

## Overview

- Research- Guide for clinical practice
- Stereotypes of Older Adults
- Impacts on Sexual Activity
- Aging Bodies
- Cognition impact on sexuality
- Barriers for Health Care Providers- Let's Talk about sex
- Screening Tools
- Clinical Assessment
- STI

## Aging and Sexuality Research

National Institute on Aging

- **NSHAP- National Social Life, Health and Aging Project.**
- **Wave 1- In 2005-06 interviews with 3005 community dwelling adults 57-85.**
- **Wave 2- respondents interviewed again in 2010-11 and their co resident spouses or partners added, 3377**
- **Wave 3- all reinterviewed in 2015-2016 and new cohort of baby boomers added. 4778**
- MIDUS- Midlife in the US
- MIDUS I 2004. Re-interview. 4963 interviewees (73%)
- MIDUS II . Self administered questionnaire 55 pages. 81%
- NHATS- National Health and Aging Trends Study 2011.

## Background

- Impacts on sexuality:
  - Activity
  - Attitudes
  - Behavior
  - Partnership
  - Function



Lindau ST. Perspect Biol Med 2003

## ATTITUDES AND ACTIVITY

Aging and sexuality

## Clinical Scenario

- Case: 86-year-old female with history of HTN, diet-controlled diabetes who presents to outpatient primary care office with cc of LLQ pain x 1 week
- Social History: Pt resides at a local assisted living community, independent in ADLS and is accompanied by her 89-year-old boyfriend, who also resides in the same community. She is planning a weeklong cruise with her boyfriend in the next few days. Visit is prompted by boyfriend who is concerned that patient has complained of sharp pain when doing activities in the gym.

## Differential Diagnosis

- Diverticulosis/ Diverticulitis
- Musculoskeletal
- UTI
- IBD
- Kidney stones
- Cancer
- ...

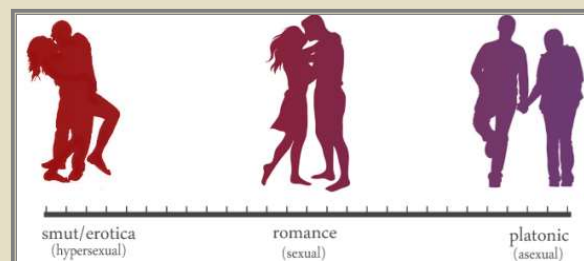


## Additional History

- Sexually active: yes
- Type of sexual interaction: recently discontinued penetrative sex, engage in oral sex
- Sexual partnership: monogamous
- Additional work up: chlamydia/gonorrhea urine screen, pelvic exam



## THE PERCEIVED ASEXUALITY OF AGING

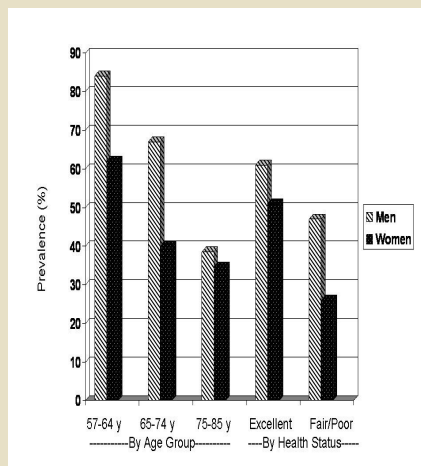


## Stereotypes of Older Adults

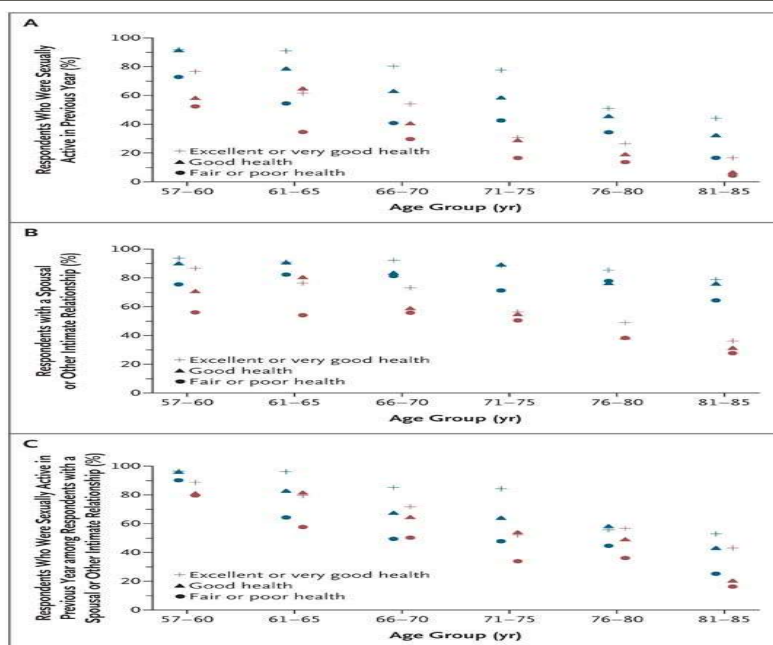
- Older Adults are not interested in sex
- Older Adults are not physically able to have sex
  - Older men cannot get erections
  - Older women are frail
- Older Adults with an interest in sex
  - Dirty old man/woman
- Older Adults do not have to worry about disease

