University of South Florida
GERIATRIC WORKFORCE ENHANCEMENT PROGRAM (GWEP)
Learn@Lunch
Geriatric Education Series
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For additional information about this and other USF GWEP events, email amaynard@health.usf.edu
I have no financial, personal, or familial associations to disclose.
Learner Objectives

- Develop a basic understanding of the barriers/challenges in addressing the sexual health of the aging population.
- Understand the impact normal aging process has on sexual health.
- Have a basic understanding of sexual dysfunction in older men & women.
- Understand how Parkinson’s specifically affects sexual health.
- Improve communication skills when talking to your doctor regarding your own sexual health issues.
Introduction: Why is Sexual Health Important?

- Is important to an individual’s self-identity and general wellbeing.
  - Improve functional status.
  - Improve mood.
- Fulfills social, emotional and psychological components of life.
- Evokes sentiments of joy, romance, affection, passion and intimacy.
Sexuality is alive and well among older adults.

Research conducted by Lindau et al (2007) revealed that in a study of 3005 US older adults current sexual activity was reported in 73% of adults aged 57 to 64. 53% of adults aged 65 to 74 and 26% of adults aged 75 to 84 reported sexual activity.
Sexuality in the Elderly

According to the Longitudinal Study of Aging, 7000 British subjects, more than 31% of British men in the 80 to 90 age bracket still have sex with their wives, and partners.
# Sexual Interest, Activity in Older Adults

<table>
<thead>
<tr>
<th></th>
<th>AGED 50-59</th>
<th>AGED 60-69</th>
<th>AGED 70 AND OLDER</th>
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<tbody>
<tr>
<td>Sexually active*</td>
<td></td>
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<tr>
<td>Women</td>
<td>93% (N = 801)</td>
<td>81% (N = 719)</td>
<td>65% (N = 324)</td>
</tr>
<tr>
<td>Men</td>
<td>98% (N = 823)</td>
<td>91% (N = 981)</td>
<td>79% (N = 598)</td>
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<td>Sexually active, reporting sexual activity at least once a week*</td>
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<tr>
<td>Women</td>
<td>73% (N = 743)</td>
<td>63% (N = 582)</td>
<td>50% (N = 211)</td>
</tr>
<tr>
<td>Men</td>
<td>90% (N = 804)</td>
<td>73% (N = 893)</td>
<td>58% (N = 473)</td>
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<tr>
<td>Sexually active, reporting a high level of sexual enjoyment*</td>
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<tr>
<td>Women</td>
<td>71% (N = 743)</td>
<td>65% (N = 582)</td>
<td>61% (N = 211)</td>
</tr>
<tr>
<td>Men</td>
<td>90% (N = 804)</td>
<td>86% (N = 893)</td>
<td>75% (N = 471)</td>
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</tbody>
</table>

*Includes sex with a partner or alone (masturbation)

**N = number of people surveyed

<table>
<thead>
<tr>
<th>Age</th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>70-74</td>
<td>30%</td>
<td>65%</td>
</tr>
<tr>
<td>75-79</td>
<td>22%</td>
<td>53%</td>
</tr>
<tr>
<td>80-84</td>
<td>9%</td>
<td>48%</td>
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Barriers & Challenges to Addressing Sexual Health in Older Patients

Many believe that older adults are asexual human beings.

- There is a general discomfort with sexual issues in the U.S.
- Most providers are not educated to manage sexual health issues of older adults.
- Sexual health is often ignored in the assessment of older adult health.
Aging and Sexuality: The Myths

- Myth: Sex is not a great concern of older adults
- Myth: Romance and physical attraction decline with age
- Myth: Age-related physiological changes make a meaningful sexual relationship impossible

Older Adults continue to be sexual beings. However, the presence of acute and chronic illnesses can impact their overall health and sexual wellbeing.
Traditional Sexuality Timeline
Myths about Sexuality and Aging

Many people believe that sexual desires diminish with age.

Others believe that sexual dysfunction is “normal” as you age.

