# Muče li starije ljude njihovi seksualni problemi?

## / Do Older People Suffer When They Have Sexual Problems?

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Seksualni problemi imaju veću učestalost u starijoj životnoj dobi, ali nose manju patnju nego u mlađoj dobi. Cilj ovog rada jest utvrditi učestalost i vrstu seksualnih problema kod osoba koje su se javile u Ambulantu za seksualnu smetnje. Pretraženi su podatci Ambulante za seksualne smetnje Klinike za psihijatriju Vrapče, koja djeluje od 2014. godine. Kroz tu ambulantu prošlo je 589 pacijenata, od čega je 6,8 % bilo starije od 65 godina (40 pacijenata). Među njima bila je samo jedna žena. Većina pacijenata (57 %) imala je erektilnu disfunkciju, dok su ostali seksualni poremećaji bili rijetki. Ni jedan pacijent nije se javio zbog rodne disforije, ni zbog parafilija. Većina pacijenata s erektilnom disfunkcijom imala je organsku podlogu ovog problema. Muškarci starije životne dobi smatraju da im je erektilna disfunkcija izvor patnje te se javljaju na liječenje u ambulantu za seksualne smetnje. Potrebno je posebno obratiti pažnju na organske uzroke erektilne disfunkcije. Dio pacijenata koji se javlja zbog seksualnih smetnji zapravo imaju drugu patologiju (npr. organski sumanutu poremećaj).

*/ Sexual problems have a higher prevalence in old age but are considered less distressing than in younger people. The aim of this study is to determine the prevalence and the type of sexual problems in people who contacted the outpatient clinic for sexual problems. Data from the outpatient clinic for sexual problems of the University Psychiatric Hospital Vrapče, founded in 2014, were analysed. 589 patients were examined in the outpatient clinic for sexual problems, and among them there were 6.8% of those aged 65 and above. There was only one woman. The majority of the patients (57%) were diagnosed with erectile dysfunction, while other sexual problems were rare. None of the patients suffered from gender dysphoria or paraphilias. The majority of the patients with erectile dysfunction had a physical factor influencing the problem. Men aged 65 and above consider erectile dysfunction distressful and seek treatment in outpatient clinic for sexual problems. It is important to pay special attention to physical factors influencing erectile dysfunction in this group. A small subgroup of patients think they have sexual problems but actually have other psychological problems (e.g. organic delusional disorder).*

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### KLJUČNE RIJEČI / KEY WORDS:

Seksualne disfunkcije / Sexual Dysfunction

Starija dob / Older Age

Eretilna disfunkcija / Erectile Dysfunction

TO LINK TO THIS ARTICLE:

Seksualni problemi učestali su problemi kod muškaraca i žena; većina istraživanja ukazuje da gotovo svaka treća žena i svaki četvrti muškarac tijekom života razvije barem jedan seksualni problem (1-3). No, da bi se postavila dijagnoza seksualne disfunkcije, potrebno je da ovaj seksualni problem osobi stvara patnju (4). Otprilike polovica ljudi sa seksualnim problemima navodi da im je seksualni problem izvor patnje (4).

Učestalost seksualnih problema raste s dobi. Samo rijetki seksualni problemi češći su u mlađoj dobi, npr. vaginizam kod žena ili prijevremena ejakulacija kod muškaraca (taj je problem podjednako čest u svim dobnim skupinama) (5). S dobi se smanjuje udio onih koji seksualni problem doživljavaju kao onesposobljavajući ili kao izvor patnje (4).

Brojni su razlozi povećane učestalosti seksualnih problema u starijoj životnoj dobi: povećana učestalost različitih tjelesnih bolesti koje dovode do seksualnih problema (npr. šećerna bolest, hipertenzija, arterioskleroza), povećana učestalost određenih duševnih bolesti (npr. depresija), gubitak partnera. Fiziološka zbivanja u starosti (npr. promjena sastava vezivnog tkiva, promjena učestalosti i međusobnog odnosa različitih neurotransmiterskih receptora) dovodi do fizioloških promjena u seksualnom funkcioniranju (npr. smanjena čvrstoća erekcije, duže vrijeme do ejakulacije, otežano vlaženje i slično) koji se još ne smatraju seksualnim disfunkcijama (6).

