



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Positive Aging and Sexual Health

Sexual Health Never Gets Old!

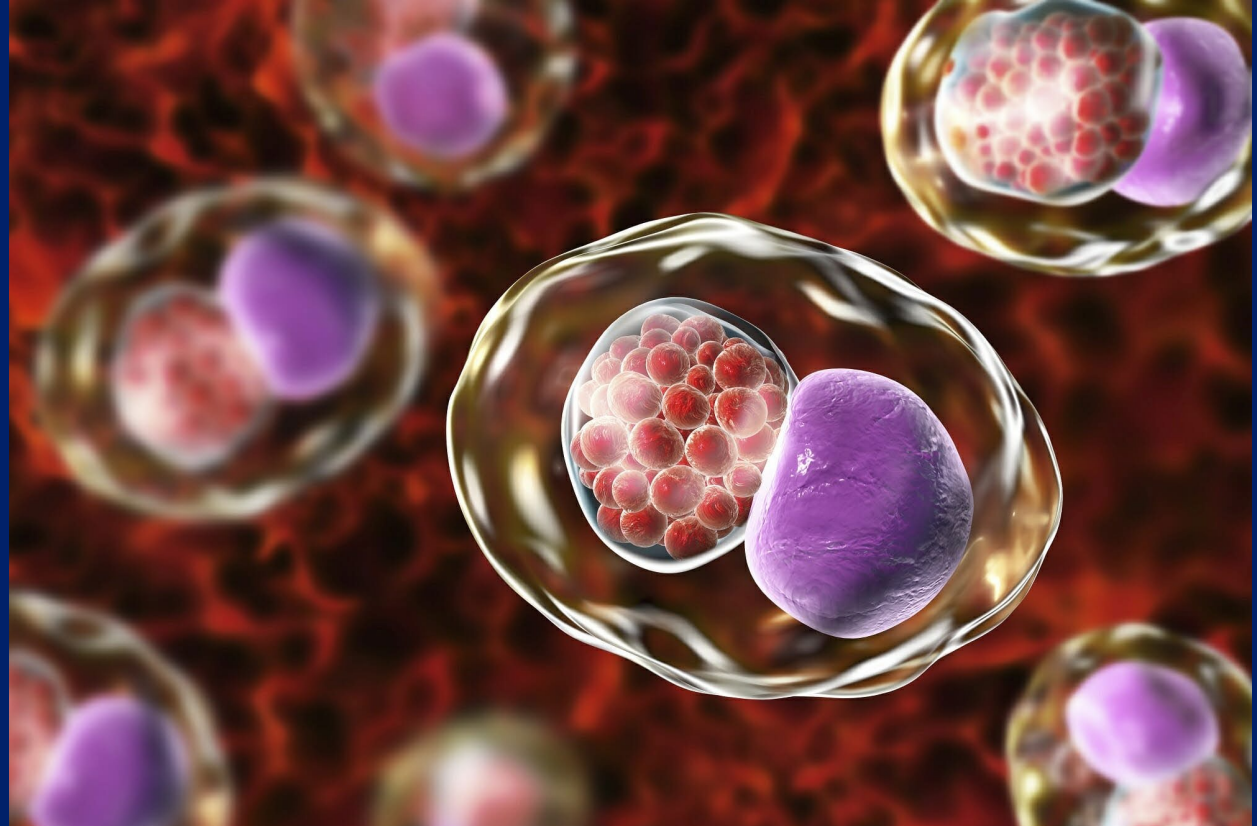
Marie Pulkrabek, RN
Matthew Swango, LCSW
Bureau of HIV, STD, and Hepatitis

Goals

- Decrease stigma toward aging and sexual health
- Discuss sexual health importance
- Increase understanding that older people are having sex
- Increase knowledge about the importance of testing for STDs and HIV
- Identify ways to assess and advocate for the sexual health needs of older adults

Sexually Transmitted Infections/Diseases

- Gonorrhea
- Chlamydia
- Syphilis
- HIV



Missouri 2021 Data

55+ in Missouri

Sexually Transmitted Infection	Diagnosed in 2021
Chlamydia	220
Gonorrhea	323
Early Syphilis	1460

