

## Module # 19: Sexuality and Aging

# **Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum**

## **Module # 19: Sexuality and Aging**

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# **Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum**

## **Module # 19: Sexuality and Aging**

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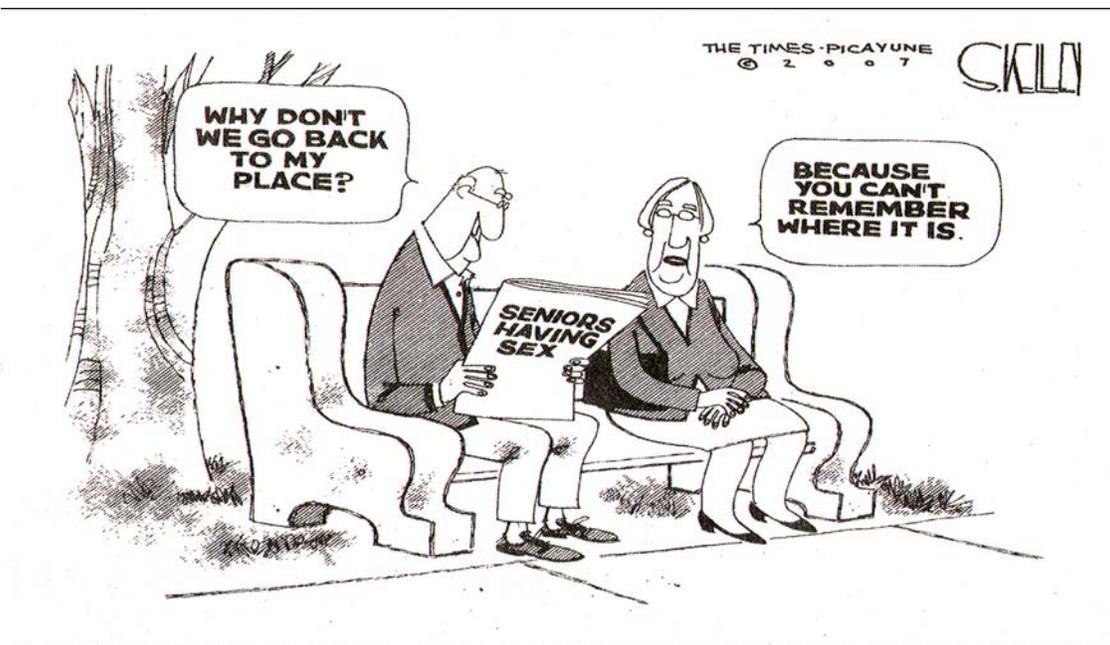
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#### I. Overview

“Sexuality in the elderly is a ‘dark continent’ that most people, including physicians, prefer not to think about.” ~J. LoPiccolo



There is no question that we live in an ageist society whereby prejudices and stereotypes are frequently used when describing sex and sexuality in older adulthood. Thus, it is imperative to examine how society has shaped and constructed our views of sexuality as well as educate others about the key issues surrounding sexuality within the elderly population. This module highlights several important areas regarding sexual health and aging and outlines vital topics that healthcare professionals are encouraged to educate themselves on so they may better care for their elderly patients.

## II. Learning Objectives

1. Provide a general overview of key topics related to sexuality and aging.
2. Identify myths and barriers about sex and the elderly.
3. Examine sexual activity among the elderly.
4. Define common sexual problems.
5. Identify sex drugs and their associated risks.
6. Examine sex as it relates to the elder LGBT community.
7. Examine the prevalence of STD and HIV among the elderly.
8. Identify the roles of healthcare professionals.