## Background

- Study of 3,005 men and women aged 56 – 87 years
- Prevalence of sexual activity by age and health status



Lindau et al. NEJM 2007



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'Muirheartaigh, Ph.D., and Linda J. Waite, Ph.D.

- Population: A nationally representative probability sample of community-dwelling persons 57 to 85 years of age from households across the United States. 3005 (1550 women and 1455 men) were successfully interviewed (75% response rate)

**Major findings:**

- The prevalence of sexual activity declined with age, uniformly lower among women than men
- The likelihood of being sexually active was positively associated with self reported health
- At any age women were less likely than men to be in marital or other relationship, this increased dramatically with age
- Among men and women of the same age men with a spousal or other relationship were more likely to be sexually active than women
- Women were significantly less likely than men at all ages to report sexual activity.
- 38% of men and 22% of women reported having discussed sex with a physician since the age of 50

# PARTNERSHIP AND FUNCTION

Aging and Sexuality

## Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing

Stacy Tessler Lindau, associate professor,<sup>1,2</sup> Natalia Gavrilova, senior research associate<sup>1</sup>

**Goal:** To examine the relation between health and several dimensions of sexuality and to estimate years of sexually active life across sex and health groups in middle aged and older adults

- \* Men were more likely than women to be sexually active, be interested in sex with the greatest gender difference among 75-85 yr olds
- \* Most men were partnered (~80%) which was stable across all age groups. Prevalence of partnership among women declined steadily across age groups. 75-85 group men partnered 72% vs 38% for women
- \* At age 55 sexually active life expectancy was 14.9 to 15.3 years for men and 10.6 years for women
- \* At 55 men in very good or excellent health on average gained 5-7 years of sexually active life compared with peers in fair to poor health
- \* At 55 women in very good or excellent health on average gained 3-6 years of sexually active life compared with peers in fair to poor health