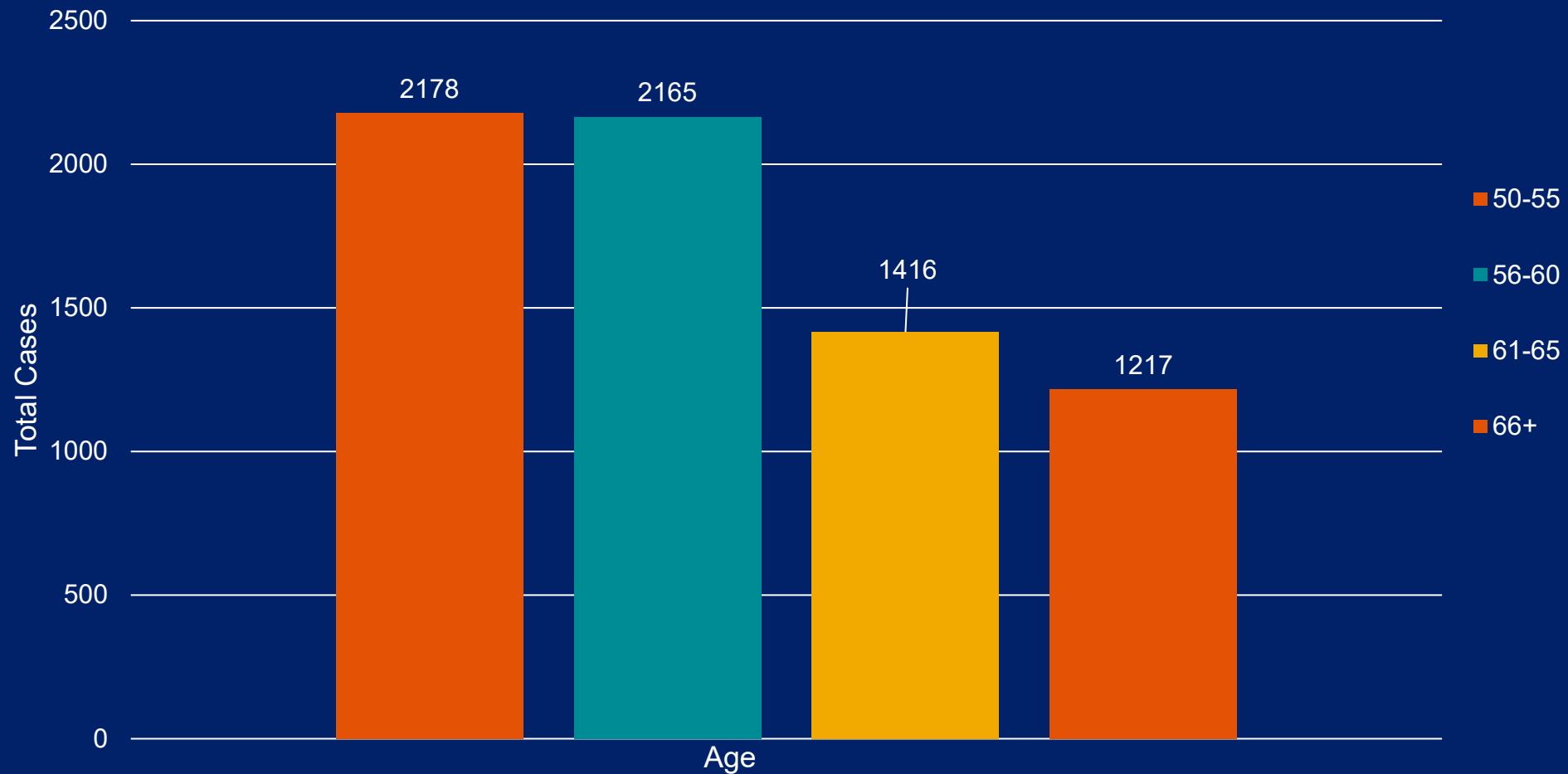
HIV in Missouri

- 4,798 people ages 55+ living with HIV in Missouri
- 63 people ages 55+ diagnosed with HIV in Missouri

State of Missouri Office of Epidemiology 2022



Living with HIV in Missouri 50+



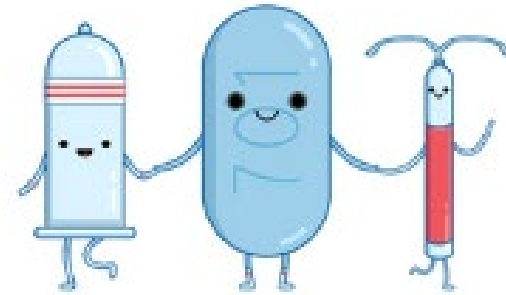
HIV Statistics

- For people living with HIV/AIDS disease, 50% are 50+
- For newly diagnosed HIV/AIDS cases, 17% are 50+
- Males are the largest proportion for the new and living HIV/AIDS diagnoses
- White people are the largest proportion for new and living HIV/AIDS diagnosis
- For people living with HIV/AIDS
 - MSM was the primary mode of transmission for males
 - Heterosexual contact was the primary mode of transmission for females
- For newly diagnosed HIV/AIDS, no identifiable risk was the primary mode of transmission

Types of Health

- Biological
- Psychological
- Social
- Spiritual
- Sexual

let's talk about



sexual health

Are older people having sex?

