Sex and Aging

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Lecture Outline

• Introduction including key points, ageism
• Research on the sexual behavior of healthy older adults
• Conditions which are often required for a satisfying sexual relationship
• Guidelines for discussing sex with someone
• Tips for maintaining sexual function
• Summary
1) Contrary to myths and misconceptions, older people regularly enjoy and benefit from physical intimacy.

2) For many people, emotional intimacy is important for a satisfying sexual relationship.

3) Other conditions that may be required for a satisfying sexual relationship include: safety, comfort, attraction, feeling secure and positive about the relationship, a positive self-image, and adequate communication about sex.
Nine Key Points

4) Older individuals display a spectrum of preferences and adaptations. There is no one right answer for everyone, especially if a partner has dementia.

5) For healthcare professionals, and perhaps for friends and loved ones as well, our most important responsibilities are: to introduce the topic and to facilitate supportive, open dialogue.

6) Sexual dysfunctions in older adults are not a normal part of aging.
Nine Key Points

7) Guidelines for discussing sex with someone include: establishing rapport, taking responsibility to introduce the topic; ensuring privacy; allowing sufficient time; using neutral statements; and not making assumptions.

8) Tips for maintaining sexual function in later life include correcting hearing loss, maintaining good dental hygiene, taking care of your skin, avoiding tobacco products, learning and performing specific exercises, pretreating pain or dyspnea, and putting aside unrealistic expectations.

9) The presence of dementia often leads to decreased quality of sexual life, in part, due to problems maintaining intimacy and safety.
Sexuality in Later Life: Some of The Myths

• Older people
  • Are not interested in sex
  • Do not have sex
  • Are not able to have sex
  • Do not need sex education or information
  • Should avoid sex because it may be dangerous or even lethal

• People who are ill or dying
  • Have no interest in sex
  • Should be protected from sex due to potential harm
Sexual Activity in Later Life

• The possibility of older individuals being sexually active is a subject which is often avoided or a source of humor

• Among younger adults, the avoidance or use of humor may arise because the notion of parents or grandparents being sexually active
  • Clashes with stereotypes
  • Causes emotional discomfort
  • Provokes fears of offending
Keeping Sexuality in Perspective
The Five Primary Drives

• Thirst
• Hunger
• Pain avoidance
• Social Attachment
• Libido (sexual drive)
Sexual Activity in Later Life

The Popular Media

- Popular media infrequently depict sexual intimacy involving older individuals
- Notable exceptions include the movies:
  - Away From Her (2006)
  - Up (2009)
  - The Best Exotic Marigold Hotel (2011) which included the lines:
    - “Your not worried about having sex at your age?”
    - “If she dies, she dies.”
Sexual Activity in Later Life: Depictions in the Popular Media

• Exceptions: works by 73-year-old journalist and author Barbara Rose Brooker such as *The Viagra Diaries* (2009)
  • a novel about sex and love after 60
  • a “Sex and the City” for seniors
  • the protagonist, Anny Applebaum, is single, 70, and writes a newspaper column about her search for love
They march for peace. They march for politics. But 78-year-old novelist Barbara Rose Brooker believes that American women must also march for freedom from age discrimination.

“We should wear our numbers around our necks in protest of ageism in the U.S.,” says Brooker, a San Francisco journalist and author of “The Viagra Diaries,” a new novel about sex and love after 60. “After 60 is a time to go forward, but all the messages we receive tell us we must turn the clock back.”

Age discrimination is one of many themes in “The Viagra Diaries” (Lumina), a sort of “Sex in the City” for the senior set. In the book, which is based on Brooker’s dating adventures, Anny Applebaum, single and 70, pens a newspaper column about her search for love. She meets “boomer bad boys,” serial online daters, and Viagra-dependent dudes — including Mary Rothstein, a 70-year-old emotionally unavailable diamond dealer. Still, Applebaum falls for him.

The book, which was recently optioned for a feature film, is full of insight and laughter, much like Brooker. Lounging in her art-filled studio apartment, she’s the cool female relative you always wish you had, the one who paints, wears funky jewelry and never stops encouraging you to write that book or plant that garden.

“How we age is who we are, and we shouldn’t be afraid to hide it,” Brooker says. “Age is not about a number. It’s about living life to the fullest, asking new questions and always forming new goals.”

According to Brooker, publishing her newest novel — she’s written seven, including 1987’s “So Long Princess” (Morrow) — wasn’t an easy goal. “Everyone wanted me to change Anny’s age,” she says of the big publishing houses. “They said, ‘Can’t you make her 49, or 67?’ No one wants to read about a woman who is 70.’” Eventually, she went with Lumina, a small press run by people she felt understood the importance of getting her story out.