Arch Sex Behav (2016) 45:133–144  
DOI 10.1007/s10508-014-0465-1

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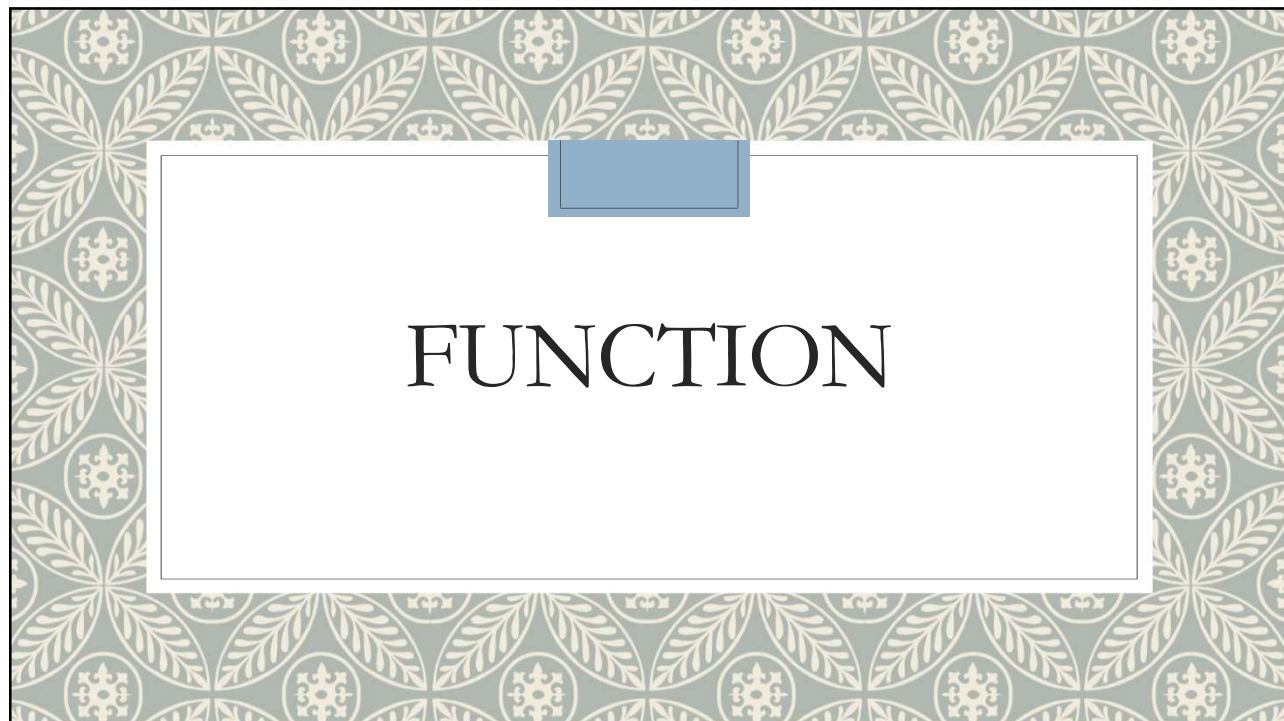
ORIGINAL PAPER

### Sexual Health and Well-being Among Older Men and Women in England: Findings from the English Longitudinal Study of Ageing

David M. Lee · James Nazroo · Daryl B. O'Connor · Margaret Blake · Neil Pendleton

**Results:**

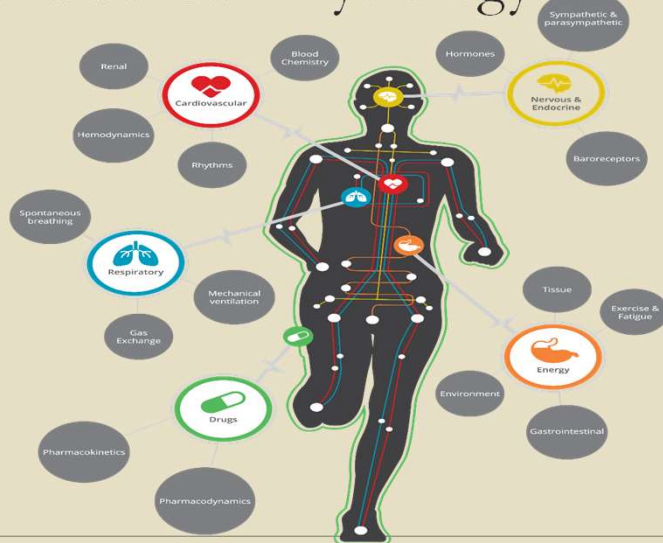
- Men were more likely to be either married or cohabitating than women and this disparity increased with age
- Among the sexually active oldest group (80 years), 19 % of men and 32 % of women reported having frequent sexual intercourse, i.e., twice a month or more
- Sexual problems were similar
- Among sexually active respondents, sexual activity was negatively associated with arthritis, CVD, and diabetes in men, and with high blood pressure and diabetes in women.



# FUNCTION



# Aging and Sexual Physiology



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ORIGINAL ARTICLE

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Stacy Tessler Lindau, M.D., M.A.P.P., L. Philip Schumm, M.A.,  
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### Sexual Problems

- Sexual Problem among women: low desire(43%), difficult vaginal lubrication 39% and inability to climax(34%)
- Sexual problems among Men: erectile dysfunction (37%), lack of interest 28%, climaxing too quickly 28%, anxiety about performance (27%)
- Among all respondents with a spousal or other intimate relationship who were sexually active the most commonly reported reason for sexual inactivity was the male partner's physical health (55%men and 64% women)

## Sexual Physiological Changes in Aging

### Male:

- Testosterone acts to promote sexual arousal and desire in men
- As men age there are different degrees of testosterone reduction and the responsiveness of neurons to testosterone (Locus coeruleus- brain stem center for testosterone dependent arousal mechanism)
- It is estimated that total testosterone level in men drop 1.6% per year. Levels below 8 nmol/L are associated with symptoms
- Age related changes in vascular and smooth muscle tissues involved in erection (increased sensitivity to inhibitory signals in the erectile smooth muscle)
- Increased refractory time between erection – hours to days
- Overall, changes in testosterone levels causes reduction in sexual interest, premature ejaculation and erectile dysfunction

