



# *Sexuality and Aging.*

P. Abdon DaSilva.



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

J. LoPiccolo



## *Definition*

Sexuality: a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction.

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships.

While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

(WHO - 2003)



# *Sexuality and aging – the spectrum*

- **Biological**
  - Physiological
  - Disease
- **Psychological**
  - Depression
  - Sexuality attitudes
  - Perception of sexual attractiveness
- **Social**
  - Social interactions
  - Partner availability
  - Physical fitness
  - Community education
  - Awareness of sexuality



## *Aetiology and/or Epidemiology*

- The older population is more susceptible to many disabling medical conditions
- Many people, particularly women, lose their sexual partner as they age
- Health care providers often lack knowledge and comfort in discussing sexual issues with older adults
- Medications among older adults, especially those commonly used to treat medical illnesses, also impact sexuality.



Patients may discontinue needed medications because of side effects that affect their sex lives.



Older adults are less likely to initiate discussions about sexual health concerns and rely mainly on providers to raise the topic of sexual health.

In addition, older adults often hesitate to discuss sexual health issues with providers due to barriers including discomfort/embarrassment about the topic, belief they are not at risk, lack of knowledge, and personal beliefs.



Healthcare providers are often reluctant to discuss sexual health with older adults for the following reasons:

- belief that older adults are not sexually active
- discomfort and/or embarrassment
- lack of knowledge/experience
- time constraints/interruptions
- sexual history is not relevant to the patient's chief complaint.





The reality is that elderly adults need to be touched, held, and feel loved, and this does not diminish with age. Unfortunately, many healthcare professionals have a mindset of *“I don’t want to think about my parents having sex, let alone my grandparents.”*



## *normal changes in men*

- Testosterone plays a critical role in a man's sexual experience.
- Testosterone levels peak in the late teens, gradually decline and stabilizes around age 60.
- Most men notice a difference in their sexual response by age 60 to 65.
- Loss of libido



## *normal changes in men*

- The testicles decrease in size and firmness, sperm production is reduced, and the prostate increases in size. In addition, men may notice that pre-ejaculatory fluid production is less.
- The penis may take longer to become erect, and erections may be less durable and less firm.
- It may take longer to achieve full arousal and to have orgasmic and ejaculatory experiences.



Among men, the most prevalent sexual problems and the corresponding percentages of those who were bothered by them were

- difficulty in achieving or maintaining an erection (37% and 90% respectively)
- lack of interest in sex (28% and 65%),
- climaxing too quickly (28% and 71%),
- anxiety about performance (27% and 75%),
- inability to climax (20% and 73%).



## *normal changes in women*

- Testosterone is a driver of sexuality in both sexes
- As women approach menopause, their oestrogen levels decrease, which may lead to vaginal dryness and slower sexual arousal
- While some women may enjoy sex more without worrying about pregnancy, naturally occurring changes in body shape and size may cause others to feel less sexually desirable.



For women, the most common sexual problems and the percentages of those who were bothered by them were

- lack of interest in sex (43% and 61%)
- difficulty with lubrication (39% and 68%)
- inability to climax (34% and 59%)
- finding sex not pleasurable (23% and 64%)
- pain (most commonly felt at the vagina during entry) (17% and 97%).



In older women, diminishing oestrogen levels contribute to thinning and drying of the vaginal mucosa. The vaginal mucosa has increased vulnerability to abrasions and tears during vaginal intercourse, thus increasing the risk for viral and bacterial transmission.



Older adults are at increased susceptibility of contracting STDs and HIV/AIDS based on both physiologic and behavioural factors. In both genders, the aging immune system becomes less effective at resisting and treating infections.



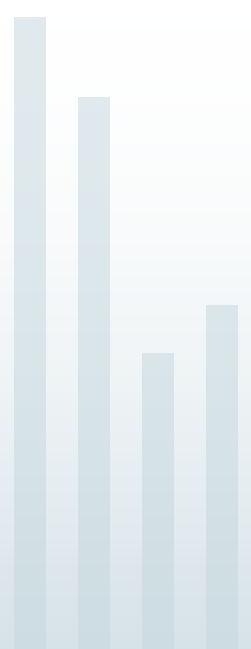


Number of acute syphilis cases ( $\geq 1:4$ ) for years 2011 to 2014.

