

2023 Forum on Aging in Rural Oregon

Let's Talk About Sex: Sexual Health and Aging

Nicholas Kinder, AGNP-C and Jessica Wright, PA-C
OHSU

Thank you to our partners:



Let's Talk About Sex: Sexual Health and Aging

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Objectives

- Discuss aging and how it relates to sexual health
- List common sexual complaints and therapeutic interventions
- Review chronic diseases, medications, and their impact on sexual health
- Discuss STIs prevalence/trends
- Review some frameworks for taking a sexual history
- Discuss trauma-informed care
- Review sexual health topics as they relate to select populations
 - Cognitive impairment
 - Residential care settings
 - LGBTQIA+

Local and Global Trends in Aging





2021 Census data for the state of
Oregon indicates that adults
65+ account for 18.6% of population



- Globally, adults 60+ are expected to grow to almost 2 billion by 2050
- For the first time in history, this age group is anticipated to be larger than the population of children 14 and under
- Adults 80+ are the fastest growing portion of the older adult population and expected to reach 20% by 2050

A close-up photograph of an elderly person's hands, showing deep wrinkles and a warm, brownish skin tone. The hands are clasped together, with fingers interlaced. The lighting is soft, highlighting the texture of the skin. The background is blurred, showing hints of green and grey.

Why is sexual health important to older adults?

American Association of Retired Persons' Healthy Aging Poll

- 2/3 of adults 65-80 said they were interested in sex
- 50% said that sex was important to their quality of life

[https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(23\)00003-X/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(23)00003-X/fulltext)

National Council on Aging

- romantic relationships have been associated with lower stress levels, better health habits and longer life span
- intimacy decreases incidence of depression
- older adults without physical and emotional closeness are more likely to have lower self-worth and to report feelings of loneliness

<https://www.ncoa.org/article/why-is-intimacy-important-in-older-adults>



A serene sunset scene over the ocean. The sun is low on the horizon, casting a warm, golden glow across the sky and reflecting on the water. The sky is filled with soft, wispy clouds, and the ocean surface shows gentle ripples. The overall mood is peaceful and contemplative.

Common Sexual Complaints

Age-Related Physiologic Changes

Older Women

- Decreased Estrogen Levels
 - Vaginal atrophy
 - Vaginal epithelium
 - Vaginal dryness
 - Vaginal stenosis

Older Men

- Decreased Testosterone Levels
 - May need greater time and stimulation for arousal and ejaculation
 - Longer refractory period

Notice that I didn't say that decreased sexual desire or interest is a part of aging!

Common sexual complaints

Inability to achieve or maintain an erection

Inability to climax

Lack of sexual interest or declining sexual interest

Inability to participate in sexual activity because of physical or mobility limitations

Reported Problem	Common Contributing Factors	Management Strategies
Lack of Interest	<ul style="list-style-type: none"> • Inability to climax • Finding sex not pleasurable 	<ul style="list-style-type: none"> • Focus on intimacy instead of orgasm • Treat underlying depression or other comorbid conditions • Refer to a sexual health counselor
Pain with Intercourse	<ul style="list-style-type: none"> • Difficulty with lubrication • Underlying medical condition 	<ul style="list-style-type: none"> • Vaginal moisturizers/lubricants • Topical estrogen • Further evaluation by specialist
Erectile Dysfunction	<ul style="list-style-type: none"> • Difficulty obtaining or maintaining an erection 	<ul style="list-style-type: none"> • Focus on stabilizing underlying medical conditions • Can use medications to treat ED* • Penile pumps/prosthetics
Physical Immobility	<ul style="list-style-type: none"> • Physical or mobility impairments limit ability to participate in sexual activity 	<ul style="list-style-type: none"> • Position supports • Alternative intimate activities