Seksualne poremećaje u širem smislu dijelimo u tri skupine: seksualne disfunkcije, rodna disforija i parafilije (obje suvremene klasifikacije, tj. MKB i DSM, prihvatile su ovakvu podjelu) (4,7). Seksualne disfunkcije su daleko češće od drugih dviju kategorija i najveći broj ljudi koji se javlja na liječenje zbog seksualnih problema dolazi upravo zbog seksualnih disfunkcija (8,9).

U Hrvatskoj od 2016. godine djeluje Ambulanta za seksualne smetnje (10). Većina ljudi koji

Sexual problems are prevalent both in men and women; studies show that almost one third of women and one fourth of men have at least one sexual problem during their lifetime (1-3). However, one of the criteria for the diagnosis of a sexual dysfunction is for this sexual problem to cause distress (4). Approximately one half of the people with sexual problems claim that their sexual problem causes them distress (4).

The prevalence of sexual problems is higher in older age. Only a few of all sexual problems are more prevalent in younger age: e.g. vaginismus in women and premature ejaculation in men (it is of the same prevalence in all the age groups) (5). With the increase in age, there is less and less of those who consider their sexual problem to be debilitating or a source of distress (4).

There are many reasons why sexual problems are more prevalent in older age: higher prevalence of different physical conditions that can lead to sexual problems (e.g. diabetes mellitus, hypertension, arteriosclerosis), higher prevalence of certain mental disorders (e.g. depression), and loss of a partner. Physiological changes related to age (e.g. change of the content of connective tissue, the change in the amount and the ratios of different neurotransmitter receptors) lead to physiological changes in sexual functioning (e.g. erections being less rigid, longer time to ejaculation, difficulties in lubrication, etc.) that are still not considered sexual dysfunctions (6).

Sexual disorders in a broader sense are divided into three groups: sexual dysfunctions, gender dysphoria, and paraphilias (both of the current classifications, i.e. ICD and DSM, accepted this kind of division) (4,7). Sexual dysfunctions are much more prevalent than the other two categories and the majority of people who contact a sexual therapist due to sexual problems do that for sexual dysfunctions (8,9).

In Croatia, the first outpatient clinic for sexual problems was established in 2016 (10). The majority of people who have a sexual problem

imaju neki seksualnu problem javlja se upravo u ovu ambulantu, a puno rjeđe pojedinim specijalistima psihijatrima ili urolozima u njihove specijalističke ambulante (11).

## CILJ RADA

Cilj ovog rada jest utvrditi koliko se često i s kojim problemima javljaju stariji ljudi (stariji od 65 godina) u Ambulantu za seksualne smetnje zbog svojih seksualnih problema.

## METODE

Pretraženi su podatci iz Ambulante za seksualne smetnje Klinike za psihijatriju Vrapče, te su obrađeni demografski podatci i podatci o razlogu dolaska, te psihički status, anamnestički podatci i podatci o komorbiditetu kod osoba koje su se javile u ovu ambulantu.

Ambulanta za seksualne smetnje započela je s radom u lipnju 2014. godine (tada u Općoj bolnici Karlovac), a od 1. listopada 2015. godine djeluje u Klinici za psihijatriju Vrapče (10). Kroz ambulantu je do 1. listopada 2019. godine prošlo 589 pacijenata.

## REZULTATI

Kroz ambulantu za seksualne smetnje tijekom pet i pol godina njezina postojanja liječeno je 589 pacijenata od kojih 19 % (112) žena. Od tih 589 pacijenata 40 je bilo u dobi 65 i više godina, što čini 6,8 % od ukupnog broja pacijenata. Od ovih 40 pacijenata samo je jedna žena, što je značajno manje nego u ukupnom uzorku ( $\chi^2 = 6,93$ ;  $p = 0,008$ ).

Ispitanici (stariji od 65 godina) bili su prosječne dobi 70,4 godine, a raspon godina bio je od 65 do 88 (slika 1).

Postavljene dijagnoze prikazane su na slici 2. Najveći broj pacijenata (28 od 49) došao je zbog

have come to this centre, and less often they contacted other specialists of psychiatry or urology in their specialist clinics (11).

