Sexuality in Later Life

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Lecture Objectives

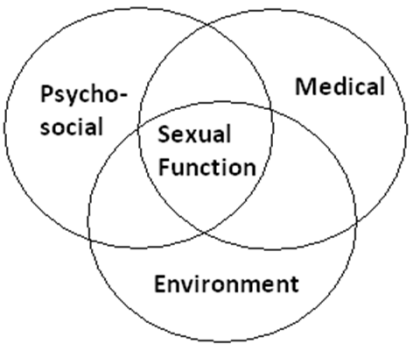
- By the end of this lecture you should be able to:
  - Identify the importance of addressing sexuality in aged population
  - List common etiologies of sexual dysfunction in older adults
  - Indentify barriers to addressing sexual health in older adults

Case Vignette: Greg G.

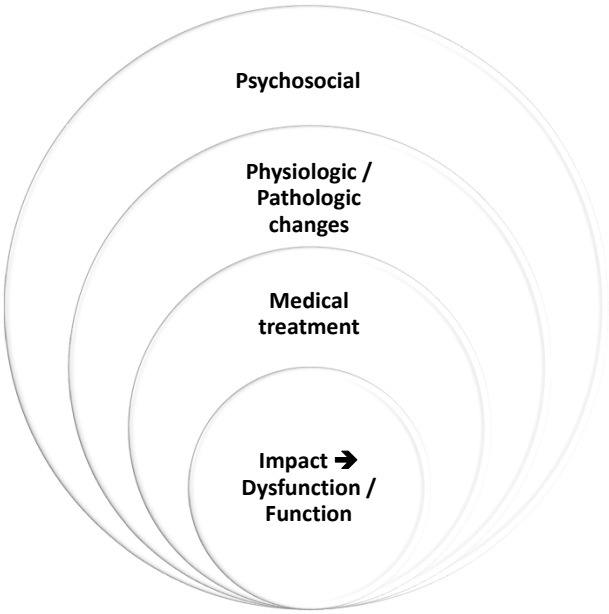
- 92 y/o married male comes in with his spouse.
  - Functionally independent with ADLs an IDALs
  - Philippines, construction worker prior
  - PMH: BPH, b/l hearing loss, spinal cervical stenosis
  - Meds: tamsulosin, APAP, VitD
- 3rd visit, "Doc, do you think I can get some Viagra"

Should we be involved in discussing sexual health in older adults?

- Evaluate your own set of beliefs
- Assess your own level of comfort



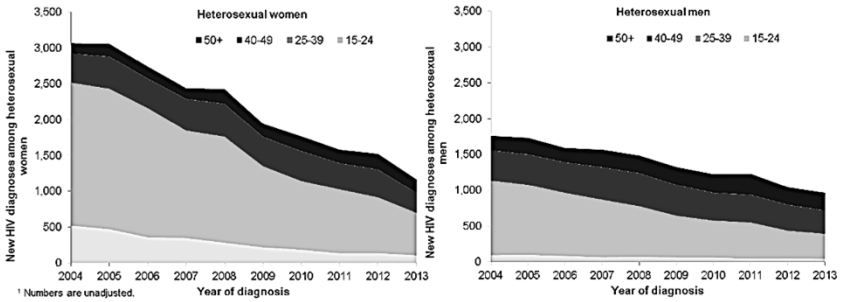
Sexual Function



Why is Sexual Health Important in Geriatrics?

- Increasing number of older adults
- Vital part of a relationship (Gott 2003)
- Older adults participate in risky behavior too
  - 50-75y/o are 1/6th as likely to use condoms (Stall 1994)
  - In the UK: 11% of newly diagnosed AIDS cases were in >50y/o (PHLS 2003)
  - In the US: 10% of AIDS cases and 6% of HIV infections in women >50y/o

Figure 5: Age distribution[1] of new diagnoses among heterosexual men and women: UK, 2004-2013



Public Health England 2014

Sex is Maintained in Older Adults

- 81 % women sexually active
  - 13% used condoms
  - 25% safer sex
- 94% males >60y sexually active
  (Diokno 1988)
  - 64% married
  - 40% unmarried

TABLE 2. BIVARIATE ANALYSES ($n = 148$)[a]