Ages 65-80

- 40% are sexually active
- 75% have a romantic partner

University of Michigan

<https://labblog.uofmhealth.org/>



Sexual Rights

International organizations have recognized and demanded sexual rights as universal rights based on inherent freedom, dignity and equality of all human beings.

Older adults shall have rights to:

- ☐ Access the highest attainable standard of sexual health;
- ☐ The absence of sexually transmitted disease;
- ☐ Access to sexual education, and
- ☐ Decisions to be sexually active or not

(WHO, 2000; IPPF, 2006)

Why is Sexual Health Important?

- Is important to an individual's self-identity and general well-being
- Contributes to the satisfaction of physical needs
- Fulfills social, emotional and psychological components of life
- Evokes joy, romance, affection, passion and intimacy
- Improve functional status
- Improve mood
- Provides for expressions of affection and passion
- Enhances the life experience
- Enriches connection and communication



Stigma

- Stigma: prejudicial beliefs and discriminatory actions
- Usually brings shame

Examples

- Religion
- Ageism
- Cultural norms



Barriers to Sexual Health for Older Adults

- Acute & chronic illnesses, medications
- Lack knowledge and comfort with sexual health issues
- Not always familiar with safe sex practices, or ways new health needs (mobility issues) can be accommodated for during sex
- Old habits
- Negative experiences
- Fear of discussing sexuality
- Cultural attitudes toward sexuality
- Lack of opportunity (no partners or privacy)

Physical Barriers to Sexual Health

- Normal aging changes
- Pathological changes
- Chronic pain
- Cognitive impairment
- Environmental restrictions
- Body image
- Adverse medication effects



Societal discomfort with LGBTQ+

- Older people are LGBT too!
- They may not have “come out” to friends and family yet
 - They may fear physical harm for coming out
- May require great sensitivity due to years of isolation



Normal Aging in Females

- Many of these changes are a result of loss of estrogen after menopause
 - Vaginal wall thinning
 - Decreased or delayed vaginal lubrication (may lead to pain)
 - Labia atrophy
 - Vagina shortens
 - Cervix may descend downward into the vagina
 - Loss of fat pad over pubic symphysis may lead to pain from direct pressure over bone
 - Vaginal contractions become fewer and weaker during orgasm
 - After sexual intercourse, women return to the pre-aroused stage faster than they would at an earlier age.

Normal Aging in Males

- Decreased testosterone hormone levels
 - Weaker erection due to erectile dysfunction (ED)
 - Orgasms are fewer and weaker
 - Reduced force and amount of ejaculation
 - Increased refractory period after ejaculation

Health Care Providers as Barriers

- Providers are equally subject to myths and attitudes about sexuality and aging
 - May be insensitive to older adults' needs
 - May have a lack of knowledge to manage sexual health issues
 - May experience discomfort in managing sexual issues

Sexual Health Assessments

This the first step in developing a plan of care to fulfill the sexual needs of an older population.

- *Get Comfortable!*
- Example questions to get the conversation started:
 - Can you tell me how you express your sexuality?
 - What concerns do you have about fulfilling your sexual needs?
 - In what ways has your sexual relationship with your partner changed as you have aged?
 - What interventions or information can I provide to help you to fulfill your sexuality?

Sexual Health Assessments

- Find a quiet, private area.
 - The more comfortable the healthcare provider is with the assessment, the more comfortable the client will be.
 - Perform assessment in a respectful manner that conveys understanding of the continuing sexual needs of older adults.
- Health history & review of systems
 - Prescription drug review
 - Physical assessment
 - Cognitive impairment assessment to determine impact on sexual health decision making
 - Labs - Testosterone levels
 - CT/MRI - For hypersexual behaviors

Sexual Health History Example

- _____ 1. Are you currently sexually active?
- _____ 2. Are you currently sexually active with more than one partner?
- _____ 3. What kinds of protection do you and your partner use during sexual activity?
- _____ 4. How has your illness and/or medication affected your sexual activity?
- _____ 5. Do you have questions or concerns about your sexual activity?
- _____ 6. Have you ever had a sexually transmitted disease, or knowingly been exposed to somebody with a sexually transmitted disease?
- _____ 7. Have you ever had, or do you now have, discharge, rashes, or sores in the genital area?
- _____ 8. Is there anything you would like to discuss concerning sexual issues?