Chronic Diseases: Effects on Sexual Health

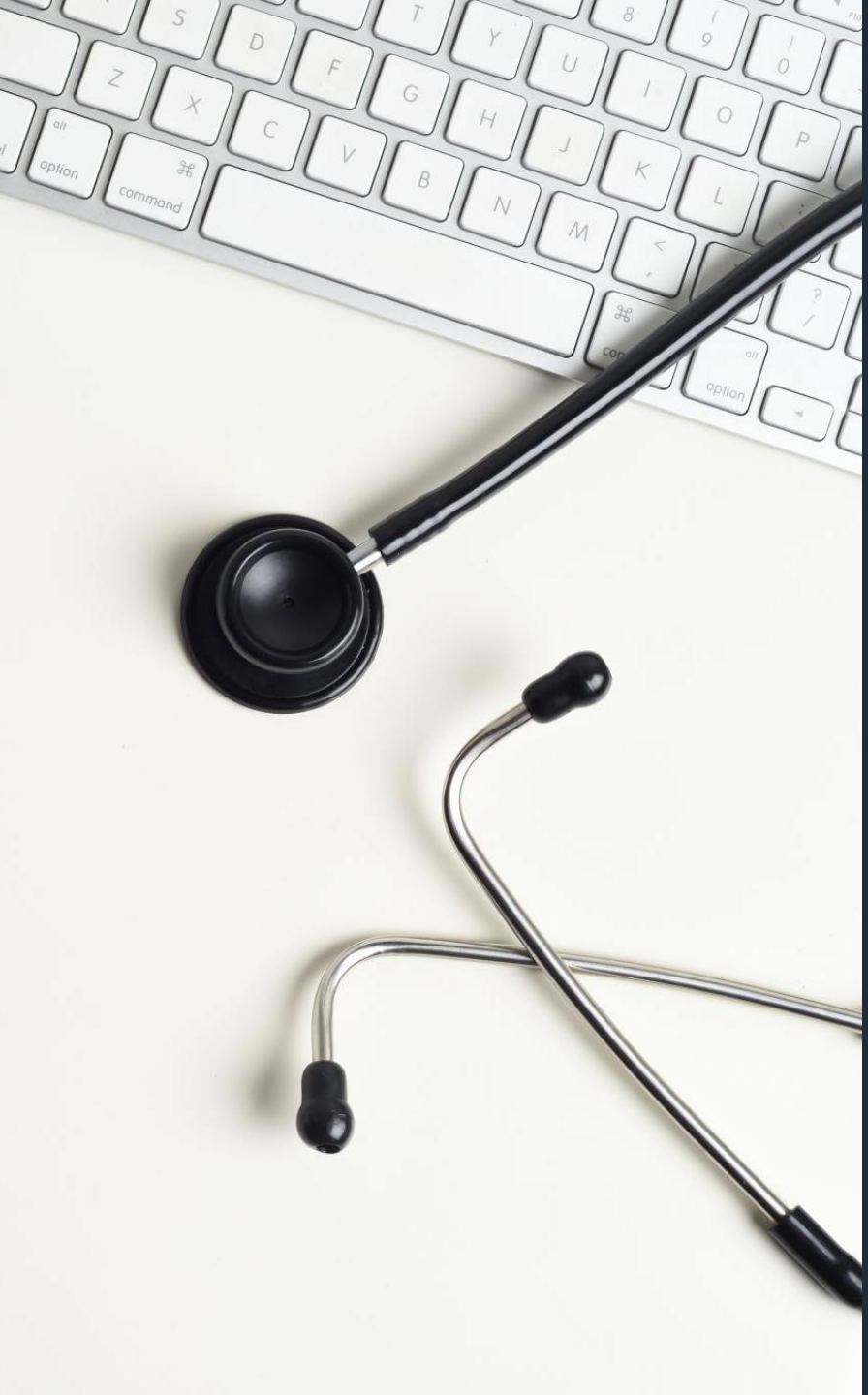
Chronic Diseases and Effects on Sexual Health

- Heart Disease
 - Can lead to decreased exercise tolerance
 - Vascular disease can contribute to problems with impotence
 - Medications to manage heart disease can also lead to exercise intolerance, impotence and depression
 - Previous heart attack can increase anxiety about sexual activity leading to repeat cardiac issues
- Pulmonary Disease
 - Decreased exercise tolerance
 - May have a difficult time engaging in sexual activity if chronic oxygen user

Chronic Diseases and Effects on Sexual Health

- Hormone dysregulation
 - Menopause, andropause, or hormone blocking medications
 - Can decrease desire for sexual activity
 - Can decrease vaginal lubrication
 - Can cause impotence
- Joint Replacement
 - Can lead to mobility restrictions long term
- Chronic Pain
 - Can also lead to mobility restrictions
 - May also cause depression
- Alcohol/Tobacco Abuse
 - Can lead to depression
 - Can increase risk for vascular disease