	Practices safer sex $n = 39$ n (%)[b]	*Does not practice safer sex* $n = 109$ n (%)[b]	*p value*
Mean age, years (SD)	61.1 (7.6)	58.8 (6.8)	0.08
Race			
African American	30 (27)	81 (73)	0.728
White (not Hispanic)	1 (33)	2 (67)	
Hispanic/Latina	0 (0)	1 (100)	
Other	6 (22)	21 (78)	
Marital status			
Never married	4 (36)	7 (64)	0.13
Married	22 (36)	39 (64)	
Separated	3 (25)	12 (75)	
Divorced	5 (19)	21 (81)	
Widowed	3 (10)	26 (90)	
Education			
Did not attain high school education	13 (20)	52 (80)	
Attained high school education	26 (32)	54 (68)	0.09
Housing status			
Lives alone	8 (23)	27 (77)	0.61
Lives with roommate	3 (25)	9 (75)	
Lives with spouse	20 (34)	39 (66)	
Lives with children only	5 (25)	15 (75)	
Lives with other family members	2 (12)	14 (88)	
Employment status			
Full-time	2 (14)	12 (86)	0.57
Part-time	4 (25)	12 (75)	
Disabled	16 (25)	48 (75)	
Retired	10 (32)	21 (68)	
Homemaker	5 (50)	5 (50)	
Unemployed	1 (17)	5 (83)	
Other	1 (25)	3 (75)	
High perceived HIV risk	25 (24.75)	76 (75.25)	0.23
Depends on partner for condoms	10 (67)	5 (33)	<0.001[c]
Personally obtained condoms	11 (73)	4 (27)	<0.001[c]
Trusts partner	20 (20)	82 (80)	0.051[c]
Knows condoms are effective	7 (27)	19 (73)	0.899

[a]Data missing on safer sex practices in 7 participants.
[b]Percentages refer to row percentages.
[c]Fisher's exact p value.

Paranjape A et al. 2006

Case Vignette: Irene H.

69 y/o community dwelling Kenyan woman recently traveled back to Kenya to visit her family is brought into clinic by her daughter for a movement disorder for the past 2 months since returning.

PMH/FH/Meds: None

Social: married, husband paraplegic from trauma, no sex >20y

Exam: mildly hypertensive, shuffling gait, masked facies, no cog-wheeling or tremor.

Labs: platelets 70s, normocytic anemia, normal MCV.

Imaging: unremarkable non-contrast head CT

Exclusion of elderly persons from health-risk behavior clinical trials

Becca Levy *, Julie Kosteas, Martin Slade, Lindsey Myers

Department of Epidemiology and Public Health, Yale University School of Medicine, 60 College Street, PO Box 208034, New Haven, CT 06520-8034, USA

Summary of clinical trial characteristics

Health behavior clinical trials	All categories, *N*=198	Physical inactivity, *N*=87	Overweight/obesity, *N*=57	Tobacco use, *N*=51	Substance abuse, *N*=23	Irresponsible sexual behavior, *N*=19
Mean age	44.1	50.0	43.7	42.7	37.3	23.4
Gender (% female)	53.0	53.7	61.0	52.1	32.6	63.8
Race (% nonwhite)	36.2	21.1	27.5	21.3	31.9	76.6
Mean length of trial (days)	294	338	409	252	264	223
Country (% US)	54.7	52.9	66.7	46.7	77.3	33.3
Funding (% govt.)	61.6	72.9	56.6	44.9	73.9	68.4
Community based, %	91.4	95.4	96.5	86.3	87.0	94.7
Mean cohort size	1154	434	599	1598	764	4503
Intrusive (%)	31.3	11.5	38.6	41.2	43.5	0
Insignificant findings (%)	18.2	10.3	14.0	25.5	21.7	36.8

The sum of the number of studies in each category is higher than the total number of studies listed in the all categories column because we included 35 studies with more than one health behavior in each of the relevant health-behavior columns.

Preventive Medicine 43 (2006) 80–85

Case Vignette: Irene H.

Other Labs: HIV confirmed.

Barriers to discussing sexuality in this patient:

-culture

-language

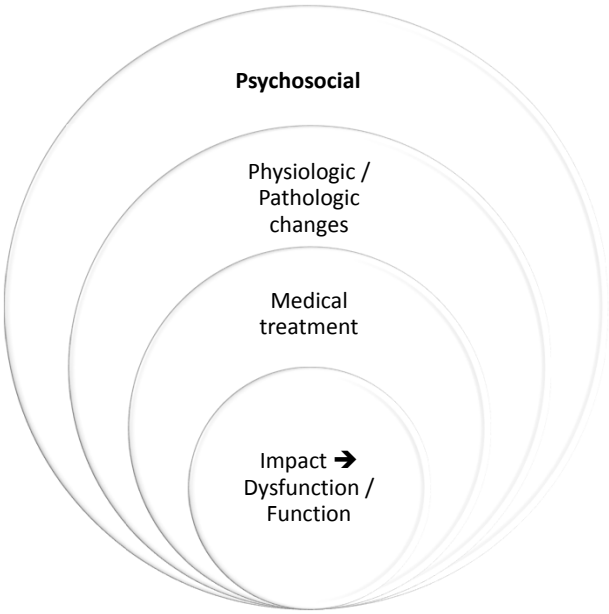
-age

-daughter's preconceived notions

What is Sexuality?