## AIM

The aim of this study was to establish how often elderly people (aged 65 and above) come to the outpatient clinic for sexual problems and for what reasons.

## METHODS

Data from the outpatient clinic for sexual problems of the University Psychiatric Hospital Vrapče were analysed and demographic data and data on the reasons for contact, mental state, medical history data, and comorbidity data of the patients of this clinic were researched.

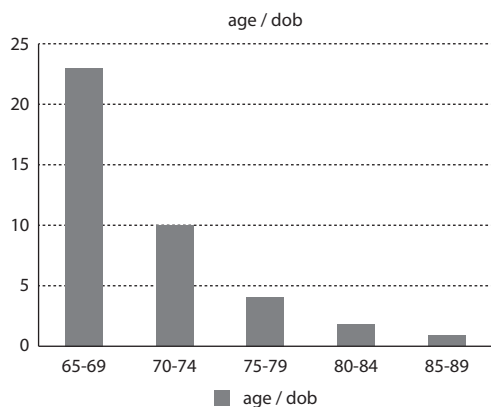
The outpatient clinic for sexual problems was founded in June 2014 (at that time in the Karlovac General Hospital) and moved on the first of October 2015 to the University Psychiatric Hospital Vrapče (10). By the first of October 2019, 589 patients contacted this outpatient clinic.

## RESULTS

During the five and a half years of the clinic's existence, 589 patients were treated in the outpatient clinic for sexual problems, and among them 19% (112) were women. Among the 589 patients, 40 were aged 65 or above, which is 6.8% of the total number. Only one woman was among these 40 patients, and this is statistically less than in the total sample ( $\chi^2 = 6.93$ ;  $p = 0.008$ ).

Subjects (older than 65) were of the average age of 70.4 and the age range was between 65 and 88 (Figure 1.).

The distribution of diagnoses reached during the diagnostic process is shown in Figure 2. The largest number of patients (28 of 49) came



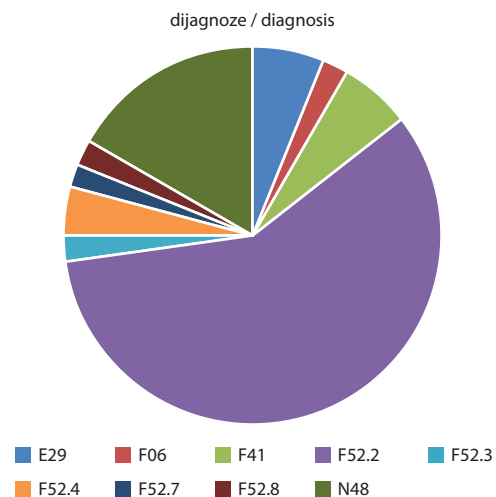
**SLIKA 1.** Raspodjela broja pacijenata prema dobi  
**FIGURE 1.** Distribution of number of patients of different age groups

problema erektilne disfunkcije. Gledajući samo seksualne probleme, dvojica su došla zbog prijevremene ejakulacije, te po jedan zbog odgođene ejakulacije, pretjeranog seksualnog nagona i nespecifične seksualne smetnje. Kod jednog bolesnika nije utvrđen seksualni problem, već mu je postavljena dijagnoza organskog sumanutog poremećaja. Ni jedan pacijent nije se javio zbog rodne disforije, ni zbog parafilije. Jedina žena u uzorku došla je zbog problema s doživljavanjem orgazma.

Među bolesnicima s erektilnom disfunkcijom kod osam se radilo o direktnoj posljedici bolesti (i operacije) prostate, a kod tri se radilo o hipogonadizmu. Kod svih osim kod trojice utvrđen je dodatni organski čimbenik koji je bio ili etiološki ili je pridonosio erektilnoj disfunkciji (npr. kardiovaskularne bolesti, bolesti mokraćnog mjehura). Svi osim četiri bolesnika uzimali su različite lijekove (od kojih mnogi mogu imati seksualne nuspojave).