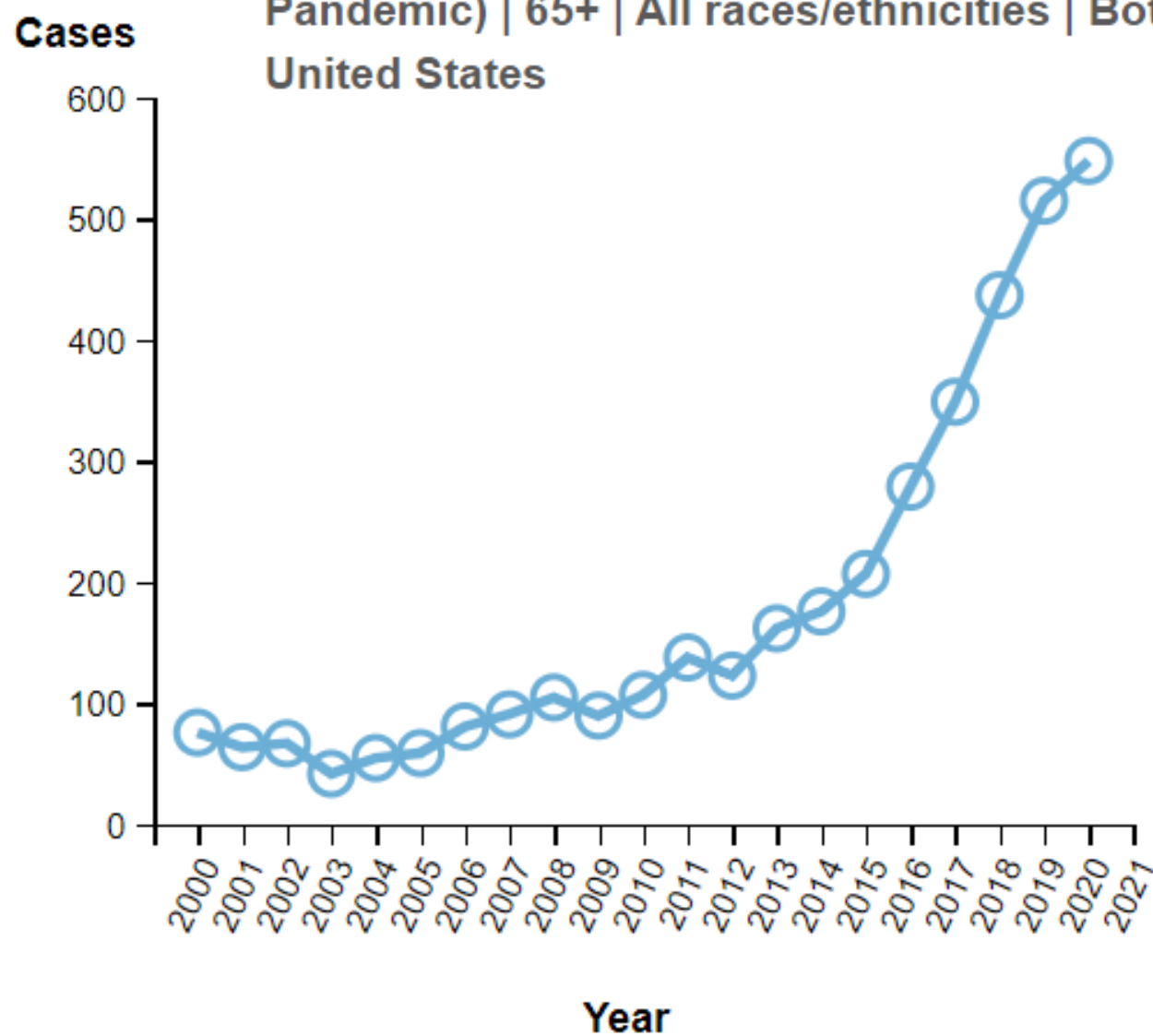
Disease Process	Modifications/Accommodations
Heart Disease	<ul style="list-style-type: none"> • Medications to treat impotence* • Medications and/or psychotherapy to treat depression • Cardiac rehab to increase exercise tolerance • Sexual activity is unlikely to cause a heart attack!
Pulmonary Disease	<ul style="list-style-type: none"> • Can use inhalers prior to sexual activity • Choose a sexual position where you do not have to support your own weight • Consider using oxygen during intercourse • Plan sexual activity for time of day when you have the most energy
Hormone dysregulation	<ul style="list-style-type: none"> • Medications to treat impotence* • Use of lubricants • Focus on foreplay • Broaden definition of sexual activity • Use of penile pumps/prosthetics
Joint Replacement/Chronic Pain	<ul style="list-style-type: none"> • Use alternative positions depending on restrictions • Can use equipment like a wedge pillow or adjustable bed