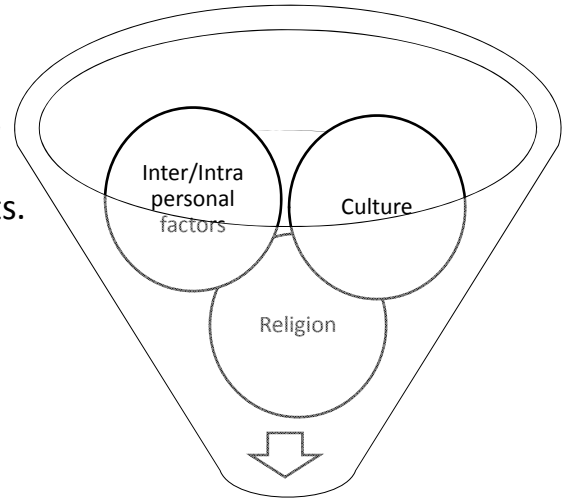
- *Sexuality*: the human sexual response, which is a function of external cues for heterosexual or homosexual orientation, and ability to produce and respond to gonadotropin-releasing hormone; the personal experience and expression of one's status as male or female, especially vis-á-vis genitalia, pair-bondedness, reproduction; the stimulation, responsiveness, functions of the sex organs, alone or with one or more partners (McGraw-Hill Concise Dictionary of Modern Medicine, 2002)
- *Sexual health*: the integration of somatic, emotional, intellectual, & social aspects of sexual being that are positively enriching (WHO 1975)
- *Sexual dysfunction*:
  - Inability to react emotionally *or* physically to sexual stimulus in way expected of an average individual or one's own standard (Kingsberg 2002)
  - American Psychiatry Association, DSM V
    - Female & male, sexual desire, sexual arousal, orgasmic, sexual pain

Sexual Function



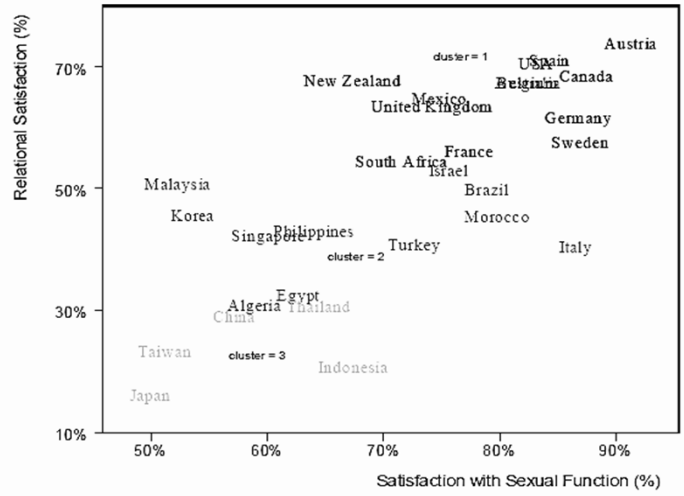
Psychosocial Model of Sexuality

- Sexuality encompasses: social, relational, and biographical contexts.



Culture, Sexuality, and Aging

- Global Study of Sexual Attitudes and Behavior
  (Nicolosi 2004; Laumann 2006)
  - 27,000 subjects, 29 countries, 40-80y/o
  - 4 aspects of sexual well-being measured:
    - physical *AND* emotional satisfaction of sexual relationships
      - "During the past 12 months, how physically pleasurable did you find your relationship with your partner to be?"
      - "During the past 12 months, how emotionally satisfying did you find your relationship with your partner to be?"
    - satisfaction with sexual health or function
      - "If you were to spend the rest of your life with your sexual function/sexual health the way it is today, how would you feel about this?"
    - importance of sex in one's life



- Subjective sexual well-being found to be largely consistent across world regions
  - Self-estimated health status positively affected ALL measures of sexual well-being
  - Non-marital relationships associated with higher levels of subjective sexual well-being than marriages (particularly for men)
  - Duration of relationship positively associated with emotional satisfaction and satisfaction with sexual functioning