Age Group	2011	2012	2013	2014	Total
0-9	0	0	0	1	1
10-19		1	1	8	11
20-29	7	9	33	37	86
30-39	2	12	26	17	57
40-49	5	4	22	14	45
50-59	2	6	11	5	24
60-69	1	1	5	3	10
70-79	1	2	2	3	8
80-89	1	1	2	2	6
90+	0	1	1	0	2
Age Unknown	4	4	9	10	27
Total	24	41	112	100	277

## New HIV Diagnosis in 2013 by sex and age

Age at AIDS Diagnosis	Male	Female	Total
10 - 19	1	0	1
20 - 29	16	1	17
30 - 39	13	7	20
40 - 49	5	2	7
50 - 59	6	5	11
<b>60 - 69</b>	<b>4</b>	<b>3</b>	<b>7</b>
<b>70+</b>	<b>1</b>	<b>0</b>	<b>1</b>
Total	46	18	64
Median Age at AIDS Diagnosis	34.2	45.4	35.5





## *Sexual physiology in late life*

- The sexual response cycle consists of four phases: drive (desire), arousal, release (orgasm), and resolution (the refractory period)
- In both men and women, drive or desire remains stable throughout life or at least into the ninth decade
- Multiple studies have demonstrated that the frequency of activity may decrease, but desire appears constant.



## *Sexual physiology in late life*

- Arousal is the phase most affected by aging
- Both sexes may experience prolonged arousal phases, which may require more direct genital stimulation
- In women, the decline and eventual cessation of oestrogen production during menopause may lead to the atrophy of urogenital tissues and an overall decrease in genital vasocongestion and lubrication during arousal.



## *Sexual physiology in late life*

- Orgasm (the resolution phase) tends to be the phase least affected by aging
- Men may need sustained direct stimulation and take more time for orgasm to occur
- They may have decreased volume of ejaculate and less forceful ejaculation
- The duration of orgasm is reduced in women over 50 years of age



## *Sexual physiology in late life*

- The time right after orgasm (the resolution phase), when a man returns to the unexcited phase, is of a shorter duration
- The time that it takes a man to regroup (the refractory period) before he can achieve another orgasm can be anywhere from 12 to 24 hours or longer
- This period increases as a man becomes older.



## *Sexual physiology in late life*

- Women who are multi-orgasmic will remain so in late life.
- Some women may experience pain during orgasm that is associated with the orgasmic contractions of the uterus and vagina becoming less rhythmic and coordinated.



Since health is a fundamental human right, so must sexual health also be a basic human right.

World Health Organization





## *Late-Life Sexuality and Non-traditional Relationships*

- It is important to remember that older adults are involved in both traditional and non-traditional romantic relationships, including gay, lesbian, and cohabiting relationships.
- Alternative sexual lifestyles carry their own challenges in all life stages, but aging sexuality seems to present special problems.
- Many of the barriers include challenges similar to those faced by other aging adults, including institutionalization, the lack or loss of a partner, ageist attitudes, and loneliness.



## *The Institutionalized Elderly*

- Intimacy is a need that manifests from conception to death, and it does not decrease in intensity or significance through adulthood.
- It is maintained not only by sexual intercourse but also by touching, stroking, patting, hugging, and kissing and emotionally by the sharing of joy, sorrow, affection, ideas, and values.
- Intimacy needs among the institutionalized aged require special attention because society is particularly intolerant of the sexuality of institutionalized adults.