## Erectile Dysfunction (ED)

- **Vascular Disease**
  - Risk factors for vascular ED include Diabetes mellitus, Hypertension, Hyperlipidemia, Smoking
  - ED predicts future major atherosclerotic vascular disease (eg, myocardial infarction, stroke)
- **Neurologic Disease**
  - Spinal cord injury: level and degree determine extent of erectile function
  - Diseases that can cause autonomic dysfunction may result in erectile failure (eg, DM, stroke, Parkinson disease, multiple sclerosis)
- **Post-Operative**
  - Radical prostatectomy
  - Cystoprostatectomy
  - Proctocolectomy

## Psychogenic ED

- Prevalence decreases with age
- May occur via increased sympathetic stimuli to sacral spinal cord that inhibit parasympathetic dilator nerves
- Causes include:
  - “Widower’s guilt”
  - Relationship conflicts
  - Performance anxiety
  - Childhood sexual abuse
  - Fear of sexually transmitted diseases

## Sexual Physiological Changes in Aging

### Women :

- Menopause causes reduction in estrogen causing reduced vaginal lubrication, vasocongestion and thinning of mucosal membrane
- Decrease in uterine and vaginal size
- Levels of testosterone decrease in women as they age and may also be contributory to decreased sexual interest/libido
- Postmenopausal changes can contribute to increased vulnerability to depression that may be a combination social culture around menopause and physiology.
- Decline in the erotic sensitivity of nipple, clitoral, and vulvar tissue during sexual activity

## Physiological Changes in Women

- Key Transition – Menopause
  - Thinning of vaginal walls
  - Loss of elasticity in vagina
  - Diminished lubrication
  - Reduced intensity of orgasm
  - Smaller increase in breast size
- Non-Medical Solutions
  - Lubrication – Jelly or Cream (check compatibility with condoms)
  - Exercise and Nutrition
  - Herbal Supplements (risks)
  - Adapting sexual positions and not coitally focused
  - Longer foreplay

## Physiological Changes in Men

- Key Transition – Testosterone Decrease
  - Prolonged excitement phase
  - Prolonged erection without ejaculation
  - Lower volume of seminal fluid
  - Longer refractory Period
  - Reduced intensity of erection and orgasm
  - Less testicular elevation
- Non-Medical Solutions
  - Non-coital focused activities
  - Going slower
  - Exercise and nutrition
  - Herbal Supplements

## Medical Intervention

### Men

- Erectile dysfunction: phosphodiesterase inhibitor, penile injections, surgical options
- Laboratory work up- testosterone, HLD, DM
- Screen for dietary supplements
- SSRIs for premature ejaculation

### Women

- Serotonergic or Dopaminergic Agent
- Vaginal estrogen cream
- Hormone therapy- androgen and estrogen
- Pelvic floor therapy

## Additional Interventions

### General Therapy

- Sexual positions recommendations to reduce musculoskeletal strain and enhance comfort
- Water based lubricant
- Sex Therapy- a psychotherapeutic process that utilizes supportive insight oriented and CBT to treat sexual dysfunction
- Screen and treat depression
- Education about STI, safe sex practice and sexuality



## Physiological Factors

- Other complicating physiological factors
  - Incontinence
- Disability & Health
  - Wheelchair or mobility device
  - Chronic Conditions



## Other Factors Impacting Sexual Decline

- Medications
- Comorbid Psychiatric Illness
- Losses and other stressful events (loss, death of loved one, illness)

## Clinical Assessment

Medical conditions that may contribute:

- Diabetes
- Cardiovascular disease
- Hypertension
- Neurologic disease
- Hypo/Hyperthyroidism
- Hypogonadism
- Renal failure
- COPD
- Cirrhosis
- Depression
- Arthritis
- History of STDs
- Prostate cancer treatment

## Clinical Assessment

- Medication List – drugs associated with decreased libido or erectile dysfunction
  - Antidepressants, antipsychotics, tranquilizers
  - Antihypertensives (particularly thiazides, beta-blockers, and alpha-blockers)
  - H2-receptor blockers
  - Digoxin
  - Antiandrogens
  - Anticonvulsants
  - Opiates
  - Lipid-lowering agents