Culture, Sexuality, and Aging

- A sexually active individual is not a readily accepted part of the parental role (Hodson 1994)
- Older persons depicted in film as having no sexual life at all with a need for tenderness & warmth replacing sex (Bildtgard 1998)
  - Cocoon (1985): "…built-in frailty that is magnified as the story progresses: Its conception of old age, though wonderfully sympathetic, is filtered through, and limited by, the eyes of the young (Janet Maslin NY Times Movie Review 1985)
  - Something's Gotta Give (2003): http://www.youtube.com/watch?v=CSjI-xiH7j0
  - The Best Exotic Marigold Hotel (2013):

Generational Cohorts, Sexuality and Aging

- Dramatic changes in attitudes & culture since WWII
  - Higher rates of divorce
- Future age cohorts will be more sexually active (Burgess 2004)
  - Extension of middle life
  - Longer life span spent with higher level of function
  - Higher expectations

Inter/Intra-personal Aspects, Sexuality, and Aging

- Elderly persons often coping with (Willert 2000) :
  - Depression
  - Bereavement
  - Lack of privacy
  - Lack of a partner
- Lack of a partner is a large barrier
  - Women less likely than men to be in relationship (Smith, 2003)
    - 65-74y: 83 men for every 100 women
    - 75-84y: 67
    - ≥85y: 44

Older Women and Sexuality: Experiences in Marital Relationships across the Life Course*

Canadian Journal on Aging 2006; 25:129-40.

Laura Hurd Clarke
The University of British Columbia

- Qualitative data
- 24 women (median age 70-79y, college educated)
  - married at least 2x & whose 2nd and/or 3rd marriages occurred after age 50y/o
- Results structured around 3 themes:
  - Later life sexual chemistry
  - Impact of health issues
  - Affection and companionship

Sexual Chemistry Later in Life

- More satisfying relationships overall
  - freedom from child-care
  - changing social norms and better communication
  - increase in confidence and self knowledge
- Dissatisfaction came from:
  - partner's health problems
  - emotional incompatibility

I may have had fantasies but I just couldn't bring myself to say anything to my first husband. You know, ''Can we do this? Can we do that?'' And the years go by and then you stop even thinking about that . . . sexual contact becomes a routine that you have to have. But, like I say, you're going through having children. You're tired. You're working all the time. Ah, you start getting into the sort of peri-menopausal stage and you're even more hormonal than a teenager sometimes. Now I've passed that and I think a lot of that is a state of mind, too. You know? So, it's a much calmer state of mind and my husband is very open and can talk about things and make me feel at ease and not uncomfortable and it's just much nicer that way. I'm having a lot more fun. (Married 52-year-old woman, remarried at age 51)

Sexual Chemistry Later in Life

- More satisfying relationships overall
  - freedom from child-care
  - changing social norms and better communication
  - increase in confidence and self knowledge
- Dissatisfaction came from:
  - partner's health problems
  - emotional incompatibility

My former husband was also how can you say? Green behind the ears, really…It was the first time for both of us and because I basically already didn't love him, it was difficult, I found. (Married 71-year-old woman, remarried at age 60)

I learned to do without sex because people with his type of chronic illness become impotent and, ah, they lose bladder control and, I mean, they're finished. I guess I was so tired most of the time—looking after a husband who was helpless. (Widowed 90-year-old woman, remarried at age 62)

Health Impact on Later Life Sexuality

- Health was a strong impact
  - Medication induced

We tried to have sex but with my legs, you know, my hips haven't been all that great so I haven't been able to do it and he can't really perform either. So it's no loss at this age. I don't miss it at all. (Married 76-year-old woman, remarried at age 72)

Health Impact on Later Life Sexuality

- Health was a strong impact
  - Medication induced

He has asthma badly and I don't think it's the asthma medication that does it to him but he is on blood pressure stuff, too . . . and the doctor said to me, ''I hate to tell you this but that's the end of your sex.'' Cause they just—and my husband is very unhappy that this is doing it to him . . . maybe if they took him away from some of this medication that he's taking for his blood pressure things might smarten up a little bit. (Married 69-year-old woman, remarried at age 66)

Redefining Sexuality in Later Life

- Importance of sex declined
  - All women expressed sex not a priority in 2nd marriage
- Intimacy & companionship more important
  - closeness, emotional warmth
  - affection: hugs, kisses, touches
- Sex: "icing on the cake"
- Women redefined their sexual needs and desires to meet their available resources

When you get older, well, it takes longer to get aroused and that sort of thing. And your interest does go down. But we both feel it doesn't—it's not our first—most important part of our life. What is important is that we cuddle up and that we feel good sitting together or lying in bed together and all that sort of thing. And then if there is sex on top of it, that's extra good. (Married 71-year-old woman, remarried at age 60)

