

RISE UP

WHAT TO EXPECT OF YOUR MAN PARTS AS YOU AGE

By Andrew Siegel, MD

It is shocking how ill prepared we are for aging. We are largely uninformed about the process, so the best we can do is sit back and observe the changes as they unfold. Aging can be unkind and Father Time does not spare sexual function. Although erectile dysfunction (ED) is not inevitable, with each passing decade there is an increasing prevalence of it. Present in some form in 40% of men by age 40, for each decade thereafter an additional 10% join the ED club. All aspects of sexuality decline, although sexual interest and drive suffer the least depreciation, leading to a swarm of men who are eager, but frequently unable—a most frustrating combination.

With aging often comes less sexual activity, and with less sexual activity often comes “disuse atrophy,” in which the penis becomes de-conditioned, smaller in stature and, in a vicious cycle, even less functional. The senior years bear witness to the testicles dangling loosely like pendulous breasts of elderly women. Time and gravity are cruel conspirators.

A key point is that ED can oftentimes be a “canary in the trousers”—an indicator that a deeper and more pervasive underlying medical problem exists. Erection quality can serve as a barometer of cardiovascular health, with the presence of rigid and durable erections a gauge of overall good cardiovascular health and the presence of ED a clue to poor cardiovascular health. Since the penile arteries are generally small (diameter of 1-2 millimeters) and the coronary arteries larger (4 millimeters), it stands to reason that if vascular disease is affecting the tiny penile arteries, it may affect the larger coronary arteries as well—if not now, then at some time in the future. For this reason, men with ED should undergo a basic medical evaluation seeking arterial disease elsewhere in the body.

Chronological Guide On What To Expect

I have arbitrarily structured this by decade with the caveat that these are general trends. Individuals may vary significantly from others in their age group, as chronological age per se is not the ultimate factor and seems to be less important than genetics and lifestyle. I was able to craft this guide after more than 25 years spent in the urology trenches, working the front line with thousands of patient interactions.

Age 18-30: Your sexual appetite is prodigious and sex often occupies the front burners of your mind. It requires very little stimulation to achieve an erection—even the wind blowing the right way might be enough to stimulate a rigid, gravity-defying erection, pointing proudly at the heavens. The sight of an attractive woman, the smell of her perfume, merely the thought of her can arouse you fully. You get erections even when you don’t want them...if there was only a way to bank these for later in life! You wake up in the middle of the night sporting a rigid erection. When you climax, the orgasm is intense, forceful and powerful. When you arise from sleep, it is not just you that has arisen, but also your penis.

It doesn’t get better than this...you are an invincible king... a professional athlete at the peak of his career! All right, maybe not invincible...you do have an Achilles heel—you may sometimes ejaculate prematurely because you are so hyper-excitable and sometimes in a new sexual situation you have performance anxiety, a mechanical failure brought on by your all-powerful mind dooming the capabilities of your perfectly normal plumbing.

Age 30-40: Changes occur ever so slowly, perhaps so gradually that they are barely noticeable. Your sex drive remains vigorous, but not as obsessive and all consuming as it once was. You can still get quality erections, but they may not occur as spontaneously, as frequently and with such little provocation as they did previously. You may require some touch stimulation to develop full rigidity. You still wake up in the middle of the night with an erection and experience “morning wood.” Ejaculations and orgasms are hardy, but you may notice some subtle differences, with your “rifle” being a little less powerful and of smaller caliber. The time it takes to achieve another erection after ejaculating increases. You are that athlete in the twilight of his career, seasoned and experienced, with the premature ejaculation of yonder years occurring much less frequently.

Age 40-50: After age 40, changes become more obvious. You are still interested in sex, but not nearly with the passion you had two decades earlier. You can usually get a pretty good-quality erection, but it now often requires tactile stimulation and the rock-star rigidity of years gone by gives way to a nicely firm penis, still suitable for penetration. The gravity-defying erections don’t have quite the upward angle they used to. At times you may lose the erection before the sexual act is completed. You notice that orgasms have lost some of their kick and ejaculation has become feebler than previously. Getting a second erection after climax is not only more difficult, but also may be something that you no longer have much interest in. All in all though, you still have some game left.

Age 50-60: Sex is still important to you and your desire is still there, but is typically diminished. Your erection can still be respectable and functional, but is not the majestic sight that it once was, and touch is necessary for full arousal. Night-

time and morning erections become few and far between. The frequency of intercourse declines while the frequency of prematurely losing the erection before the sexual act is complete increases. A dribbling-quality ejaculation occurs with diminished volume and force, begging the question of why you are “drying up.” Orgasms are less intense and at times it feels like nothing much happened—more “firecracker” than “fireworks.” Getting a second erection is difficult, and you find much more delight in going to sleep rather than pursuing a sexual encore. Sex is no longer a sport, but a recreational activity...sometimes just reserved for the weekends.

Age 60-70: “Sexagenarian” is a misleading word...more apt a term for the 18-30 year-old group, because your sex life doesn’t compare to theirs—they are the athletes and you the spectators. Your testosterone level has plummeted over the decades, probably accounting for your diminished desire. Erections are still obtainable with some coaxing, but they are not five star erections, more like three stars, suitable for penetration, but not the rigid flagpole of yonder years. They are less reliable, and at times your penis suffers with attention deficit disorder, unable to focus and losing its mojo prematurely, unable to complete the task at hand. Spontaneous erections, nighttime, and early morning erections become rare occurrences. Climax is not so climactic and explosive ejaculations are a matter of history. At times, you think you climaxed, but are unsure because the sensation was frankly un-sensational. Ejaculation is down to a mere dribble. Seconds?...no thank you...that is reserved for helpings on the dinner table! Sex is no longer a recreational activity, but an occasional amusement.

Age 70-80: When asked about his sexual function, my 70-something-year-old patient replied: “Retired...and I’m really upset that I’m not even upset.”

You may still have some lingering sexual desire left in you, but it’s a far cry from the fire in your groin that you had when you were young. With physical coaxing and coercion, your penis can at times be prodded to rise to the occasion, like a cobra responding to the beck and call of the flute of the snake

charmer. The quality of erections has noticeably dropped, with penile fullness without rigidity that used to make penetration such a breeze. At times, the best that you can do is to obtain a partially inflated erection that cannot penetrate, despite pushing, shoving and manipulating. Spontaneous erections have gone the way of the 8-track player. Thank goodness for discovering that even a limp penis can be stimulated to climax, so it is still possible for you to experience sexual intimacy, although the cli-“max” is more like a cli-“min.”

Age 80-90: You are now a full-fledged member of a group that has an ever-increasing constituency—the ED club. Although you as an octogenarian may still be able to have sex, most of your brethren cannot; however, they remain appreciative that at least they still have their penises to use as spigots, allowing them to stand to urinate, a distinct competitive advantage over the womenfolk. Compounding the problem is that your spouse is no longer a spring chicken and because she has likely been post-menopausal for many years, she has a significantly reduced sex drive and vaginal dryness, making sex downright difficult, if not impossible. If you are able to have sex on your birthday and anniversary, you are doing much better than most. To quote one of my octogenarian patients in reference to his penis: “It’s like walking around with a dead fish.”

Age 90-100: To quote the comedian George Burns: “Sex at age 90 is like trying to shoot pool with a rope.” You are grateful to be alive and in the grand scheme of things, sex is low on the list of priorities. You can live vicariously through pleasant memories of your days of glory that are lodged deep in the recesses of your mind, as long as your memory holds out! When and if you do get an erection, you never want to waste it!

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