## III. Myths And Barriers About Sex And The Elderly

- A. What do some people think of when they think of the elderly and sex?
- The elderly do not want to be sexually active.
  - Sexual interest decreases with age.
  - The elderly are not capable or desirous of sex.
  - Sexual dysfunction = the end of an active sex life.
  - Elderly sex is dysfunctional.
  - Sexual performance is impossible for those with cognitive loss.
  - There is no risk of STDs and/or HIV.
- B. Common Barriers That Preclude The Elderly From Having Sex
- Physiological and biological changes
  - Illness and/or decline of health (self or partner)
  - Impotence
  - Feelings of guilt (i.e. cultural and/or generational attitudes about sex)
  - Widow's Syndrome
  - Lack of freedom
  - Lack of privacy
  - Lack of a partner
  - Fear of what others will think or say
  - Inability to discuss issues and concerns with healthcare professionals
  - Low self-esteem

## IV. Sexual Activity Among The Elderly

- A. New England Journal Of Medicine Study- Sexuality Among Older Adults <sup>1</sup>

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- Unprecedented national population-based study conducted from 2005-2006 looking at sex and seniors
- Interviews held with 3,005 community-dwelling adults ages 57-85
- Population-based sample with minority over-sampling
- 120- minute in-home interviews + leave-behind questionnaire
- Findings of the study were very significant:
  - 73% of Americans aged 57-64 reported being sexually active
  - 53% of Americans aged 65-74 reported being sexually active
  - 26% of Americans aged 75-85 reported being sexually active
  - Women reported less sexual activity than men
  - Women lacked partners more so than men
  - People whose health was excellent or very good were almost 2x as likely to be sexually active as opposed to those in fair or poor health
  - 50% of Americans reported at least one sexual problem.
    - Women: low sexual desire (43%); vaginal lubrication difficulties (39%); inability to climax (34%)
    - Men: erectile dysfunction as the common problem

B. Where Do Older Adults Have Sex?

- Home
- Assisted Living Facilities
- Nursing Homes
- NORCs

C. What are the benefits of having sex during older adulthood?

- Improves overall quality of life
- Psychological benefits
- Allows for sexual expression and freedom
- Promotes intimacy between partners
- Physical, intellectual, and spiritual fulfillment
- Encourages open communication
- Dispels stereotypes about the elderly

**V. Common Sexual Problems For Older Adults** <sup>2</sup>

A. Lack Of Interest / Decreased Desire

- Self or partner not interested in having sex
- Hormonal changes (i.e. menopause and post menopausal status) may result in low sexual desire
- Fear of pain and/or discomfort
- Cognitive decline and/or impairment
- Change in relationship status- single, divorced, widow(er), etc.

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B. Female Sexual Dysfunction

- Decreased sexual function and responsiveness
- Dyspareunia- pain associated with intercourse
- Estrogen deficiency
- Difficulty with lubrication and reduced size of vagina and vulva
- Delayed or absent orgasm
- Multiple medical ailments and chronic diseases which may affect sexuality
- Psychological factors
- Increased bodily sensitivity

C. Male Sexual Dysfunction

- Delay of erection
- Decreased tension of scrotal sac
- Loss of testicular elevation
- Erectile Dysfunction (ED)- inability to achieve or maintain an erection adequate for sexual intercourse
- ED is commonly caused by (1) vascular disease and (2) neurologic disease
- Adverse medication side effects
- Endocrine problems
- Psychogenic issues- i.e. relationship conflicts, performance anxiety, childhood sexual abuse, etc.

## VI. Sex Drug Market Geared Towards Older Adults

A. Mass Global Marketing of Erectile Dysfunction Drugs <sup>3</sup>

- The United States is the biggest market for drugs.
- Doctors prescribe impotence drugs approximately 17 million times a year to less than 5 million men.
- In 2004, global sales of Viagra (sildenafil), Levitra (vardenafil), and Cialis (tadalafil) reached 2.5 billion dollars.

B. Viagra <sup>4</sup>

- The construction of male sexuality by the medical community led to the creation of Viagra.
- Millions of men turn to Viagra as the answer to erectile dysfunction.
- Some feminist scholars believe Viagra is a step backwards in gender equality because of the “phallogentric” perspective that the penis is key to good sex.
- Some men have had negative experiences with Viagra, resulting in less penile-focused sexual activities.

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- For older adults, heart palpitations associated with taking Viagra can be dangerous and possibly deadly.
  - Other reported problems- heartburn and indigestion; functional problems (i.e. overly rigid and inflexible during intercourse)
- C. Drugs For Women <sup>5</sup>
- Many women are turning to drugs in order to improve their sex life.
  - FDA has not yet approved one single sex drug geared towards women due to lack of long-term safety data.
  - Increased number of postmenopausal women are turning to estrogen and progestin treatments.
  - Many elderly women do not feel comfortable talking about sex with their healthcare professionals, resulting in the purchase of over-the-counter sex pills.
  - Medication management and reconciliation is absent.