Redefining Sexuality in Later Life

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He's very attentive and very loving. He comes over every once in a while and gives me a great big kiss, and you know, he's very warm. So what else do you need? And, as I say, the companionship is the most important thing at this age. (Married 76-year-old woman, remarried at age 72)

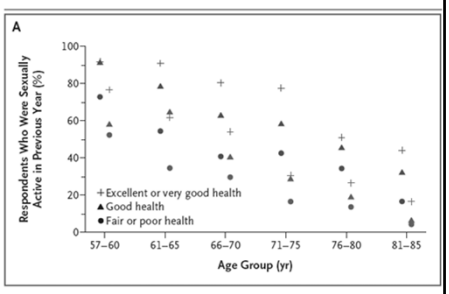
The NEW ENGLAND JOURNAL of MEDICINE

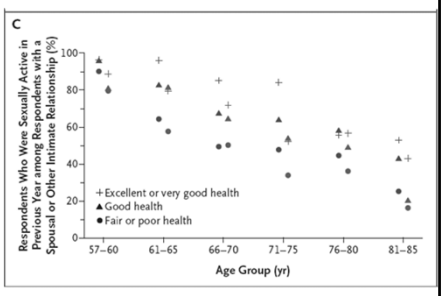
ORIGINAL ARTICLE

A Study of Sexuality and Health among Older Adults in the United States

Stacy Tessler Lindau, M.D., M.A.P.P., L. Philip Schumm, M.A., Edward O. Laumann, Ph.D., Wendy Levinson, M.D., Colm A. O'Muircheartaigh, Ph.D., and Linda J. Waite, Ph.D.

- National Social Life, Health, and Aging Project (2004)
  - community-dwelling , 57-85y/o
  - In-home interviews
- Sexual activity among those NOT in a relationship:
  - 22% men & 4% women
- 35% women rate sex as being "not at all important" (13% men)





N Engl J Med 2007;357:762-74.

Sexual Health from the English Longitudinal Study of Ageing (ELSA)

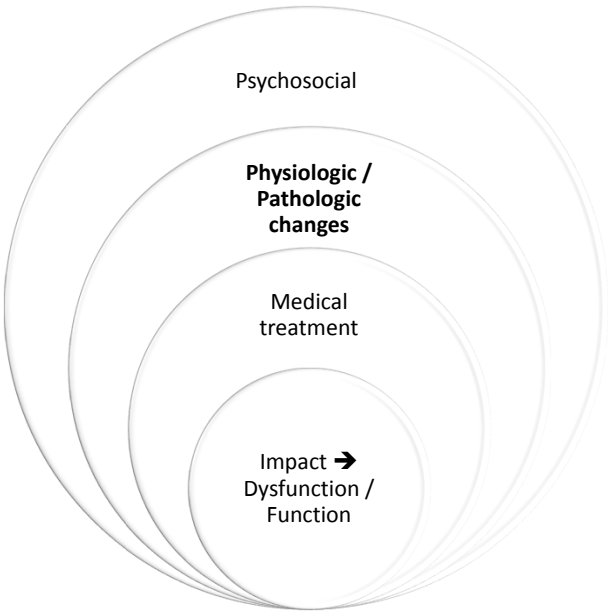
- ELSA
  - Community dwelling, 50-90y, Wave 6 data ('12-13)
  - Interviews, self-completed questionnaires
- Similar findings as the NSHAP study
  - Self-rated health correlated with sexual activity
  - Prevalence of sexual dysfunction ↑ with age
  - Female less sexually active at all ages & less important part of their lives

Lee DM et al. Arch Sex Behav 2015

Summary of Psychosocial Aspects of Aging and Sexuality

- Sexual activity and satisfaction highly associated with self assessment of health
- Psychosocial factors modify impact of age related changes to sexuality and expression
- Common reasons of sexual inactivity include:
  - Lack of a partner
  - Partner's health status
  - One's own health status

Sexual Function



What is age related and what is abnormal?

- Frequency of sexual activity declines with age
  - Numerous small studies link the decline with emerging chronic conditions (Schiavi 1999)
- Decline of sexual desire (libido) with age (DeLamater 2005)
- Sexual satisfaction does not change in those that are sexually active (DeLamater 2008)

What is age related and what is abnormal?