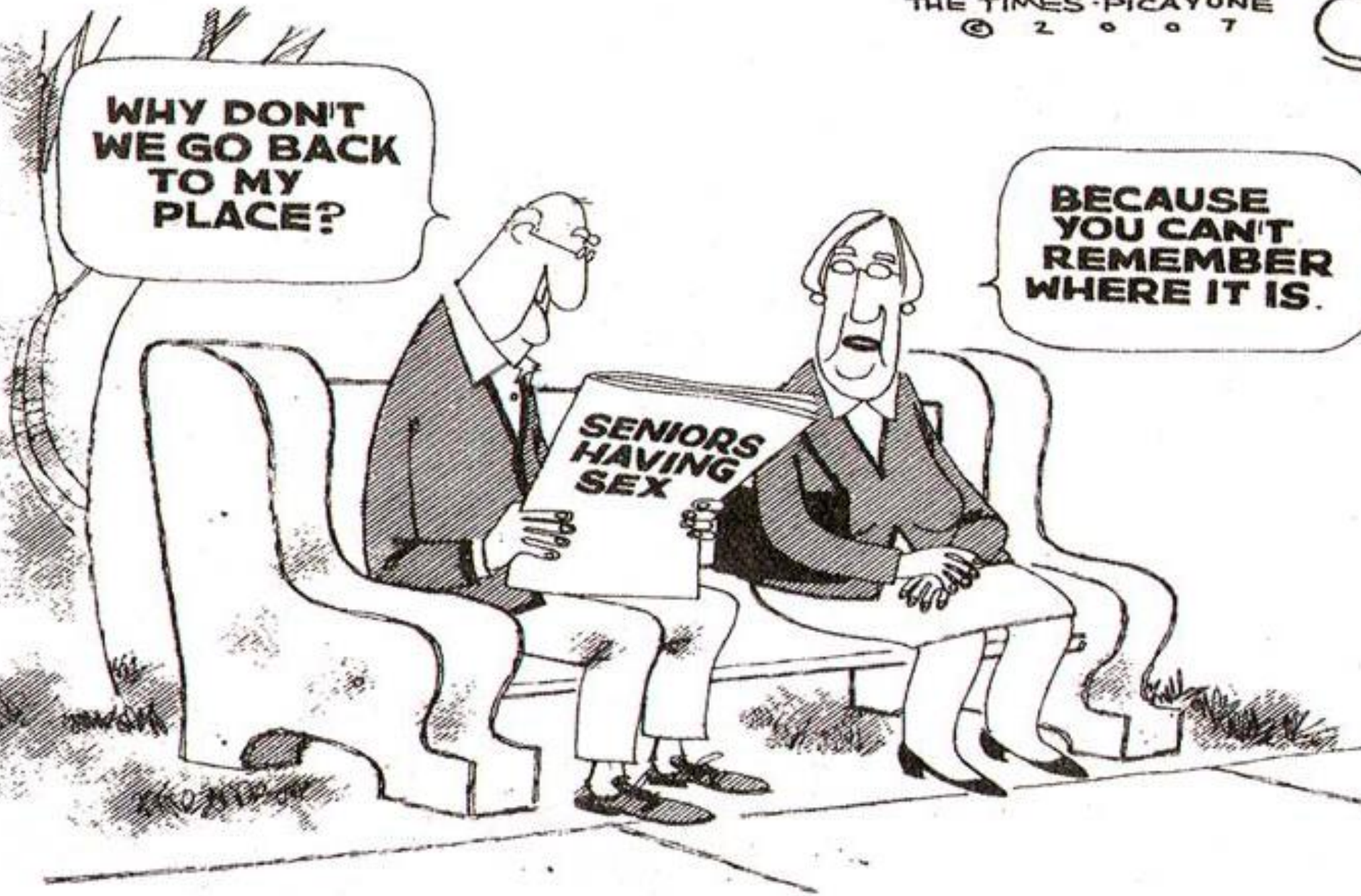
## *finale*

- Physiological and societal effects are important influencing forces on sexuality in late life.
- Older individuals find that they are not immune to the effects of societal and peer attitudes on what is considered acceptable behaviour.
- Sexual activity decreases as one ages, but sexual satisfaction does not.

**WHY DON'T WE GO BACK TO MY PLACE?**

**BECAUSE YOU CAN'T REMEMBER WHERE IT IS.**

**SENIORS HAVING SEX**





Thank you for listening!



In the primary care setting, sexual health prevention strategies are often not directed toward older adults due to the common misconception that they are less sexually active.