CDC Assessment Recommendations

The 5 “P”s

- Partners
- Practices
- Protection from STIs
- Past history of STIs
- Pregnancy Intention

www.cdc.gov/std/treatment/sexualhistory.pdf

CDC Assessment Recommendations

Partners

- Never assume gender identity or sexual orientation.
- Ask about current partners' other partners and drug use.
- Even if 1 partner is reported in the last 12 months, it could be a new partner.

CDC Assessment Recommendations

Practices

- Ask about oral, anal and vaginal sex.
- How do you meet your partners?
- Have you or your partners used drugs?
- Have you ever exchanged money or drugs for sex?

CDC Assessment Recommendations

Protection from STIs

- Do you and your partner discuss STIs?
- How do you and your partner protect each other?
- How often do you use protection?
- Do you know about Hepatitis vaccinations and PrEP/PEP?

CDC Assessment Recommendations

Past History of STIs

- Have you ever been tested/treated for STIs/HIV?
- Reoccurring symptoms?
- Partners tested/treated for HIV/STIs?

CDC Assessment Recommendations

Pregnancy Intentions

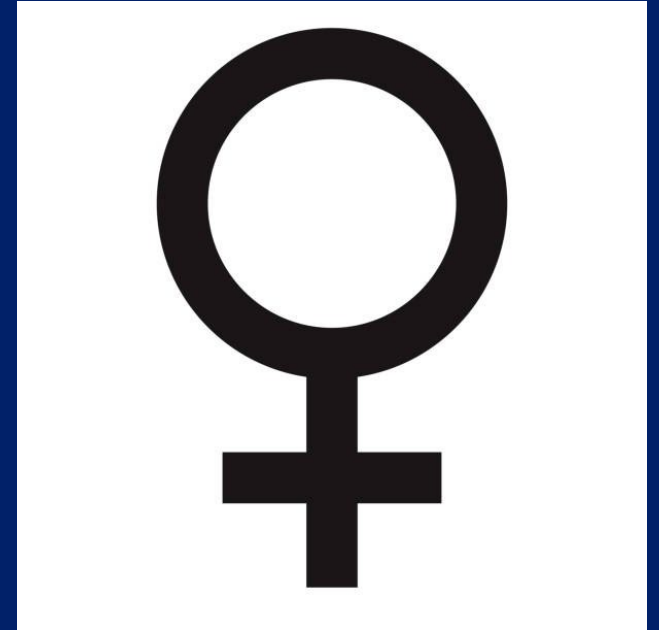
- Is it important to you to prevent pregnancy?
- Do you plan to have more children?
- Do you need information on birth control?

Diagnosis is opportunity

- Teach about normal aging changes and impact of diseases on sexual function and image.
- If brought up as a concern, discuss need for longer arousal time to compensate for normal aging changes.
- Consider alternative positions or forms of intimacy when sexual intercourse becomes uncomfortable.
- Understand the principle of: “Use it or lose it.”
- Include safe-sex practices in all client teaching encounters.

Female Sexual Dysfunction Options

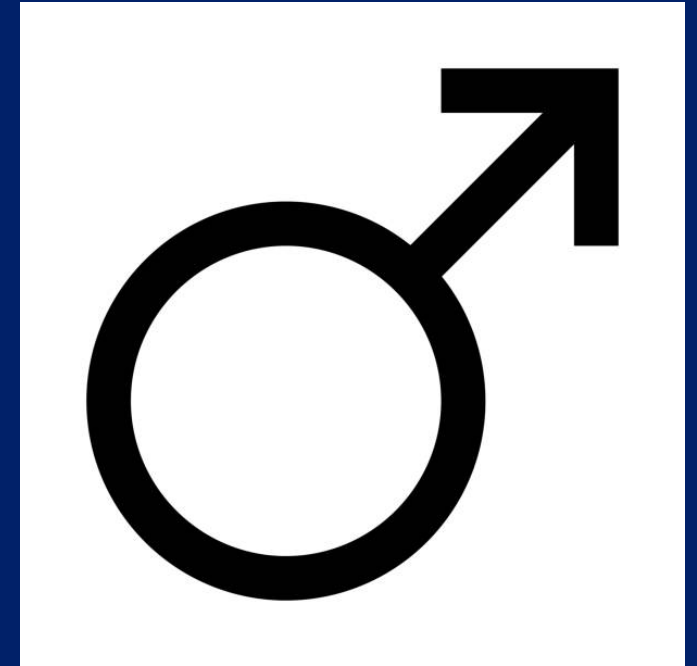
- If your female clients or patients are experiencing sexual dysfunction, you may advise the following for better sexual health:
 - Artificial, water-based lubricants
 - Estrogen gels, patches, creams, or ring
 - Talk therapy