A Study of Sexuality and Health among Older Adults in the United States

- 50% reported having at least one bothersome sexual problem
  - 1/3 reported having at least two bothersome sexual problems
- The most prevalent sexual problem:
  - Among men: difficulty in maintaining/achieving erections
  - Among women: lack if 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 in sex (F)	**43%**	61%
Lubrication difficulty (F)	39%	68%
Inability to climax (F)	34%	59%
Sex not pleasurable (F)	23%	64%
Pain (F)	17%	97%

Age-Related Reproductive Changes

MALES

- ↓ testosterone levels
- ↓ sperm production
- ↓ force of ejaculations
- ↑ size of the prostate gland
- slower development of excitement and erections
- ↑ time of erections prior to ejaculation
- ↓ frequency of ejaculation
- ↑ refractory period

Croft 1982

FEMALES

- ↓ in testosterone levels
- ↓ estrogen & progesterone
- ↓ size of external genitalia
- Thinning of vaginal mucosa
- ↓ capacity for vaginal lubrication and arousal
- ↓ pubic hair
- ↓ duration of orgasm

Croft 1982
Gentil 1998
Walsh 2004
Davis 2004

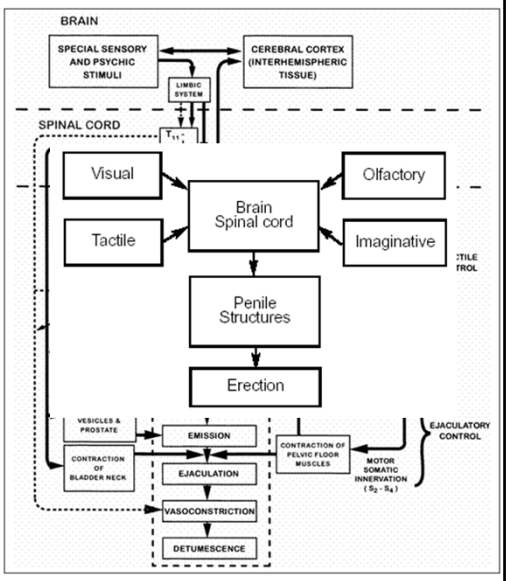
Sexual Physiology

- Neuroendocrine system
  - Sex hormones: testosterone & estrogen
  - Serotonin
    - ?related to agonism of mesolimbic 5-HT2 receptors ➔ inhibits dopamine transmission
  - Dopamine
    - Increases synthesis of nitric oxide
    - ?Effects on arousal/erection through prolactin
  - Prolactin

Stadler 2006

Sexual Physiology

- Neuroendocrine system
- Nervous system
  - Psychogenic mechanism: CNS/limbic system ➔ spinal cord to autonomic and thoracolumbar center mediates erections
  - Reflexogenic mechanism: stimulation of genital area ➔ pudendal nerve to the sacral erection center.



Sexual Physiology

- Neuroednocrine system
- Nervous system
- Vascular system
  - Erectile tissue consists of corpora cavernosa corpus spongiosum which appear to be under β-adrenergic control
  - Penile-Brachial Index (PBI) <0.65 had significant risk of MI compared to pts with higher PBIs over 24-36 month period (12% vs 1.5%) (Morley 1988)
  - low PBIs have a 5x increase in abnormal ECG responses during stress tests (Kaiser 1989)

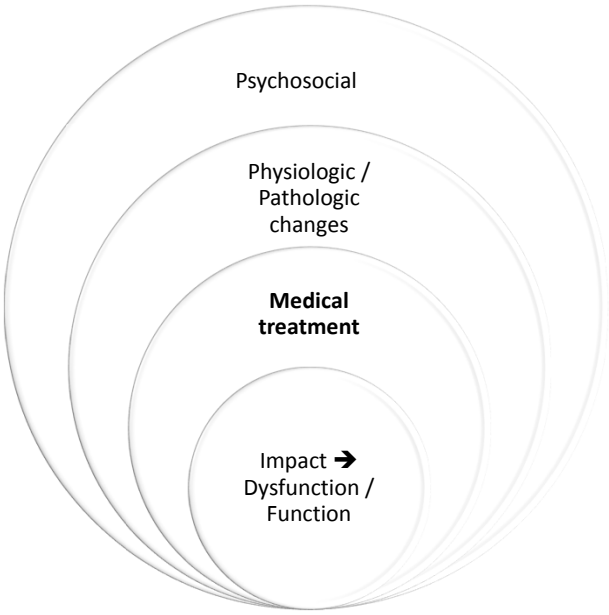
Sexual Physiology

- Neuroendocrine system
- Nervous system
- Vascular system
- Musculoskeletal system
  - Osteoarthritis

Summary of Age Related Changes with Sexuality

- Sexual activity and desire declines with age
  - Sexual satisfaction does not change in those who are sexually active
- Multi-system age related changes associated with sexual functional decline
- Sexual dysfunction is common

Sexual Function



Changes in sexual behavior after orthopedic replacement of hip or knee in elderly males — a prospective study

T Nordentoft[1]*, J Schou[2] and J Carstensen[3]

International Journal of Impotence Research (2000) 12, 143–146

Table 2 Sexual activity pre- and postoperatively

Pre/postoperative	*+ Sexual activity postop.*	*− Sexual activity postop.*	*Total*
+ sexual activity preop.	30 (56.6%)	9 (17.0%)	39
− sexual activity preop.	0 (0%)	14 (26.4%)	14
Total	30	23	53

+ = increased, − = decreased sexual activity.