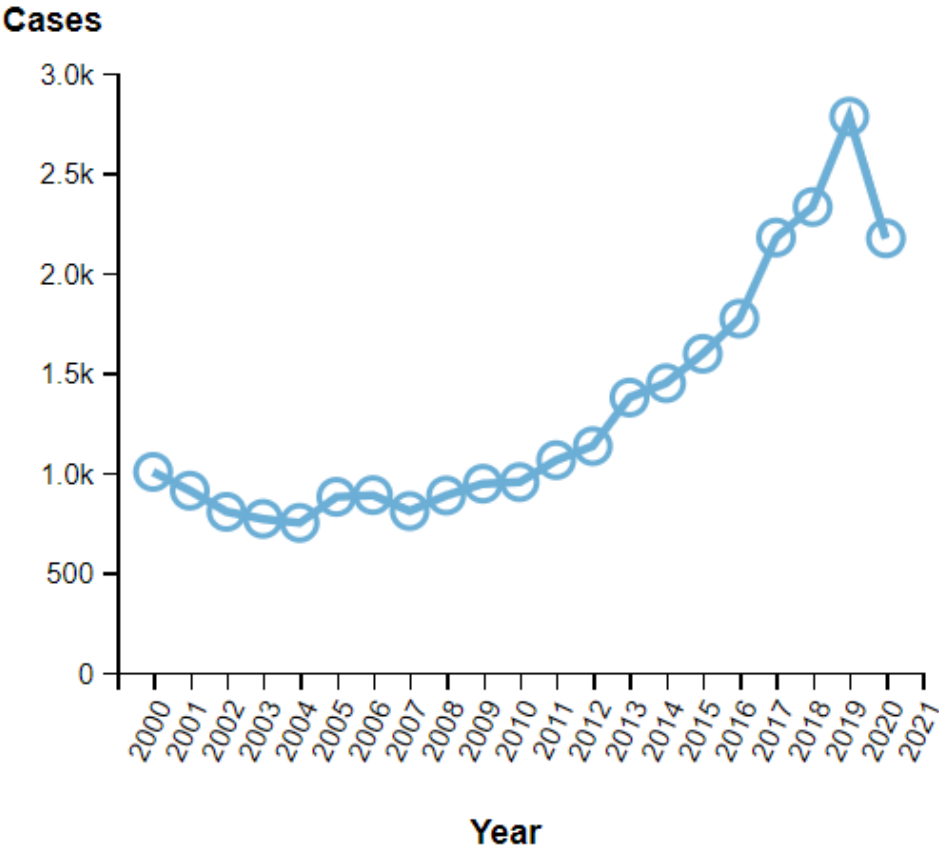
Reasons to refrain from sex

- If being treated for STI, want to wait until treatment is complete
- If you have had surgery in any genital, urinary or rectal area, need to wait at least 6 weeks
- If sexual activity is causing chest pain or physical discomfort, may need further work-up to determine if there is underlying disease process that needs to be managed first.

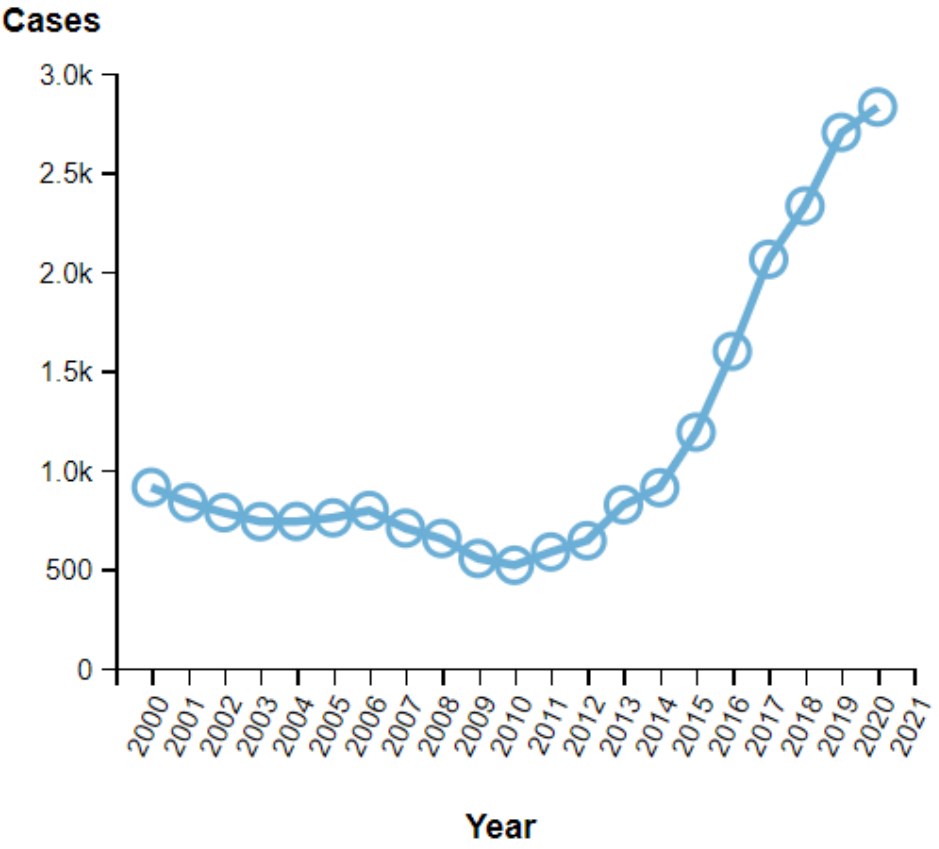
Primary and Secondary Syphilis | 2000-2020 (COVID-19
Pandemic) | 65+ | All races/ethnicities | Both sexes |
United States