## RASPRAVA

U Ambulantu za seksualne smetnje Klinike za psihijatriju Vrapče mnogo se češće javljaju muškarci nego žene, što je u skladu s drugim sličnim ambulantomama u Europi i svijetu (8,9,12). Žene čine manje od 20 % pacijentica u ovoj ambulanti. Međutim, udio žena među starijom



**SLIKA 2.** Dijagnoze kod osoba starijih od 65 godina  
**FIGURE 2.** Diagnoses in patients aged 65 and above

due to erectile dysfunction. If we consider only sexual problems, two came due to premature ejaculation and one due to retarded ejaculation, one for hypersexual disorder, and one for a nonspecific sexual problem. In one of the patients no sexual problems were diagnosed but was diagnosed for organic delusional disorder. None of the patients had gender dysphoria nor paraphilia. The only woman in the sample was diagnosed with orgasm problems.

Among the patients with erectile dysfunction, in eight the dysfunction was a direct consequence of a prostate disease (or surgery), and in three the cause was hypogonadism. In all the patients but three, at least one organic factor was established that was either the etiological or an additional factor for the erectile dysfunction (e.g. cardiovascular diseases, diseases of the vesicle). All but four of the patients had been taking different medications (many of which can have sexual side effects).

## DISCUSSION

More men come to the outpatient clinic for sexual problems of the University Psychiatric Hospital Vrapče than women, and this is expected as the same applies for the majority of sexology

populacijom je daleko manji, te se u pet godina javila samo jedna žena (s problemima u doživljavanju orgazma). Ovo je u skladu s činjenicom da u starijoj životnoj dobi, premda velik broj ljudi i nadalje smatra da je seksualnost bitna komponenta njihova života, to više vrijedi za muškarce, nego za žene (13). No, činjenica da se u ambulantu javila samo jedna žena ne može se objasniti isključivo ovim razlogom, te smatramo da ulogu imaju i sociokulturalni čimbenici, tj. dvostruki kriteriji koji vrijede za muškarce i žene, tj. spolni stereotipi. Jedan od socijalnih stereotipa je da je muškarac taj koji treba biti seksualno aktivan, inicijator seksualnih aktivnosti i koji bi trebao duže vrijeme održavati seksualnu aktivnost i želju (14). U skladu s time veća je šansa da će se među osobama iste razine patnje češće na liječenje javiti muškarci, jer seksualni problem više pogađa stereotipnu mušku rodnu ulogu, a manje žensku. Postavlja se pitanje ne pate li zaista žene starije životne dobi zbog postojećih seksualnih problema ili unatoč patnji ne traže liječenje, jer bi u ovom drugom slučaju trebalo reagirati na drugačiji način (tj. različitim mjerama umanjiti sram i potaknuti ih na traženje pomoći).

Dobna distribucija pacijenata pokazuje jasan pad, tj. da je u kategoriji starijih (tj. >65 godina) puno više onih u dobnoj skupini do 75 godina, nego onih u višim dobnim skupinama. Razlozi su vjerojatno sve manji broj ljudi u svakoj sljedećoj dobnoj skupini, ali i sve manja patnja zbog seksualnih problema u višim dobnim skupinama (jednim dijelom jer se to smatra dijelom normalnog starenja, a drugim dijelom vjerojatno i zbog toga što se s dobi povećava udio onih koji više nemaju partnera/icu).

Što se tiče razloga za dolazak na liječenje u Ambulantu za seksualne smetnje, na prvom je mjestu erektilna disfunkcija, što je i očekivano (1,2). Učestalost erektilne disfunkcije jasno raste s dobi, te u visokoj dobi (iznad 70 godina) preko 50 % muškaraca ima erektilnu disfunkciju (15). Također, erektilna disfunkcija više po-

units in Europe and worldwide (8,9,12). Women make up less than 20% of patients in the clinic. However, the proportion of women among the population of the elderly is even lower, and during the period of five years only one woman (with orgasm problems) came to the clinic. This is in line with the fact that in older age, although many people consider sexuality to be the important aspect of their life, more men than women confirm the importance of sexuality (13). However, the fact that only one woman came to the clinic cannot be explained by this reason alone. We assume that there is a role of sociocultural factors, i.e. double criteria for men and women or sexual stereotypes. One social stereotype says that men should be sexually active, the initiators of sexual encounters and the ones who should keep sexual activity and sexual desire into the old age (14). In line with this, there is a greater chance that among the people with the same level of distress, more men will seek treatment than women because sexual problems interfere with the stereotypical male sexual role and less with the stereotypical female gender (and sexual) role. We do not know if elderly women really do not suffer due to their sexual problems or if they, despite their suffering, do not seek treatment. If the latter is the case, then we should (using different measures) try to diminish the shame and encourage them to seek help.