Table 3 Mean age (range) related to sexual activity pre- and postoperatively

	+ Sexual activity postop.	*− Sexual activity postop.*
+ Sexual activity preop.	67.0 (48–84)	75.2 (70–79)
− Sexual activity preop.	–	74.0 (64–85)

+ = increased, − = decreased sexual activity.

Common Medical Risk Factors Associated with Sexual Dysfunction

Musculoskeletal	Vascular	Psychogenic
Osteoarthritis	Diabetes	Depression/Anxiety
Spinal stenosis	Atherosclerosis	Social stressors
	Hypertension	Religious inhibitions
	Dyslipidemia	PTSD
	Peripheral vascular disease	Dysfunctional attitudes
Hormonal	**Medications**	**Other**
Hypogonadism	Antihypertensives	Incontinence
Hypothyroidism	CNS active drugs	Pelvic floor muscle dysfunction
Hyperthyroidism	Drugs affecting hormones	Skin disease (contact dermatitis, eczema)

Walsh 2004

Table II. Common classes of medications causing sexual dysfunction as an adverse effect

Class	Examples
Antihypertensive drugs	α_1- and α_2-adrenoceptor antagonist (clonidine, reserpine, prazosin)
	β-adrenoceptor antagonists (metoprolol, propranolol)
	Calcium channel antagonists (diltiazem, nifedipine)
	Diuretics (hydrochlorothiazide)
Chemotherapeutic drugs	Alkylating agents (busulfan, chlorambucil, cyclophosphamide)
CNS drugs	Acetylcholine receptor antagonists (diphenhydramine)
	Antiepileptic drugs (carbamazepine, phenobarbital, phenytoin)
	Antidepressants (monoamine oxidase inhibitors, tricyclic antidepressants, selective serotonin reuptake inhibitors)
	Antipsychotics (phenothiazines, butyrophenones)
	Opioids (oxycodone)
	Sedatives/anxiolytics (benzodiazepines)
Drugs affecting hormones	Antiandrogens (cimetidine, spironolactone)
	Antiestrogens (tamoxifen, raloxifene)
	Oral contraceptives

Walsh 2004

- The most common iatrogenic cause of sexual dysfunction is medication-induced (Med Lett Drugs Ther 1992; 34:73-8).
- Compliance with antihypertensive therapy can significantly be improved by minimizing drug induced sexual dysfunction (McLaughlin 2005).
  - 15-46% erectile dysfunction in hypertensive medications
  - 4-32% erectile dysfunction induced by HCTZ
- Antidepressant induced sexual disorders are dose-dependent
  - Consider dose reduction or drug holiday

Barriers to Assessing Sexual Health

- Poor data – all cross sectional studies
  - 1988 National Survey of Families and Households, 7463 adults (average age=**45.7**)
  - 1992 National Health and Social Life Survey, 3432 adults, **18-59**y/o
  - *1995 Massachusetts Male Aging Study (***40-70y** *males)*
  - 2002 National Survey of Family Growth, 12,571 adults, **15-44y/o**
  - 2004 Global Study of Sexual Attitudes (29 countries, 27,500 men & women, **40-70y/o**)
  - 2004 Wisconsin Longitudinal Study (1957), 10,000, average age 64y/o (age range **62-67y/o**)
  - 2005 American Association of Retired Persons Modern Maturity Sexuality Survey (1,384 adults, **45y/o+**)

Barriers to Assessing Sexual Health

- Paucity of data
- Lack of physician awareness
  - Healthcare providers report discomfort and lack of knowledge (Bouman 2001, Sadovsky 2006)
  - Sexual health not discussed in 68% of women (>65y/o) seeking routine gynecological care

Sex After Seventy: A Pilot Study of Sexual Function in Older Persons

J Sex Med 2007;4:1247–53.