Number of positive NG tests done at LRU by year and age group, 2004-2015  
 Source: LRU Laboratory, 2016

Age Group	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1 - 4	0	0	0	0	0	0	0	0	0	0	1	0
5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
10 - 14	0	0	0	0	0	1	2	0	0	1	1	37
15 - 19	0	0	4	1	13	9	11	19	44	33	53	67
20 - 24	0	0	1	1	13	5	16	31	41	57	57	35
25 - 29	1	0	0	0	12	5	2	17	19	22	32	25
30 - 34	1	0	0	1	4	1	5	9	5	8	15	3
35 - 39	1	1	0	0	4	3	2	1	3	8	7	20
40 - 44	0	0	2	0	2	0	1	2	2	7	0	0
45 - 49	0	0	0	0	0	0	0	0	1	2	2	0
50 - 54	0	0	0	0	0	0	0	1	0	0	0	0
55 - 59	0	0	0	0	0	1	0	0	0	0	1	0
60+	0	0	0	0	0	0	0	1	0	0	0	0
Unknown	0	0	1	0	1	7	2	4	13	19	17	31
<b>Total</b>	<b>3</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>49</b>	<b>32</b>	<b>41</b>	<b>85</b>	<b>128</b>	<b>157</b>	<b>186</b>	<b>218</b>





## *HIV, AIDS & HIV Mortality in 2013*

- 9% (9 out of 104) of new HIV diagnosis in 2013 were  $\geq 60$  (6 men, 3 women)
- 12.5% (8 out of 64) of age of AIDS diagnosis in 2013 were  $\geq 60$  (5 men, 3 women)
- 8.5% (4 out of 47) who died of HIV related death in 2013 were  $\geq 60$  (3 men, 1 women)
- 8.4% (7 out of 83) who register for care at the LRU were  $\geq 60$  (3 men, 4 women)
- 10.3% (3 out of 29) deaths reported among LRU patients were  $\geq 60$  (2 men, 1 women)
- 223 persons  $\geq 60$  are estimated to be persons living with HIV (PLHIV) out of total of 2086 PLHIV estimated population at the end of 2013
- Since LRU opened in 2002, 78 persons  $\geq 60$  years have registered out of a total of 2082 persons registered up to 29<sup>th</sup> July 2016






## *Chlamydia*

- In 2015 – 1.1% (89 out of 8051) of all tests were for person's  $\geq 60$
- There were 3 positive tests for Chlamydia in person's  $\geq 60$  in 2015 (3 out of 1039 positive tests)

## People who registered at the LRU by sex and age; 2002 – 2013



Gender	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Female	237	67	65	66	65	55	59	46	33	46	41	30	30	37	11	888
Male	228	96	85	59	80	79	85	60	71	69	89	53	60	63	17	1,194
<b>Total</b>	<b>465</b>	<b>163</b>	<b>150</b>	<b>125</b>	<b>145</b>	<b>134</b>	<b>144</b>	<b>106</b>	<b>104</b>	<b>115</b>	<b>130</b>	<b>83</b>	<b>90</b>	<b>100</b>	<b>28</b>	<b>2,082</b>

Registration	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
10 - 19	21	9	4	3	8	4	7	9	7	7	13	2	5	7	4	110
20 - 29	155	44	33	30	29	24	39	26	25	30	47	20	30	35	13	580
30 - 39	164	46	45	43	43	48	40	29	24	27	31	29	17	27	4	617
40 - 49	80	40	42	36	42	42	30	22	31	33	19	10	19	16	5	467
50 - 59	37	15	20	10	20	7	23	17	15	14	11	15	14	11	1	230
60 - 69	7	6	4	3	3	8	5	3	1	4	8	7	4	3	1	67
70+	1	3	2	0	0	1	0	0	1	0	1	0	1	1	0	11
<b>Total</b>	<b>465</b>	<b>163</b>	<b>150</b>	<b>125</b>	<b>145</b>	<b>134</b>	<b>144</b>	<b>106</b>	<b>104</b>	<b>115</b>	<b>130</b>	<b>83</b>	<b>90</b>	<b>100</b>	<b>28</b>	<b>2,082</b>