## Clinical Assessment

- Physical Exam
  - Evidence of peripheral neuropathy
  - Evidence of vascular disease – skin changes, pulses
  - Evaluate for gynecomastia in men
- Careful genital exam:
  - External genitalia
  - Rectal tone
  - Prostate in men
  - Evidence of atrophic changes, vaginal length in women
  - Pelvic organ prolapse in women

## BEHAVIORS

Aging and Sexuality

## Sexual behaviors

- In the oldest age group (75-85) 54% person of sexually active persons reported having sex at least two or three times per month and 23% reported having sex once a week or more
- 58% pf sexually active respondents in youngest age group (55-64) as compared with 31% in the oldest age group
- Lindau

## Sexuality in older adults: behaviours and preferences

Terrie Beth Ginsberg Sherry C. Pomerantz Veronika Kramer-Feeley. *Age and Ageing*, Volume 34, Issue 5, 1 September 2005, Pages 475–480,

- Population: 179 people (60 and older) who were residents of subsidized independent-living facilities, recruited during a lecture or in public areas in the building. Thirteen of 179 were excluded due to age. Most were white (82%), living alone (83%) and female (63%).

### Results:

- Touching/holding hands (60.5%), embracing/hugging (61.7%) and kissing (57%) daily to at least once a month;
- mutual stroking, masturbation and intercourse were experienced 'not at all' by 82% or more.
- For all activities except masturbation, participants wanted to participate in sexual activities more often than they did.
- The most important barrier to sexual activity was lack of a partner. Self-reported health was related to sexual activities wanted, with age also related to some preferences.

# Cognition



- An estimated 6.2 million Americans aged 65 and older are living with Alzheimer's dementia in 2021. Seventy-two percent are age 75 or older. (Alzheimer's.org)
- World Health organization data:
  - Currently more than 55 million people live with dementia worldwide, and there are nearly 10 million new cases every year.
  - Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their careers, families and society at large.

## Sexuality and Cognitive Status: A U.S. Nationally Representative Study of Home-Dwelling Older Adults

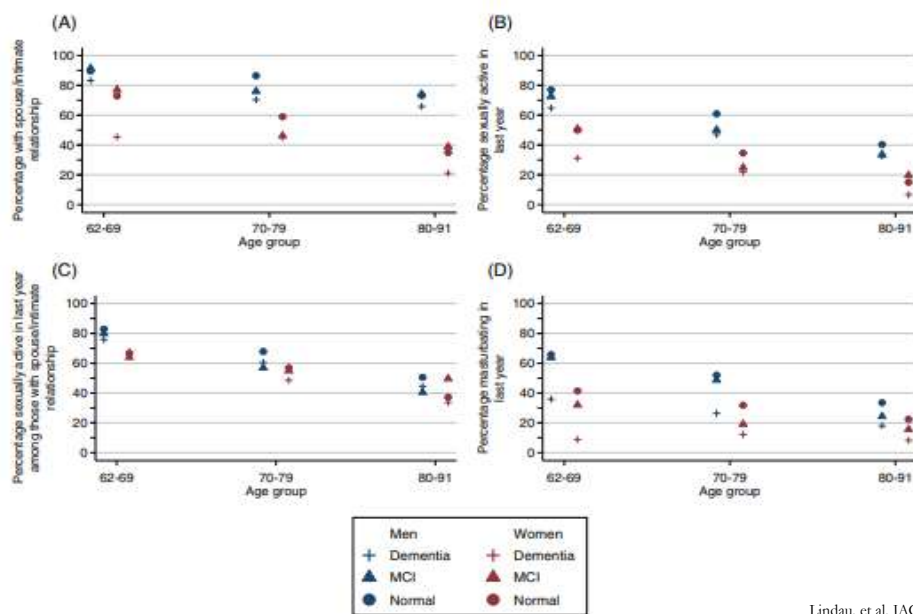
Stacy Tessler Lindau, MD, MAPP,\* William Dale, MD, PhD,<sup>†</sup> Gillian Feldmeth, BS,<sup>‡</sup>  
Natalia Gavrilova, PhD,<sup>‡</sup> Kenneth M. Langa, MD, PhD,<sup>§¶</sup> Jennifer A. Makelarski, PhD, MPH,<sup>‡</sup>  
and Kristen Wroblewski, MS<sup>§</sup>