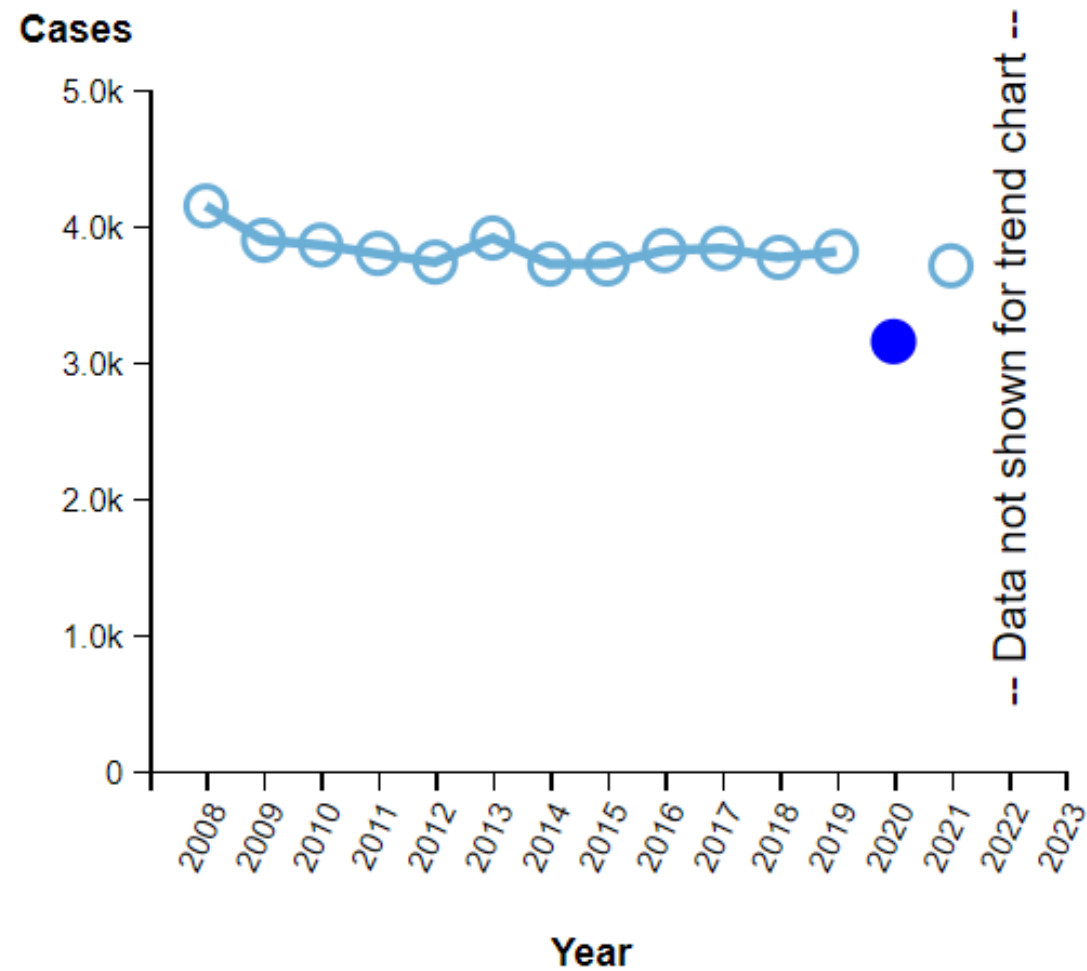
Chlamydia | 2000-2020 (COVID-19 Pandemic) | 65+ | All
races/ethnicities | Both sexes | United States



Gonorrhea | 2000-2020 (COVID-19 Pandemic) | 65+ | All
races/ethnicities | Both sexes | United States



HIV diagnoses | 2008-2022 | 55+ | All races/ethnicities |
Both sexes | All transmission categories | United States