“I’m really sad about the self-image women have after 60,” she says. “We’re treated very poorly in a society that sees love, sex and relationships as acceptable between 25 and 50. The truth is that age has no boundaries. It’s not a time to stop. Your spirit and creativity are so ripe. Make a legacy for yourself.”

Brooker’s legacy as a writer — she is most known for her popular column, Suddenly Sixty, which ran for six years in the San Francisco newspaper Marina Times — has been rewarding, of course. She also teaches creative-writing seminars through San Francisco State University. Still, she confesses, her true dream is acting.

Last month, she performed her first one-woman show, “Two to Tango.”

She hopes to take “Two to Tango” on the road, not only to empower women but to foster a dialogue on the impact fast-track medications such as Viagra are having on relationships.

“Sex after 60 is important. But there has to be intimacy and respect, too,” says Brooker, who has been married twice (she’s been divorced and widowed). “If you have intimacy but you can’t physically have sex, then Viagra is a wonder drug. But, too often, I wonder if men are just using Viagra and not pursuing a deeper connection.”

“Though the issues are similar at any age, dating is more difficult as a senior because there is less courtship by men, Brooker says. “They want sex right away or they move on,” she says. Also, men hide their age just as much as women do, she adds.

Still, Brooker believes that seniors are very much interested in romance. For her, it might mean moving away from boomer bad boys to the guys she calls boomer nerds. They are few and far between, she says, but they are special.

“They don’t want the woman out there who’s hiding her age,” she says. “They’re steady, intellectual, emotionally available, and they want it all.”

— MCT NEWS SERVICE
Sexuality in Healthy Older Adults

What does the research tell us?
Sexuality in Older Adults: Research Findings

- Schick et al. (2010) *J Sex Med*

**Methods**: obtained data from a population-based cross-sectional survey of adolescents and adults in the U.S. (the National Survey of Sexual Health and Behavior) conducted during early 2009

- Sex or sexual activity was defined as “any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.”

**Main Outcome Measures**: a) sexual behavior over the past year assessed in relation to several characteristics; b) pleasure, arousal, pain, lubrication/erectile difficulties and orgasm

- Those who had had sex with at least one partner in the previous 12 months were considered to be “sexually active.”
Sexuality in Older Adults: Research Findings

• Schick et al. (2010) *J Sex Med*

  • **Results**
    
    • 20-30% of both men and women remain sexually active well into their 80s
    
    • Age was related to a lower likelihood of solo and most partnered sexual behaviors
    
    • When controlling for age, relationship status and health were significant predictors of select sexual behaviors
    
    • For men, **health status** was related to men’s evaluation of the experience
    
    • For women, **relationship status** was the most significant predictor of women’s evaluation of the experience
Sexuality in Older Adults: Research Findings

• Schick et al. (2010) *J Sex Med*

  • Most men over 50 do have sex with a partner but almost **22.5%** reported that their most recent sex was with a “friend” or “new acquaintance”

  • For women over 50, **13.5%** reported that their most recent sex was with a “friend” or “new acquaintance”

  • Pepper Schwartz, a professor of sociology at the Univ. of Washington has offered the following explanation for this “friend with benefits” phenomenon:

    • Young people want to delay starting their lives
    • Older people do not want to complicate their lives
    • People in the middle are building their lives and need more than a friend, they need lifetime partners
BOOMERS REDISCOVER SEXUAL REVOLUTION

Study finds over-50 set having more casual encounters, called ‘friends with benefits’

RONI CARYN RABIN
NYT NEWS SERVICE

They have sex with friends, acquaintances and people they’re casually dating. Many have never been tested for HIV or any other sexually transmitted disease, but they rarely use condoms. Who are they?

The irresponsible scoundrels are not teenagers but 50-something singles, according to the National Survey of Sexual Health and Behavior, one of the most comprehensive national sex studies in almost 20 years, carried out at the Center for Sexual Health Promotion at Indiana University.

It turns out that “friends with benefits” — a sexual partner who is “just a friend,” and neither a soul mate nor a romantic interest — isn’t just for teenagers and college students anymore, and maybe it never was. Young adults may have given the practice a new name, but it probably started during the ’60s sexual revolution, when the middle-age Americans of today were young themselves.

Most men over 50 do have sex with a partner. But almost 23 percent said their most recent sex was with a “friend” or a “new acquaintance.”

Among women 50 and older, that figure was more than 18 percent. Those numbers don’t surprise the experts.