## Pandemic Effect

- More home dwelling older adults
- Increasing diagnoses of MCI, Dementia
- NSHAP WAVE 2
- Study Objective: Prevalence of sexual behavior, problems and attitudes in individual with different cognitive status

## Results

- Cognition Defined: Normal (MOCA >22); MCI (MOCA 18-22); Dementia (MOCA <18)
- Among sexually active people, frequency of sexual activity was similar across cognitive groups
- Three quarters of sexually active people engaged in vaginal intercourse
- Rates of oral sex similar for men and women but decreased with cognition
- Across cognitive groups majority of men and women expressed positive attitudes about sex
- **Approximately ¾ of men and women across cognitive group reported at least one sexual dysfunction**
- Only 1% of women with dementia and 17% of men with dementia spoke to their physician about sex life changes



Lindau, et al, JAGS 66:1902-1910, 2018

## Mild Cognitive Impairment, Dementia, and Consent

- Defining Consent
  - Ethical Issues
  - Legal Issues
- Changes in with Dementia/Alzheimer's Disease
  - Desire
  - Behavior

## Barriers to care in sexual health

### NSHAP Population Study:

- 38% of men and 22% of women reported having discussed sex with a physician since the age of 50

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## LET'S TALK ABOUT SEX- Barriers

- Inadequate training of physicians
- Practitioner's discomfort in discussing the topic
- Unwillingness of patients and physicians to initiate discussion
- Sex and age differences between patient and their physicians
- Negative societal attitudes about women's sexuality and sexuality at older ages may inhibit discussions
- Logistic of when or what type of visit should it be addressed
- The presence of children and caretakers at visit



### Reduce Barriers

#### Make the environment conducive

- Discuss with a patient you have seen previously
- Provider knows the patient
- Provider seems concerned about sexual wellness
- Professional demeanor
- Provider seems comfortable
- Provider seems kind and understanding

## Approach for Health Practitioners

### ◦ Proactive

- Brings up issues with new medications
- Brings up issues on regular visits
- Discusses complications with changes in health status or functioning

### ◦ Reactive

- Only responds to direct questions
- Concerned about offending patients

## Clinical Assessment

### Basic screening questions

YES

Are you currently involved in a sexual relationship?

NO

With men, women, or both?  
Any sexual concerns or pain with sex?

Any sexual concerns you would like to discuss or that have contributed to lack of sexual behavior?

Kingsberg SA. Obstet Gynecol Clin N Am 2007



## Screening Tools



- Pair- Personal Assessment of intimacy in Relationships
- SHIM- Sexual Health Inventory for Men
- PLISSIT model

## PLISSIT MODEL CONT'D

PLISSIT model: Recent open-ended questions added to guide physicians

1. Can you tell me how you express your sexuality?
2. What concerns or questions do you have about fulfilling your continuing sexual needs?
3. In what ways has your sexual relationship with your partner changed as you have aged?
4. What interventions or information can I provide to help you to fulfill your sexuality?