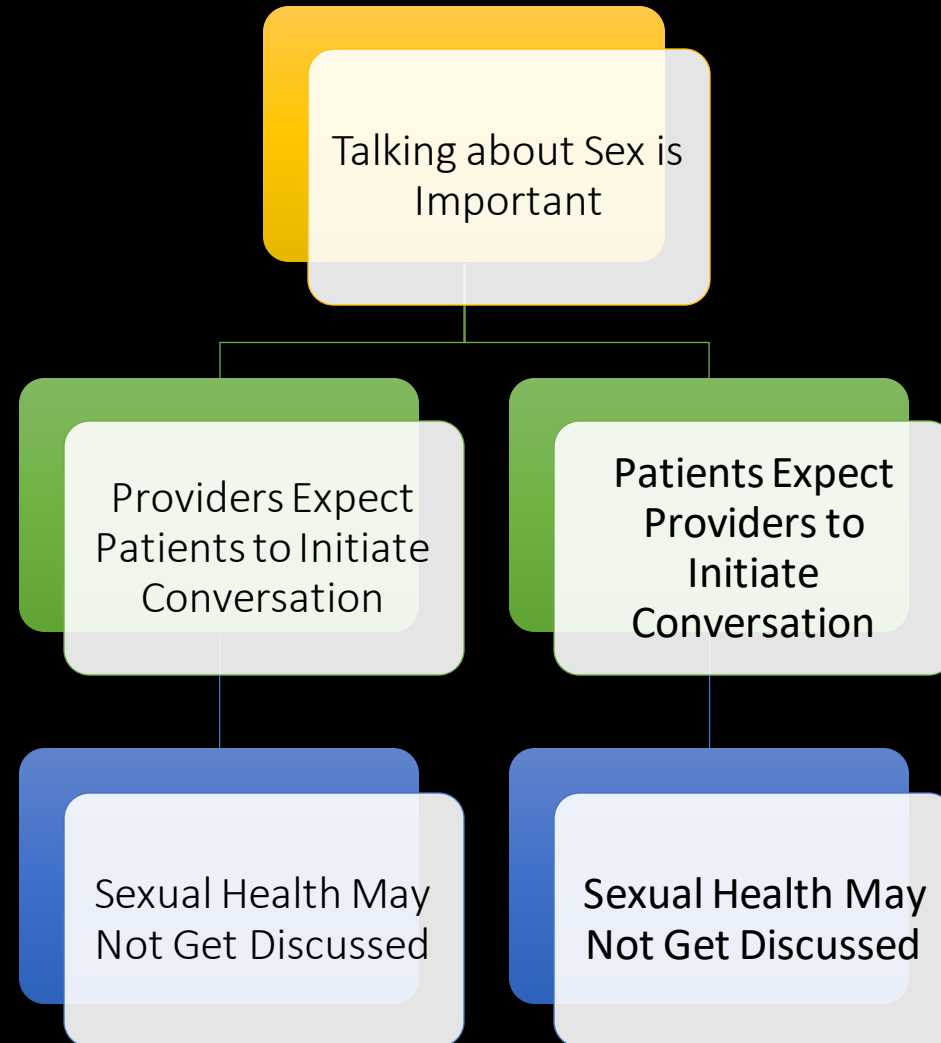
Prevention and Treatment

Barrier protection



Taking a Sexual History

Whose Job Is It?



Taking a Sexual History


- Not discussing sexual history may cause patient harm
 - Sexual health is important to mental health
 - Older adults may need to discuss important issues related to themselves or their partner
 - Not talking about sexual health can lead to increased risk of STIs and long-term health complications related to untreated infections
 - Talking About Sexual Health Normalizes Sex
 - Older adults are hoping that you initiate the conversation
 - Making sexual health discussions and screening questions part of your routine allows older adults an opportunity to engage in these important conversations in the future
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- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

Table 1. The PLISSIT Model

Permission	Give permission for patients to share details about their sexual history or ask for permission to continue with more questions. Example: "Sex and intimacy can be a sensitive topic but it is an important part of health and well-being. Can I ask you more questions about your sexual health?"
Limited Information	Normalize the process by providing basic information. Dispel misconceptions about sexuality. Consider general handouts for common symptoms such as vaginal dryness or erectile dysfunction.
Specific Suggestions	Once specific concerns are raised, engage in shared decision-making about treatment options. Example: "How have your sexual relationships or intimacy changed as you have aged? What symptoms worry you?"
Intensive Therapy	Referral for behavioral health or marriage counseling. Also consider medical interventions.

PLISST Model

Table 2. The Ps Model

Partners	When you have sex, is it with men, women or both? How many partners have you had in the past 12 months? Have you had any new partners in recent weeks?
Practices	Do you have vaginal sex, meaning “penis in vagina” sex? Do you have anal sex, meaning “penis in anus/rectum”? If the response is yes to either vaginal or anal sex: how often do you use condoms: never, sometimes, or always? Do you have oral sex, meaning “mouth on penis or vagina”?
Protection from STIs	What are you doing to protect yourself from STIs?
Previous STIs	Have you had a STI in the past? Have any of your partners had a STI? To identify patients at higher risk for HIV and hepatitis: Have you or your partners ever injected drugs? Have you or your partners ever exchanged money or drugs for sex?

Ps Model

Arizona Sexual Experiences Scale (ASEX)

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For each item, please indicate your **OVERALL** level during the **PAST WEEK**, including **TODAY**.

1. How strong is your sex drive?

1	2	3	4	5	6
extremely strong	very strong	somewhat strong	somewhat weak	very weak	no sex drive

2. How are you sexually aroused (turned on)?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never aroused

FOR MALE ONLY

3. Can you easily get and keep an erection?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never

FOR FEMALE ONLY

3. How easily does your vagina become moist or wet during sex?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never

If you have had any sexual activity in the past week, please also answer the following two questions. If not, leave questions 4, and 5 blank.

No Sexual activity in past week ☐

4. How easily can you reach an orgasm?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never reach orgasm

5. Are your orgasms satisfying?

1	2	3	4	5	6
extremely satisfying	very satisfying	somewhat satisfying	somewhat unsatisfying	very unsatisfying	can't reach orgasm

Sexual Health Screening Tool

Trauma-Informed Care

- 16% of people aged 60 years and older have been subjected to some form of abuse including sexual abuse
- Typically committed by people in a position of trust including health care providers and family members

Bank-Thomas, A, et al. Reproductive Health. 2020.



Trauma-Informed Care

Signs of Abuse

- Bruises, pressure marks, broken bones, abrasions and burns.
- Unexplained withdrawal from normal activities, a sudden change in alertness, or unexpected depression.
- Bruises around the breasts or genital area.
- Belittling, threats, or other uses of power by spouses, family members or others.
- Strained or tense relationships and frequent arguments.