Older adults are often assumed to be heterosexual. The presence of Lesbian, Gay, Bisexual and Transgender (LGBT) older adults is not often considered a possibility.
Other Age-Related Changes that Impact Sexual Health

Many individual psychosocial and cultural factors play a role in how older adults perceive themselves as sexual beings, such as:

- Life long beliefs about sexual health.
- General physical and psychological well-being.
- Cultural beliefs about sexual practice.
Normal Changes of Aging
Male Sexual Response

Men experience decreased testosterone hormone levels with aging, but the impact on sexual functioning is not as significant as in women. In older men:

– More direct stimulation of the penis is required to experience a somewhat weaker erection.
– Orgasms are fewer and weaker in older men.
– The force and amount of ejaculation is reduced.
– The refractory period after ejaculation is increased.
Testosterone Production in Men

Rate of testosterone secretion, milligrams per 100 milliliters of andosterone in plasma

Age, years
Treatment of Sexual Dysfunction in Older Men

- Medications: Viagra, Cialis, etc.
- Testosterone Supplementation
- Alprostadil Injections
- Penile Prosthesis
It seems with every year my hot flashes get worse.
Normal Changes of Aging Female Sexual Response

After menopause, a loss of estrogen in women results in significant sexual changes, including:

– Thinning of the vaginal walls
– Decreased or delayed vaginal lubrication, which may lead to pain during intercourse
– Labia atrophy
– The vagina shortens
– The cervix may descend downward into the vagina
– Loss of fat pad over pubic symphysis may lead to pain from direct pressure over bone.
Estrogen Production in Women

- Puberty: Increase in estrogen production
- Menopause: Decrease in estrogen production

Estrogens excreted in urine, milligrams per 24 hours

Age, years
Normal Changes of Aging Female Sexual Response

After sexual intercourse is completed, women return to the pre-aroused stage faster than they would at an earlier age.

- Physiological age-related changes in women have the potential for significant alterations in sexual health.
Treatment of Sexual Dysfunction in Older Women

- Medications: Estrogen supplementation - oral or vaginal creams
- Small amounts of Testosterone Supplementation
- Other alternatives…
Chronic Diseases & Sexual Health
Major Chronic Diseases that Affect Sexual Health

- Heart Disease
- Cancer - Prostate, Breast
- Diabetes
- Urinary Incontinence
- Physical Disabilities
- Neurological Disorders - Parkinson’s Disease, Stroke
In a study of 1,357 men with heart disease worldwide, the prevalence of ED in the sample was 50.7% and a significant decline in sexual activity was reported after the diagnosis of cardiovascular disease.

- Bohm et al., 2007
Men with prostate cancer who have undergone surgical or radiation treatments may experience ED following treatment.

The rate of erectile dysfunction following radical prostatectomy has been reported to be greater than 80%.

(Siegel et al., 2001)
Women with breast and other reproductive system cancers may have difficulty adjusting to disease and treatment due to their association with bodily changes in self image that impact sexuality. -Quintard, 2008
Diabetes is a significant concern among older adults, effecting approximately **10.9 million, or 26.9% of all people in this age group** in the U.S each year.


Diabetes effects sexual health among older adults in a number of ways:

– impacts sexual function.

– impacts arousal and pleasurable sensations.

Approximately 42% of those with diabetes are aged 65 years or older.
Dementia, Parkinson’s & Other Neurocognitive Disorders: Sexuality & Intimacy

- **Changed sexual behaviours**
  - Uncharacteristic?
  - Illness related
  - Sexual desire – what, when, where

- **Loss of inhibitions**
  - Advances towards others

- **Diminishing sexual interest**
  - Withdrawn, non-initiate
  - Physical disabilities

- **Increased sexual demands**
  - Unreasonable, exhausting
  - “Objectified”
Assessment of sexual health is the first step in developing a plan of care to fulfill the sexual needs of an older population.
SHHHHHH, we’re talking about sex!
A note for caregivers

If you care for an older adult, try to be sensitive about his or her sex life.

You may feel uncomfortable addressing a new romance or talking about sexual health and even inappropriate behaviors with the patient you care for or other caregivers but simply show respect and understanding.
Guidelines for Discussing Sexual Issues with Someone including your Doctor

- General Considerations: NO question is a dumb question…
- Establish rapport: may want to wait until second contact
- Introduce topic by putting it in context: sexual behavior
- Accept that sexuality is both an indicator of health and a contributor to health
- Accept that the first few times you introduce the topic you may feel uncomfortable
Questions?
Primary References


- National Institutes on Aging http://www.niapublications.org/engagepages/sexuality.asp

- American Foundation for Urological Disease, Inc http://www.impotence.org
