Sexual Health, Sexuality, and Aging

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Objectives

- Increase understanding of the biopsychosocial impacts of aging on sexual health
- Increase understanding of how providers can assist older adults with sexual health issues
- Increase understanding of the needs of the aging LGBT community
- Increase knowledge of sexual health assessment
- Improve communication about sexual health with older adults
The Aging Population in the US

- 20% of all Americans will be age 65 or older by 2030. Never before in our nation’s history have so many people lived so long while remaining so healthy and productive.
- Many people age 65 and over experience some physical limitations, however they generally adapt and go on leading happy and productive lives.
- Although memory becomes more difficult (it takes more time to store and retrieve information), most older adults maintain their personality, creativity and wisdom.
- .... and their interest in sex
Working Definitions

- What is sexual health?
  - WHO definition
  - Lifelong need for intimacy
- What is sexuality?
- What is LGBT?
  - Lesbian
  - Gay
  - Bisexual
  - Transgender
Changing Views on Sexuality

- In your lifetime, what social changes have you observed in relation to sexuality?

- How has your own thinking changed?

- As a society are we becoming more or less comfortable with sexuality?
  - Think about this for yourself and for others
Intersection of Aging and Sexual Health

- Sexual Activity
  - Interest in sexual activity continues into old age
  - Range of activities considered sexual
    - Changing views of sexuality
    - Functional status interactions
      - Each partner may have concerns
Sexual Activity & Aging

- Sexual Activity
  - 73% of older adults aged 57-64 years old
  - 53% of older adults aged 65-74 years old
  - 26% of older adults aged 75-85 years old
- Greatest barrier to SA in older age is lack of partner
- Importance of a sexual relationship to overall quality of life
  - Men (aged 60+) 85%
  - Women (aged 60+) 52%
- Daily sexual thoughts, fantasies - 29% M; 4% F
- Satisfied with sex life - 43% (AARP, 2010)
Sexual Dysfunction

- DSM-V has range of sexual dysfunction classifications
- Disturbance in sexual desire or functioning
- For example: erectile dysfunction, female sexual interest/arousal disorder
DSM- V Classifications

- Sexual Dysfunctions
- Conditions primarily characterized by impairment in normal sexual functioning
- Medical cause must be ruled out
- Symptoms must be hindering a person’s everyday functioning
  - Often discussed as “distress” in sexual health literature
  - Some aging people are not concerned
DSM V: Sexual Dysfunctions

- Male Hypoactive Sexual Desire Disorder
- Female Sexual Interest/Arousal Disorder
- Erectile Disorder
- Premature (Early) Ejaculation
- Delayed Ejaculation
- Genito-Pelvic Pain/Penetration Disorder
- Female Orgasmic Disorder
- Male Orgasmic D/O
- Substance/Medication Induced Sexual Dysfunction
Sexual Dysfunction in Men and Women Aged 57-85

- **Men**
  - Difficulties in achieving or maintaining an erection (37%)
  - Lack of interest in sex (28%)
  - Climaxing too quickly (28%)
  - Anxiety about performance (27%)
  - Inability to climax (20%)

- **Women**
  - Lack of interest in sex (43%)
  - Difficulty with vaginal lubrication (39%)
  - Inability to climax (34%)
  - Finding sex not pleasurable (23%)
  - Pain (17%)
Biological Factors of Aging that Impact Sexual Health

- Most common reason for lack of sexual activity is physical health of one of the partners
- Physical pain from arthritis can limit sexual activity
- Hormonal changes associated with menopause
- Medications can interfere with sexuality
  - Antidepressants
  - Beta-blockers
- Sexual dysfunction is associated with poor health
Psychological Factors Related to Aging and Sexual Health

- State of mind
- Changes in quality of life impact interest in sexual activity
- Depression strongly associated with sexual dysfunction and vice-versa
- Bodily changes impact self esteem and self worth
- History of trauma, intimate partner violence
- Relationship problems/issues
Social Aspects of Aging that Affect Sexual Health

- Women less likely to be partnered
  - This difference increases with age
- Desire mis-match
- Older adults are managing with fewer social supports and resources
  - Work loss
  - Family/friend loss
- Tend not to discuss sex/sexual problems
- Caregiver issues- dual roles
Myths Associated with Aging & Sexuality

- Asexual
- Not interested
- "Dirty old man"
- Heterosexual
- Sex is only for pregnancy
- Uncomfortable/Offensive Topic

- Older adults may share these myths/assumptions
All Older Adults are Not Heterosexual