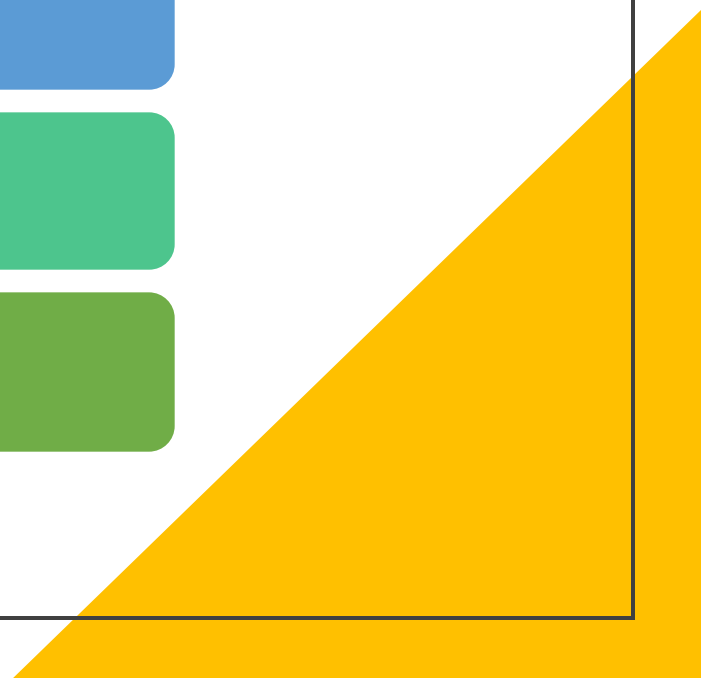
Abuse. Alzheimer's Association. 2023.

Sexual Health in Select Populations

Older adults with cognitive impairment

Older adults in residential care settings

LGBTQIA+ older adults



Older Adults with Cognitive Impairment

- Need for physical/emotional closeness
- Role changes
 - Person with cognitive impairment
 - Isolation, withdrawal, depression
 - Loss of independence
 - Medications
 - Partner
 - Isolation
 - Caregiver role strain
 - Uncertainty and grief

Alzheimer's Association. <https://www.alz.org/help-support/caregiving/caregiver-health/relationship-changes>. 2023.

Alzheimer's Association. <https://www.alz.org/help-support/i-have-alz/know-what-to-expect/changes-in-relationships>. 2023.

Older Adults with Cognitive Impairment

- Sexual desire/libido changes
 - Person with cognitive impairment
 - Decreased sexual desire and energy
 - Medical issues and medications
 - Partner
 - Decreased sexual desire and energy
 - Stress, frustration, and grief
 - Caregiver role strain
- Sexual behavior changes
 - Person with cognitive impairment
 - Physical/verbal aggression and inappropriateness
 - Disinhibition
 - Partner
 - Fear, guilt, shame, stress, frustration
 - Caregiver role strain

Older Adults with Cognitive Impairment

- Fostering Mutually Enjoyable Intimacy
 - Discuss acceptance of changes
 - Encourage open and honest communication
 - Re-evaluate and/or re-establish external relationships
 - Discover new ways to connect
 - Explore nonsexual touching and intimate shared experiences
 - Avoid shaming, ridiculing, anger, and confrontation.
 - Redirection and distraction
 - Consult a knowledgeable provider

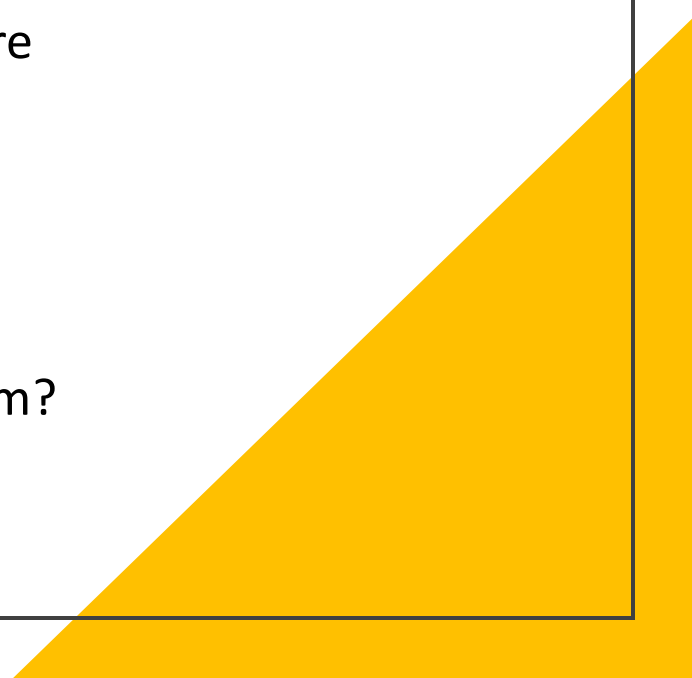
Older Adults in Residential Care

- What constitutes “good care” for older adults’ sexual health?

“Admission to a nursing home might challenge the way in which individuals experience their own sexuality, but it does not automatically diminish their need and desire for sexual fulfillment.”

Mahieu L, et al. Int Psychogeriatr. 2012.

Older Adults in Residential Care

- Case Study
 - Margaret, 88 years old, lives with spouse, Jim, in continuing care community
 - She's in assisted living and he's in memory care
 - She's functionally independent and he requires ADL assistance
 - What are some of the issues that may come up for Margaret and Jim?
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- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

- Privacy
- Autonomy
- Staff Perceptions and Responses
 - “Loving and caring”
 - “Romantic”
 - “Erotic”

Ehrenfeld, et al. Nursing Ethics. 1999.