“‘Friends with benefits’ are uniquely suited to two groups of people — the young, who want to delay starting their life, and older people, who don’t want to complicate it,” said Pepper Schwartz, a sociology professor at the University of Washington in Seattle who serves on the sexual health advisory council of Church & Dwight, which manufactures Trojan condoms and financed the sex survey.

“People in the middle are building families and building a life — they need more than a friend, they need lifetime partners.”
Sexuality in Older Adults: Research Findings

• Lindau et al. (2007)
  • In-home interviews conducted in English and in Spanish by professional interviewers from 7/05 - 3/06
  • Of 4017 eligible, 3005 were interviewed (1550 women and 1455 men)
  • Sex or sexual activity was defined as “any mutually voluntary activity with another person that involves sexual contact whether or not intercourse or orgasm occurs”
  • Those who had had sex with at least one partner in the previous 12 months were considered to be “sexually active”
Sexuality in Older Adults: Research Results from

- Lindau et al. (2007)

- Prevalence of sexual activity

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Prevalence of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>57 to 64</td>
<td>73%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>53%</td>
</tr>
<tr>
<td>75 to 85</td>
<td>26%</td>
</tr>
</tbody>
</table>

- Prevalence of discussing sex with a physician since age 50

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>38%</td>
</tr>
<tr>
<td>Women</td>
<td>22%</td>
</tr>
</tbody>
</table>
Sexuality in Older Adults: Research Findings (Lindau 2007)

- Among female respondents who were sexually active, the most prevalent problems were:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low desire</td>
<td>43%</td>
</tr>
<tr>
<td>Vaginal lubrication</td>
<td>39%</td>
</tr>
<tr>
<td>Inability to climax</td>
<td>34%</td>
</tr>
</tbody>
</table>

- Among male respondents who were sexually active, the most prevalent problems were:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile difficulties</td>
<td>37%</td>
</tr>
<tr>
<td>Performance anxiety</td>
<td>27%</td>
</tr>
<tr>
<td>Climaxing too quickly</td>
<td>26%</td>
</tr>
</tbody>
</table>
Sexuality in Older Adults: Research Findings

• Lindau et al. (2007)
  • 14% of all men reported using medications or supplements to improve sexual function
  • Rating one’s health as poor was associated with
    • Decrease likelihood of being sexually active
    • Among those sexually active, being more likely to report sexual problems
Estimated Diagnoses of HIV Infection, by Age
2011, United States

<table>
<thead>
<tr>
<th>Age</th>
<th>Estimated Diagnoses of HIV Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 13</td>
<td>192</td>
</tr>
<tr>
<td>13-14</td>
<td>53</td>
</tr>
<tr>
<td>15-19</td>
<td>2,240</td>
</tr>
<tr>
<td>20-24</td>
<td>8,054</td>
</tr>
<tr>
<td>25-29</td>
<td>7,484</td>
</tr>
<tr>
<td>30-34</td>
<td>6,209</td>
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<tr>
<td>35-39</td>
<td>5,285</td>
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<td>40-44</td>
<td>5,753</td>
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<td>45-49</td>
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</tr>
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<td>50-54</td>
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<tr>
<td>55-59</td>
<td>2,312</td>
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<tr>
<td>60-64</td>
<td>1,229</td>
</tr>
<tr>
<td>65 and Older</td>
<td>948</td>
</tr>
</tbody>
</table>

Older Adults and HIV

• In the U.S. the use of condoms is much lower among individuals over 50 years
  • Stall and Catania (1994): in a national sample only 7.6% of men over 50 use condoms at least as often as “sometimes”
  • According to data from the National Survey of Sexual Health and Behavior (NSSHB), for individuals 61 years-old and older, the percent of the past 10 vaginal intercourse acts that included condom use:
    Men: 5.1%   Women: 7.4%
Condom Use Rates by Age & Gender
(% of past ten vaginal intercourse acts that included condom use)
(N = 3457)

Data from the National Survey of Sexual Health and Behavior, 2010
UC San Diego Health
Conclusions from Ten Selected Studies in Healthy Older Individuals

• Sexual activity continues in later life
  • Frequency declines
  • Sexual response is slower
  • Athleticism decreases
  • Satisfaction/enjoyment remains high

• Sexual dysfunction is not a normal part of life but is a common result of pathological aging

• Regardless of age, sexual dysfunction can be treated
Conclusions from Studies in Healthy Older Individuals

• Available data suggest that older men are more sexually active than older women, however, this finding could be somewhat biased because in the “older” research being sexually active was usually defined as having sexual intercourse.

• Level of sexual activity when young predicts level when older.