- By 2030 it is expected that there will be 3 million LGBT adults over the age of 65 in the US
- LGBT older adults face additional challenges with aging
  - Less likely to have family support available
  - Fear or experience discrimination in healthcare
  - Financial insecurity /instability in retirement
  - Social isolation
  - Poor access of aging services
Survey of Aging Services in Michigan

- May of 2010- Area Agencies in Aging (AAA) Annual Meeting
- Findings:
  - Very little outreach to the community
  - Providers personally supportive, but agencies were not
  - Sexual orientation not asked at intake
    - invisibility
  - Providers wanted to learn more
Transgender People and Health Care

- High levels of mistreatment when seeking health care
  - 33% had at least one negative experience related to being transgender
    - Verbal harassment
    - Refused treatment
- 23% did not seek the health care they needed due to fear of being mistreated as a transgender person
- 33% did not go to a health care provider when needed because they could not afford it
Resources for LGBT Aging

- National Resource Center for LGBT Aging
  - [www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)
  - Aging services provider information and training
- Joint Commission- 2014 Field Guide
- Caring and Aging with Pride
- SAGECare- cultural competency training program for HC organizations and providers
Barriers to Communicating about Sexual Health

- What are some of the barriers to talking about sexual health?
  - For clients
  - For providers

- Primary Care Provider perspectives
Sexual Health Communication: The Problem

- Misconceptions abound about aging and sexuality
  - Asexual
  - Heterosexual
- Providers avoidant
- Among sexually active older women with at least one sexual problem, very few choose to discuss it with their MD’s
  - Men are twice as likely to address it with MD
- Missed opportunity to assess risk, educate, and make a connection with aging patients
Significance/Implications

- Potential consequences of not addressing sexual health
  - Failure to identify risky behaviors
  - Unidentified sexually transmitted diseases
  - Limited screening for HIV
  - Delay in diagnosis and treatment
  - Can be markers for other conditions
  - Continued stigma

- Delay of diagnosis of HIV in older women often attributed to provider attitudes and behavior

- Provider communication found to be an effective predictor of cervical cancer screening adherence
Provider Issues

- Opening up a “can of worms”
- Gender differences in MD behavior
  - MD initiated less with older women than men
- Particularly difficult to talk to older women about sexual health if:
  - Gender discord
  - Racial/cultural discord

- Who’s problem is it anyways?
Assessment

- Advocate the inclusion of sexual health in assessments of older adults
  - In social section (relationships)
  - In health section (functioning)

- Normalize the practice
  - Lets client know you are someone they could talk to if they needed to
  - Reinforces the idea that sexual health is part of overall health and quality of life

- Most clients feel more comfortable if you bring it up
North American Menopause Society

- Advice to MD’s on taking a sexual history
- Dr. Sheryl Kingsberg

- Video

- How might you follow up?
- How could you incorporate into your practice?
Beginning the conversation....

- Don’t make assumptions
  - “Can you tell me how you express your sexuality?”

- Relate it to aging process
  - “In what ways has your sexual relationship with your partner (your sexual health) changed as you have aged?”

- Open the door
  - “What concerns or questions do you have about fulfilling your continuing sexual needs?”
Sample Questions to Ask

- Do you have any concerns related to sexuality? If so, what are they?
  - What have you done so far to deal with this?
  - What do you need, how can I be helpful?
- How satisfied do you feel sexually?
- Have you noticed any changes in how you are feeling sexually?
  - Describe them
  - How long have you experienced these changes
- Do you currently have a partner/partners?
- Tell me about that/those relationship/s
  - Does it include sexual contact?
  - Any genital contact carries some form of risk, are you aware of how you can decrease this risk? If no- educate. If yes- what?
- I see you are on ________ (medication), have you noticed any changes in your sexual functioning since you started this medication?
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<th>Obtaining <strong>Permission</strong> from the client to initiate sexual discussion</th>
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<tr>
<td><strong>P</strong></td>
<td>Providing the <strong>Limited Information</strong> needed to function sexually</td>
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<tr>
<td><strong>LI</strong></td>
<td>Giving <strong>Specific Suggestions</strong> for the individual to proceed with sexual relations</td>
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<tr>
<td><strong>SS</strong></td>
<td>Providing <strong>Intensive Therapy</strong> surrounding the issues of sexuality for that client</td>
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reflection

- How comfortable are you talking about sex with your clients?
  - How about with your older clients?
  - Does the client’s gender or ethnicity make a difference in this comfort level?

- Do you think you could incorporate some of what we have talked about today in your practice?
  - Why or why not?
  - Personal constraints/agency constraints
Thank you!

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