## VII. Sex And The LGBT Community

- A. GLBT Older Adults
- There are very limited programs that provide resources to the elder LGBT community about sex and sexual health.
  - In most healthcare facilities, same-sex “partners” are not permitted to share a room.
  - Some GLBT older adults are reluctant to reveal sexual orientation and activity to their healthcare professionals out of fear that they will face discrimination and/or receive inadequate medical care.
  - Many GLBT older adults will retreat back into the closet due to homophobia by others.
- B. Met Life Study Of Lesbian And Gay Baby Boomers <sup>6</sup>
- Offers an unprecedented snapshot of the concerns of lesbian, gay, bisexual and transgender (LGBT) baby boomers in the United States as they are faced with caregiving responsibilities later in life.
  - Study was produced by the Met Life Mature Market Institute and ASA’s Lesbian and Gay Aging Issues Network (LGAIN).
  - Zogby International conducted a national poll using a random sample of LGBT Americans ages 40-61.
  - This is the first national survey of LGBT baby-boomers in the entire world.
  - Results of the report have powerful implications:
    - About 40% of respondents believe that being LGBT has helped prepare them for aging.
    - 27% report a great concern about discrimination as they age.

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- 20% of respondents are unsure of who will be their caretaker if the need shall ever present itself.
- 75% expect to take on a caregiver role for someone else.
- 51% of respondents have not yet completed advance directives.
- Less than 50% of respondents expressed confidence that they would be treated with “dignity and respect” by healthcare professionals.

## VIII. Sexually Transmitted Diseases And HIV/AIDS

### A. Impact On Older Adults

- STDs are not just limited to younger people.
- Lack of screening for STDs may result in serious complications later in life.
- Cervical cancer and HPV is often untreated in women, causing thousands of deaths each year in the United States.
- Many older people do not use condoms because they do not consider themselves at high risk for sexually transmitted diseases.
- Naturally weaker immune systems later in life result in increased risk of sexually transmitted infections.

### B. HIV/AIDS Among The Elderly <sup>7</sup>

- 19% of all people with HIV/AIDS in the United States are age 50 and older.
- Numbers may be higher due to lack of testing among older adults.
- The current elderly population does not know as much about HIV/AIDS as the younger generations.
- Women’s vaginal tissues become thinner after menopause, increasing the risk of tears and transmission of HIV/AIDS.
- There is not enough education and/or prevention messages for elderly people regarding this topic.
- Healthcare professionals fail to discuss sex and drug use with their elderly patients
- Elderly people may mistake symptoms of HIV/AIDS for common aches and pains associated with “normal” aging.

### C. Importance Of Getting Tested

- Healthcare professionals should encourage regular screenings for STDs and HIV for their elderly patients.
- Easy-to-comprehend materials discussing screenings/testing should be readily available at senior centers as well as various healthcare settings.
- Testing should not be limited to one partner- all individuals engaged in some form of sexual activity should be tested.
- Some testing centers/facilities may provide condoms and lubricants for patients after screening is complete.

## IX. Role Of Healthcare Professionals

- A. Why is it important to talk about sex with your patients?
- Helps build trust/ rapport with patients
  - Shatters myths about sexuality and aging
  - It is a very significant subject matter to older adults
  - Massive demographic shift over the next several years will result in huge growth of the elderly population
  - Increased longevity will promote a more holistic approach to healthcare, including greater focus on sexual health
  - Several common medications have sexual side-effects
  - Sexual problems may stem from underlying chronic conditions or diseases
- B. What is the role of healthcare providers?
- Treat older adults with respectful and non-judgmental attitudes
  - Conduct thorough sexual health assessments/histories as part of a visit
  - Ask direct questions about sexual activity and attitudes
  - Educate patients and their caregivers about topics in sexuality and aging
  - Provide appropriate treatment options
  - Recommend treatments and adaptations for sexual problems
  - Listen to patients' sexual concerns
  - Incorporate patients' sexuality into counseling
  - Provide appropriate referrals to specialists as needed

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