• Older adults infrequently use condoms but should use them regularly to provide protection from STDs.
Conclusions from Studies in Healthy Older Individuals

- Maintenance of satisfaction in a woman depends on:
  - Her perception of her general health
  - Continued participation in sex
  - Emotional Intimacy

- Maintenance of satisfaction in a man depends on:
  - His perception of his general health
  - His perception of his sexual partner’s attractiveness
Conditions for a Satisfying Sexual Relationship

- Safety, comfort, and attraction
- Feeling secure and positive about the relationship
- A positive self-image including feeling comfortable with one’s body and sexuality
- Adequate general communication (i.e. achievement of emotional and intellectual intimacy)
- Adequate communication about sex in particular
Guidelines for Discussing Sexual Issues with Someone
Guidelines for Discussing Sexual Issues with Someone

• General Considerations
  • Establish rapport: may want to wait until second or third contact
  • Introduce topic by putting it in context: sexual behavior 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
Guidelines for Discussing Sexual Issues with Patients

- General Considerations
  - Don’t wait for the other person to introduce the topic because:
    - They may believe you consider sexual problems as private, trivial or unimportant
    - If one partner is ill, the “healthy” partner may believe that discussing his/her sexual problems portrays him/her as selfish or as inadequate caregivers
Guidelines for Discussing Sexual Issues with Patients

• General Considerations
  • Begin with neutral, unemotional statements e.g. “Have you experienced any changes in your sexual life?”
  • Use open-ended questions
  • Establish a private and comfortable environment
  • Allow sufficient time for discussion
Guidelines for Discussing Sexual Issues with Patients

• Specific Considerations
  • Do not make assumptions
    • e.g. the person is heterosexual
    • Less than 10% of older patients are questioned about their sexual orientation (Smith et al. 1985)
    • e.g. the person has a sexual problem
      • Older adults may not perceive coital dysfunction as a problem and so rather than asking about satisfaction with coitus, ask about satisfaction with their sexual activity
  • Be clear that sexual activity includes coital and non-coital behaviors
Guidelines for Discussing Sexual Issues with Patients

• Specific considerations
  • Determine a person’s desire for sexual intimacy and current sexual activity
  • Ask about the individual’s recent sexual experiences
    • In the past (time period, e.g., year) with whom have you engaged in sexual activity? Men, Women, Men & Women, someone who is transgender or no one?
  • Explore the person’s sociocultural and psychological perceptions of sexuality
  • Remember that medical problems and medications are possible causes of sexual dysfunction
Tips for Maintaining Sexual Function in Later Life
Tips for Maintaining and Enhancing Sexual Function

• Establish emotional intimacy

• Optimize your physical health by:
  • Eating a heart healthy diet
  • Getting adequate rest
  • Maintaining good dental health
  • Taking care of your skin
  • Avoiding tobacco products
  • Minimizing alcohol intake
  • Exercising regularly
  • Correcting hearing loss
Tips for Maintaining and Enhancing Sexual Function

• **Optimize your physical health by:**
  • Learning and performing specific exercises that improve your appearance and function
    • Abdominal crunches for a protruding abdomen
    • Kegel exercises for wakened pelvic muscles
  • Obtaining optimal care of medical illnesses
  • Pretreating symptoms of pain or dyspnea that interfere with sex
  • Using lubrication
  • Discussing medication side effects impacting sexual function with your doctor
Sex and Aging: Summary

1) Contrary to inaccurate stereotypes and false assumptions, sexual experiences for older people are common, enjoyable, and helpful.

2) For many, especially women, emotional intimacy may be needed for optimal sexual experiences.

3) Other conditions that may be required for a satisfying sexual relationship include: safety, comfort, attraction, feeling secure and positive about the relationship, a positive self-image, and adequate communication.
Sex and Aging: Summary

4) Older individuals display a spectrum of preferences and adaptations. There is no one right answer for everyone, especially if a partner has dementia.

5) For healthcare professionals, and perhaps for friends and loved ones as well, our most important responsibilities are: to introduce the topic and to facilitate supportive, open dialogue.

6) Guidelines for discussing sex with someone include: establishing rapport, taking responsibility to introduce the topic; ensuring privacy; allowing sufficient time; using neutral statements; and not making assumptions.
Sex and Aging: Summary

7) Sexual dysfunctions are not a normal part of aging.

8) Tips for maintaining sexual function in later life include correcting hearing loss, maintaining good dental hygiene, taking care of your skin, avoiding tobacco products, learning and performing specific exercises, pretreating pain or dyspnea, and putting aside unrealistic expectations.

9) The presence of dementia often leads to decreased quality of sexual life, in part, due to problems maintaining intimacy and safety.