Age distribution shows a clear linear relationship, with more patients in the younger age range (among those age 65 and above), and less in the age group of 75 and above. The reasons are: fewer people who are aged 75 and above, less distress due to sexual problems in older groups (at least partly due to the fact that the decline in sexual functioning is a part of the normal aging, and partly due to the fact that with age there is a higher prevalence of those who do not have a partner).

The most prevalent diagnosis in the outpatient clinic for sexual problems in those aged 65 and above was, as expected, erectile dysfunction (1,2). The prevalence of erectile dysfunction

gađa osjećaj muževnosti i mušku rodnu ulogu od drugih seksualnih problema (14).

Kod pacijenata smo našli vrlo visoku učestalost tjelesnih bolesti (na prvome mjestu bolesti prostate, hipogonadizam, kardiovaskularne bolesti) koji mogu biti glavni uzrok ili pridonosni čimbenik erektilnoj disfunkciji. Kod samo tri pacijenta s erektilnom disfunkcijom nismo mogli naći nikakav organski čimbenik koji bi mogao pridonijeti ovom stanju.

Zanimljivo je ipak napomenuti da se jedan pacijent javio zbog pretjeranog seksualnog nagona, koji doživljava kao izvor patnje, jer više nije sposoban tjelesno pratiti svoju povećanu seksualnu želju, a i njegova partnerica je bila nezadovoljna njegovom pojačanom seksualnom željom.

Drugi zanimljiv podatak jest pacijent koji je došao u ambulantu za seksualne smetnje zbog problema koji je on smatrao da je seksualne prirode, a na koncu se utvrdilo da se radi o organskom sumanutom poremećaju. Kao i u mlađoj životnoj dobi, različite duševne bolesti mogu imati simptome ili sadržaje simptoma u području seksualnosti (npr. nerijetko osobe s opsesivno-kompulzivnim poremećajem imaju seksualnu tematiku opsesivnih sadržaja) (16).

## ZAKLJUČAK

Kad se govori o zdravstvenoj zaštiti starijih osoba obično se ne pomišlja na njihove seksualne probleme, no ovaj rad ukazuje da muškarci starije životne dobi erektilnu disfunkciju smatraju dovoljno uznemirujućom da zbog nje traže pomoć. Veliko je značenje tjelesnih čimbenika (i lijekova) u etiologiji erektilne disfunkcije, posebice u ovoj dobi.

rises with age, and in older age (70 and above) more than 50% of men have erectile dysfunction (15). Also, erectile dysfunction affects the sense of masculinity and the male gender role much more than other sexual problems (14).

A high prevalence of physical diseases was determined among the patients, primarily prostate diseases, hypogonadism, cardiovascular diseases, which can be the main cause or the additional factor for erectile dysfunction. Only three patients with erectile dysfunction did not have any additional physical problems that could affect erectile function.

Interestingly, one patient came due to hypersexual disorder, which is a cause of distress as he is not able to physically follow his high sexual desire and his partner was dissatisfied with his high sexual desire.

The other interesting case was a case of a patient who came because of the problem he considered to be of a sexual nature, but he was diagnosed with organic delusional disorder. As in younger age, different mental dysfunctions can have sexual symptoms or the sexual content of symptoms (e.g. often people with obsessive-compulsive disorder have a sexual content of obsessive thoughts) (16).

## CONCLUSION

When considering health care of elderly people, sexual problems are usually not in the focus of interest, but this paper shows that men aged 65 and above believe that their erectile dysfunction is disturbing enough to seek professional help. There is a major influence of physical factors (and medications) on the aetiology of erectile dysfunction in this age group.

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