Older Adults in Residential Care

Older Adults in Residential Care

- Sexuality evokes a variety of ethical issues and concerns especially in regards to persons with dementia
 - ~25% of residential staff have received training/residential facilities have policies
 - Dementia diagnosis does not mean that someone automatically lacks the ability to consent
 - Capacity changes over time and may fluctuate rapidly
 - Physical arousal alone ≠ consent
 - Partner v non-partner
 - Psychosocial needs
 - Surrogate/caregiver/family perspective
 - Sexual health advanced directive
- Lack of clarity in the conceptualization of constitutes “good care” in terms of older adult sexual health and sexuality

Alzheimer's Society. <https://www.alzheimers.org.uk/get-support/daily-living/sex-consent-dementia>. 2023.

Mahieu L, et al. Int Psychogeriatr. 2012.

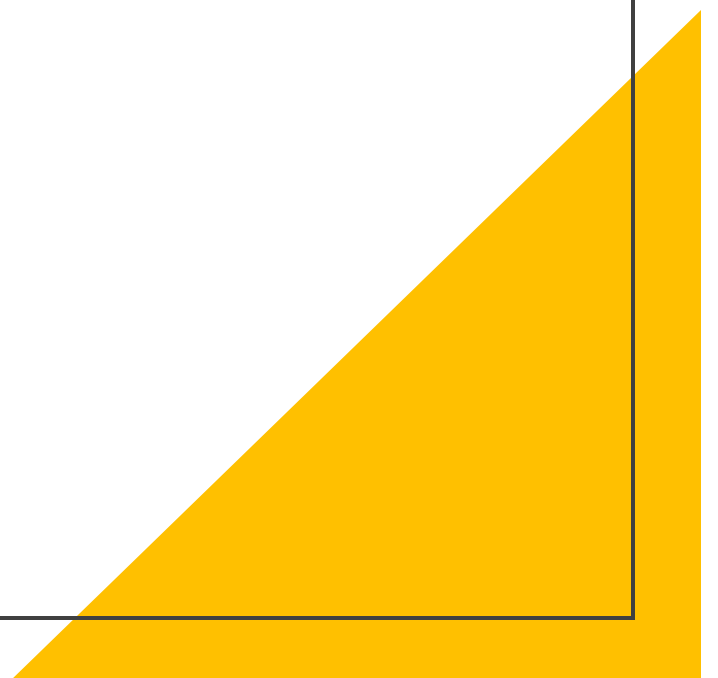
Society for Post-Acute and Long-Term Care Medicine. <https://paltc.org/amda-white-papers-and-resolution-position-statements/capacity-sexual-consent-dementia-long-term-care>. 2016.

LGBTQIA+ Older Adults

LGBTQIA+ persons in general...

- Lower rates of accessing care
- Depression
- Alcohol and substance use
- Lesbians/women who have sex with women: CVD and obesity
- Gay/bisexual/men who have sex with men: HIV/AIDS
- Delayed or avoid care due to fear of mistreatment, discrimination, and stigmatization

Flatt, J., et al. Alzheimer's Association. 2018.



LGBTQIA+ Older Adults

- Support
 - 2x as likely to age without a spouse/partner, 2x as likely to live alone, and 3-4x less likely to have children
 - 30+% live at or below 200% of the federal poverty level
- Visibility
 - 40% of LGBTQIA+ older adults aged 60-70s say their healthcare providers don't know their sexual orientation
 - 34% consider hiding sexual orientation/gender identity to access senior housing
- Security
 - 82% experienced threats, harassment, or physical assault
 - 50+% experienced discrimination in employment or housing
- Cognitive Decline
 - ~7-8 percent for sexual minority older adults

Flatt, J., et al. Alzheimer's Association. 2018.

SAGE. Facts on LGBT Aging. 2021.

LGBTQIA+ Older Adults

Do you feel that an LGBT older adult can be open with staff about their sexual orientation and/or gender identity?

	LGBT Older Adults		Non-LGBT Older Adults	
	Number	Percent	Number	Percent
No or not sure	218	78%	390	84%
Yes	60	22%	76	16%
All responses	278	100%	466	100%

LGBTQIA+ Older Adults

What issues have you, a loved one, or a client experienced because of being open about sexual orientation and/or gender identity?

Experiences Related to Resident's Real or Perceived Sexual Orientation and/or Gender Identity	Number of Instances	Percent of All Instances
Verbal or Physical Harassment From Other Residents	200	23%
Refused Admission or Re-admission, Attempted or Abrupt Discharge	169	20%
Verbal or Physical Harassment From Staff	116	14%
Staff Refused to Accept Medical Power of Attorney from Resident's Spouse or Partner	97	11%
Restriction of Visitors	93	11%
Staff Refused to Refer to Transgender Resident by Preferred Name or Pronoun	80	9%
Staff Refused to Provide Basic Services or Care	51	6%
Staff Denied Medical Treatment	47	6%
Total	853	100%

LGBTQIA+ Older Adults

- Expand your definition of family
- Educate yourself and your staff on LGBTQIA+ cultural competency
- Find or create support groups specifically for LGBTQIA+ people
- Partner with local LGBTQIA+ community groups
- Help LGBTQIA+ people and their families with legal and financial planning

Flatt, J., et al. Alzheimer's Association. 2018.

Thank you!

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Thank you!

