# Sexual Health in Older Adults

Lauren Carpenter, MD
UW Division of Gerontology and Geriatric Medicine
VA Puget Sound Geriatrics & Extended Care

NORTHWEST GERIATRICS
WORKFORCE ENHANCEMENT CENTER

# Objectives

- Identify barriers to addressing sexual health in older adults
- List common etiologies of sexual dysfunction in older adults
- List treatment of some sexual problems

# Why is sexual health important?

- Increasing number of older adults
- Important to quality of life
- Age-related physiologic changes and iatrogenic effects
- Older adults get sexually transmitted infections
  - 50-75yo are $1/6^{th}$ as likely to use condoms
  - US: 21% of new HIV diagnoses in >50yo

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# Older adults are sexually active

- National Social Life, Health, and Aging Project
  - 57-85yo community-dwelling Americans (N=3005)
  - Sexual activity in past year:
    - 57-64yo 73%
    - 65-74yo 53%
    - 75-85yo 26%
  - Decline in sexual activity with age
  - Sexual activity correlated with self-reported health



Lindau 2007

# Barriers to addressing sexual health

- Limited data on older adults
- Lack of physician awareness and education
- Societal norms and perceptions
  - Including patient perceptions based on prior healthcare experiences
- Cultural and language barriers

Lindau 2007, Fredrickson-Goldsen 2011

# Culture, sexuality, & aging

- Dramatic changes in attitudes and culture during our patients' lives
  - Higher rates of divorce
  - Sexual revolution of 1960s
  - Changes in attitudes towards LGBT people
    - Until 1974, homosexuality was a DSM disorder
    - Criminalization of some sexual acts
    - Federal gay marriage legal 2015
- Future age cohorts will be more sexually active
  - Longer life span spent with higher level of function
  - Higher expectations

Burgess 2004

# Sex in nursing homes

- Some problems:
  - Lack of privacy
  - Lack of knowledge among staff
  - Attitudes of staff
  - Opinions of residents' family members
- Dementia
  - Decisional capacity?

# Sex in nursing homes

- Many nursing homes don't have policies & policies vary widely
  - Survey of US nursing home nursing directors (N=366)
  - 63% did not have policies regarding resident sexual activity
  - 71% had experienced issues regarding sexual activity
  - 58% resident-resident, 60% resident masturbation



Lester 2016

# What is age-related? What is abnormal?

- Frequency of sexual activity and sexual desire decline with age
  - Multimorbidity may be more of the problem than age
- Sexual satisfaction does not change in those that are sexually active

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Schiavi 1999, Delamater 2005, 2008
Appa 2014

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# Age-related reproductive changes

**Men**

- ↓ testosterone levels
- ↓ sperm production
- ↑ size of prostate gland
- Slower development of excitement and erections
- ↑ plateau stage
- ↓ pre-ejaculatory secretion
- ↓ frequency of ejaculation
- ↓ duration and intensity of orgasm
- ↑ refractory period

**Women**

- ↓ testosterone levels
- ↓ estrogen & progesterone
- ↓ size of external genitalia
- Thinning of vaginal mucosa
- ↓ vaginal lubrication
- ↓ duration and intensity of orgasm
- ↑ refractory period

Gentil 1998
Walsh 2004
Davis 2004
Geriatric Review Syllabus (GRS)

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# Self-report of sexual problems

- 50% with at least one bothersome sexual problem
  - 1/3 with at least two
- Most prevalent:
  - Men: difficulty in maintaining/achieving erections
  - Women: lack of interest

| Male (M)/Female (F) | Prevalence | Bothered by problem |
|---|---|---|
| Achieving/maintaining erection (M) | **37%** | 90% |
| Lack of interest (M) | 28% | 65% |
| Climaxing quickly (M) | 28% | 71% |
| Performance anxiety (M) | 27% | 75% |
| Inability to climax (M) | 20% | 73% |
| Lack of interest (F) | **43%** | 61% |
| Lubrication difficulty (F) | **39%** | 68% |
| Inability to climax (F) | 34% | 59% |
| Sex not pleasurable (F) | 23% | 64% |
| Pain (F) | 17% | 97% |

# Common medical risk factors associated with sexual dysfunction

| Vascular | Musculoskeletal | Psychogenic |
|---|---|---|
| Diabetes | Osteoarthritis | Depression |
| Atherosclerosis | Spinal stenosis | Anxiety |
| Hypertension | Rheumatologic | PTSD |
| Dyslipidemia | | Psychosocial stressors |
| Peripheral vascular dz | | |

| Medications | Hormonal | Other |
|---|---|---|
| CNS active drugs | Hypogonadism | Incontinence |
| Antihypertensives | Hypothyroidism | Pelvic floor muscle dysfunction |
| Drugs affecting hormones | Hyperthyroidism | Skin diseases |

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Walsh 2004

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# Erectile dysfunction

- Inadequate erections, decreased libido, or orgasmic failure?
- Onset and duration?
- Presence or absence of sleep-related erections?

  - Gradual onset with intact libido (most common)
    - Vascular, neurogenic, others
  - Sudden onset
    - Drug-induced or psychogenic

# Treatment of erectile dysfunction

- PDE 5 inhibitors (sildenafil, vardenafil, tadalafil)
  - Start with low dose 1 hour prior to activity
  - Increase dose if not effective
  - Contraindicated with nitrates, caution with alpha-blockers
- Vacuum device
- Intracavernosal injections of vasoactive drugs (alprostadil, papaverine)
- Penile prosthesis (surgical)
- Therapy

# Treatment of vaginal atrophy

- Vaginal atrophy → decreased lubrication, vaginal pain, itching, dyspareunia
- Thinning of vaginal epithelium, ↑pH, ↑risk of bacterial colonization and UTIs
- Local estrogen therapy
  - Cream
  - Vaginal ring
  - Vaginal tablet
- Lubricant helps with dryness though doesn't improve atrophy



Lindhal 2014 GRS

# Conclusions: What can we do?

- Normalize & ask
  - Make sexual health assessments routine
  - Emphasis on quality of life
- Create nursing home policies
- Review biological changes, illnesses, medications
- Treat as able to

# Thank You!