Lizette J. Smith, MD,* John P. Mulhall, MD,† Serkan Deveci, MD,† Niall Monaghan, BA,‡ and MC Reid, MD, PhD‡

- Primary care practice, mean age=81±6y
  - 7% women (32% men) reported physician inquired in the past year
  - 4% women (36% men) reported initiating discussion in past year
  - 32% women (86% men) felt that physicians should initiate discussions

ELSEVIER
Social Science & Medicine 58 (2004) 2093–2103
SOCIAL SCIENCE & MEDICINE
www.elsevier.com/locate/socscimed

General practitioner attitudes to discussing sexual health issues with older people

Merryn Gott*, Sharron Hinchliff, Elisabeth Galena

Sheffield Institute for Studies on Ageing, University of Sheffield, Community Sciences Centre, Northern General Hospital, Herries Road, Sheffield S5 7AU, UK

- Sexual health is not proactively discussed with older patients.
- Sex is not a "legitimate" topic for discussion in this age group.
- Many GPs held preconceived ideas about sexuality and acknowledged lack of training.

…the last time that anybody of that sort of age group did discuss a sexual health issue with me and I did have one or two people talking about vaginal infections, but the only one I can remember, it must be 10 years ago now, a chap came and his wife had died of Motor Neurone Disease and he was in his 70s and he sat down and said 'what I miss is the sex' and it rather took me aback because he was so upfront about it and I wouldn't have expected that from that generation, from him that was a major issue. (Male participant 23152, aged 40–49).

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General practitioner attitudes to discussing sexual health issues with older people

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- Sexual health is not proactively discussed with older patients.
- Sex is not a "legitimate" topic for discussion in this age group.
- Many GPs held preconceived ideas about sexuality and acknowledged lack of training.

Around diabetes and blood pressure…say a man in his 40s, I might warn him and say 'this can have an effect on your sex drive', some men find it causes problems. I might not mention it to a man in his 70s so maybe that's a barrier that I'm putting up whereas I would assume a man in his 40s would be married and sexually active but I might not assume a man of 70 was and I wouldn't know whether to bring it up (Female participant 23223, aged 40–49).

Barriers to Assessing Sexual Health

- Poor, limited data
- Lack of physician awareness
- Physicians' own preconceived notions
- Lack of undergraduate and graduate medical education (Adler 1998, Skelton 2001)
  - *In some ways you talk to younger people because you are trained to do that and you do what you are trained to do. Nobody has ever trained me to talk to older people.* (Female participant 34241, aged 50–59) (Gott 2004)

Barriers to Assessing Sexual Health

- Poor, limited data
- Lack of physician awareness
- Physicians' own preconceived notions
- Lack of undergraduate & graduate medical education
- Societal perceptions

What Can We Do?

- Normalize
  - Make sexual health assessments routine
  - Emphasis on quality of life
- Sexual dysfunction can be classified as: (Gonzalez 1999)
  - Life long
  - Acquired
  - Situational
  - Generalized

Sexual Health Assessment

- Ask
  - if there are sexual concerns or complaints.
  - about normal sexual patterns and interests before.
  - what has happened now that has impacted sexual health.
- Review biological changes, illness, medications.

Gallo et al.

Case Vignette: Sally & John S.

- 72 & 77 y/o, married for 44 years
  - Sally
    - DM, HTN, s/p breast cancer treatment, knee arthritis
  - John
    - HTN, knee arthritis, erectile dysfunction (ED)
- John asks for refills of his ED medication.
- They openly discuss changing up their routine
  - AM sex before medications, oral sex

Improving Sexual Health in our Patients: Points to Emphasize

- Communicate with your partner
  - Abilities, needs, desires, concerns
- Change routine

Case Vignette: David C.

- 85 y/o male living in a retirement community.
  - Widowed 6 years ago
  - Strong network of social support
  - Relationship develops with next door neighbor
- No sexual activity between the two (yet).
- Holding, hugging, and kissing

Improving Sexual Health in our Patients: Points to Emphasize

- Communicate with your partner
- Change routine
- Expand definition of sex
  - Emotional, sensory, relationship pleasures
  - Holding, touching, massages

Conclusions

- Sexual health an important component of successful aging.
- Heterogeneity of later life sexual health needs.
- "Most of our aged stop having sex for reasons similar to those why they stop riding a bicycle: general infirmity, fear that it would expose them to ridicule, and for most, lack of a bicycle". (Comfort 1991)
- Medical & iatrogenic causes of sexual dysfunction is common.
- Psychological influences (knowledge & attitude) & relationship characteristics (quality & satisfaction) are key determinants of sexual dysfunction.

Resources

- Patient level hand out
  - National Institute of Aging
  - http://www.nia.nih.gov/health/publication/sexuality-later-life
- American Psychological Association
  - http://www.apa.org/pubs/search.aspx?query=sexuality