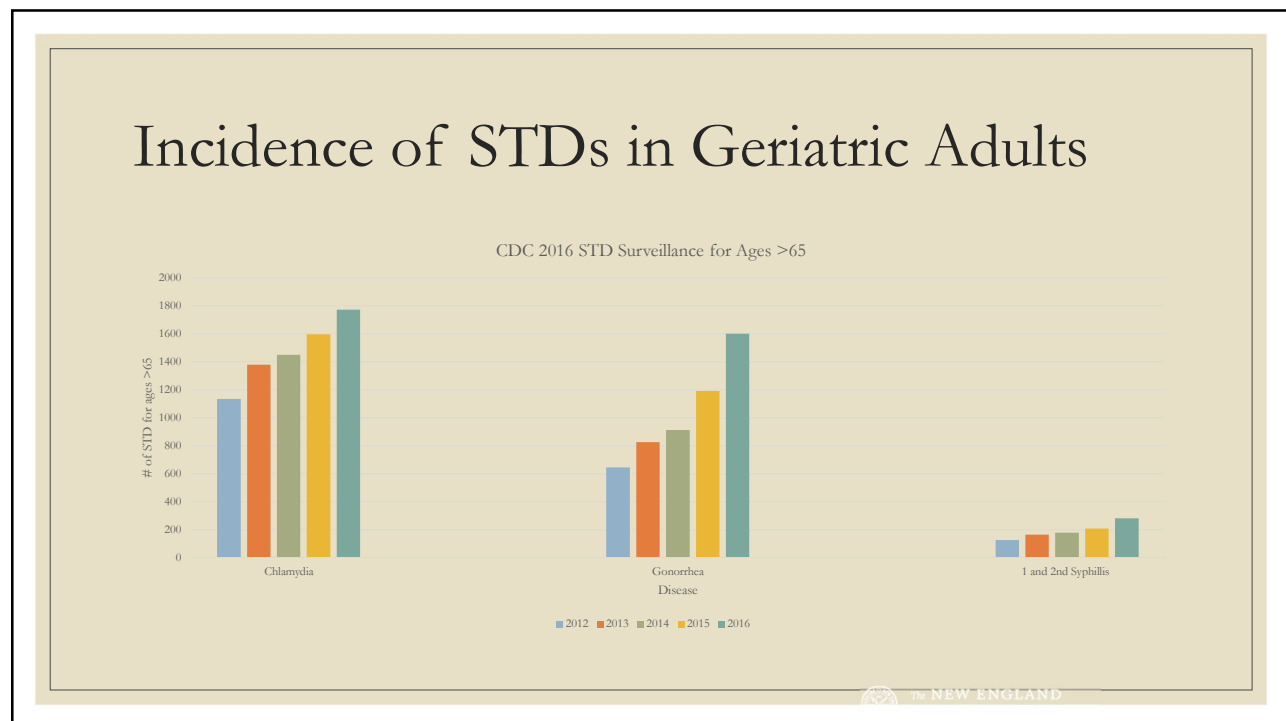
## Sexually Transmitted Infection

### Risk Factors

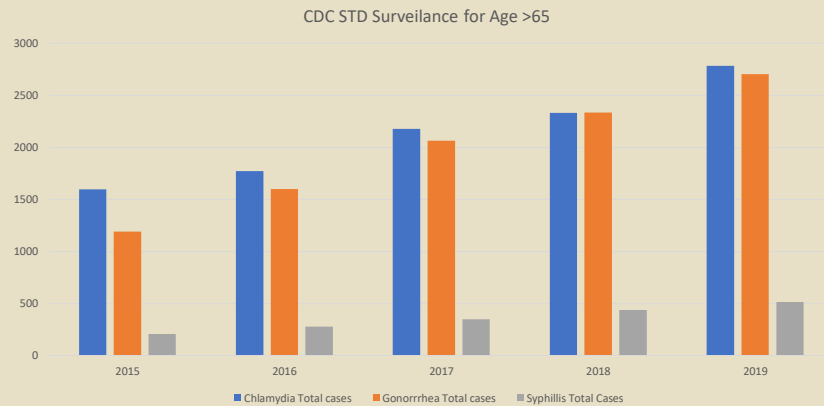
- Psychosocial changes
  - Re-entering the dating market
- Risky Sexual Behaviors
  - Low rates of condom usage
- Lack of Knowledge/Education
  - Diagnosed late in disease
  - Health professionals don't discuss
  - Stigma
  - Co-morbidities can mask and complicate STI diagnosis and treatment

### Rising Rates

- Syphilis
- Chlamydia
- HIV
  - <http://www.cdc.gov/hiv/images/group/age/olderamericans/new-hiv-diagnoses-age-2015.png>



## Incidence of STDs in Geriatric Adults



## TAKE AWAY!

- BE AWARE OF OUR OWN BIAS
- OVERCOME OUR BIAS
- INCORPORATE SEXUAL SCREENING INTO MEDICAL INTAKE FORM
- UTILIZE PLISSIT MODEL
- RECOGNIZE INCREASE IN STI IN OUR AGING POPULATION AND DO OUR PART TO HELP CHANGE THE COURSE
- PARTNERED/GOOD HEALTH= ASK ABOUT SEXUAL HEALTH



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- Links:
- <https://www.cdc.gov/std/stats16/tables/34.htm>
- <https://www.cdc.gov/std/stats16/tables/10.htm>
- <https://www.cdc.gov/std/stats16/tables/21.htm>
- PICTURES FROM GOOGLE SEARCH:
- <https://www.theguardian.com/society/2021/apr/25/love-in-an-old-climate-posters-celebrate-the-joy-of-sex-in-later-life>
- <https://www.elderdepot.com/mobility.php>