The goal is better sexual health through open communication
of safe sex options

Male Erectile Dysfunction Options

- If your female clients or patients are experiencing sexual dysfunction, you may advise the following for better sexual health:
 - Injection therapy
 - Implants
 - Talk therapy



The goal is better sexual health through open communication
of safe sex options

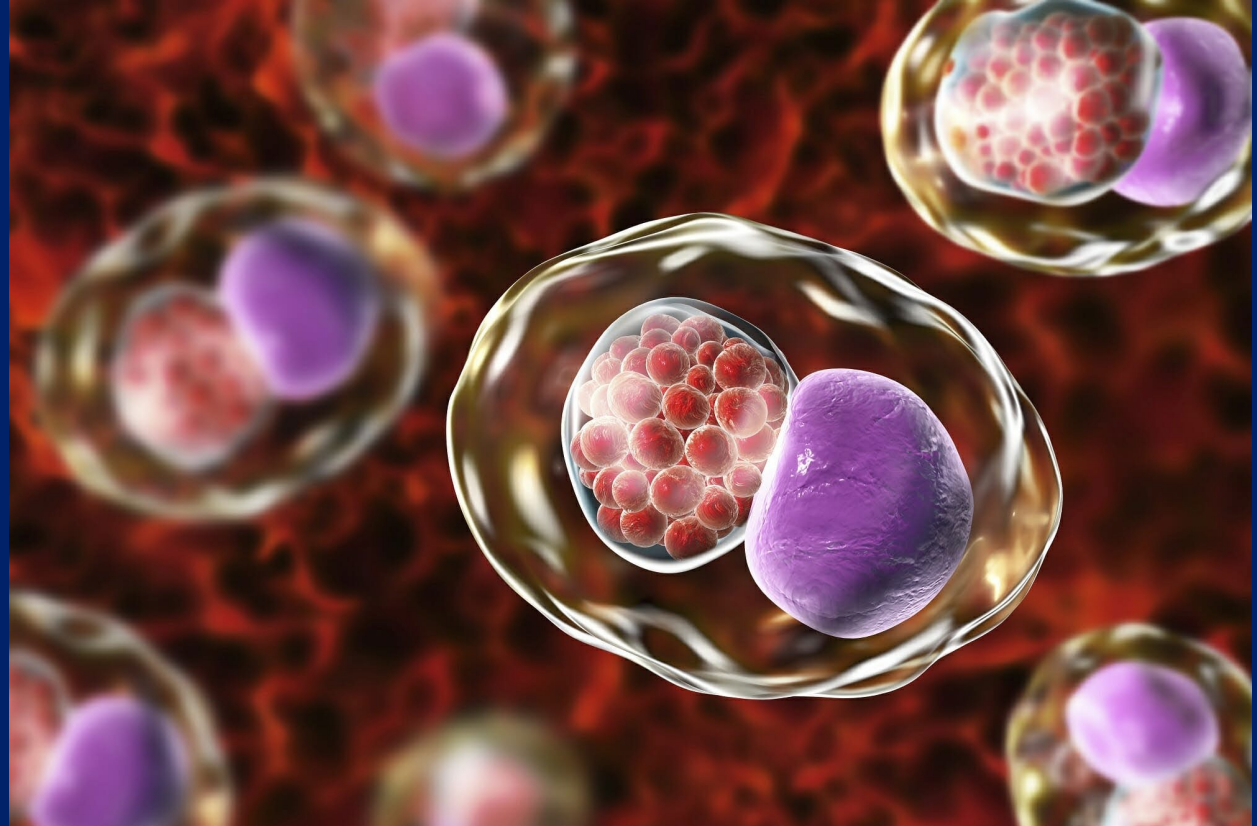
Safer Sex in Older Adults

- Condoms
- Lubrication
- Pre Exposure Prophylaxis
- Post Exposure Prophylaxis
- Treatment as prevention (TASP)
 - Undetectable = Untransmissible
 - U=U
- Sexual acts with lesser risk



Sexually Transmitted Infections/Diseases

- Gonorrhea
- Chlamydia
- Syphilis
- HIV



Missouri 2021 Data

55+ in Missouri

Sexually Transmitted Infection	Diagnosed in 2021
Chlamydia	220
Gonorrhea	323
Early Syphilis	1460

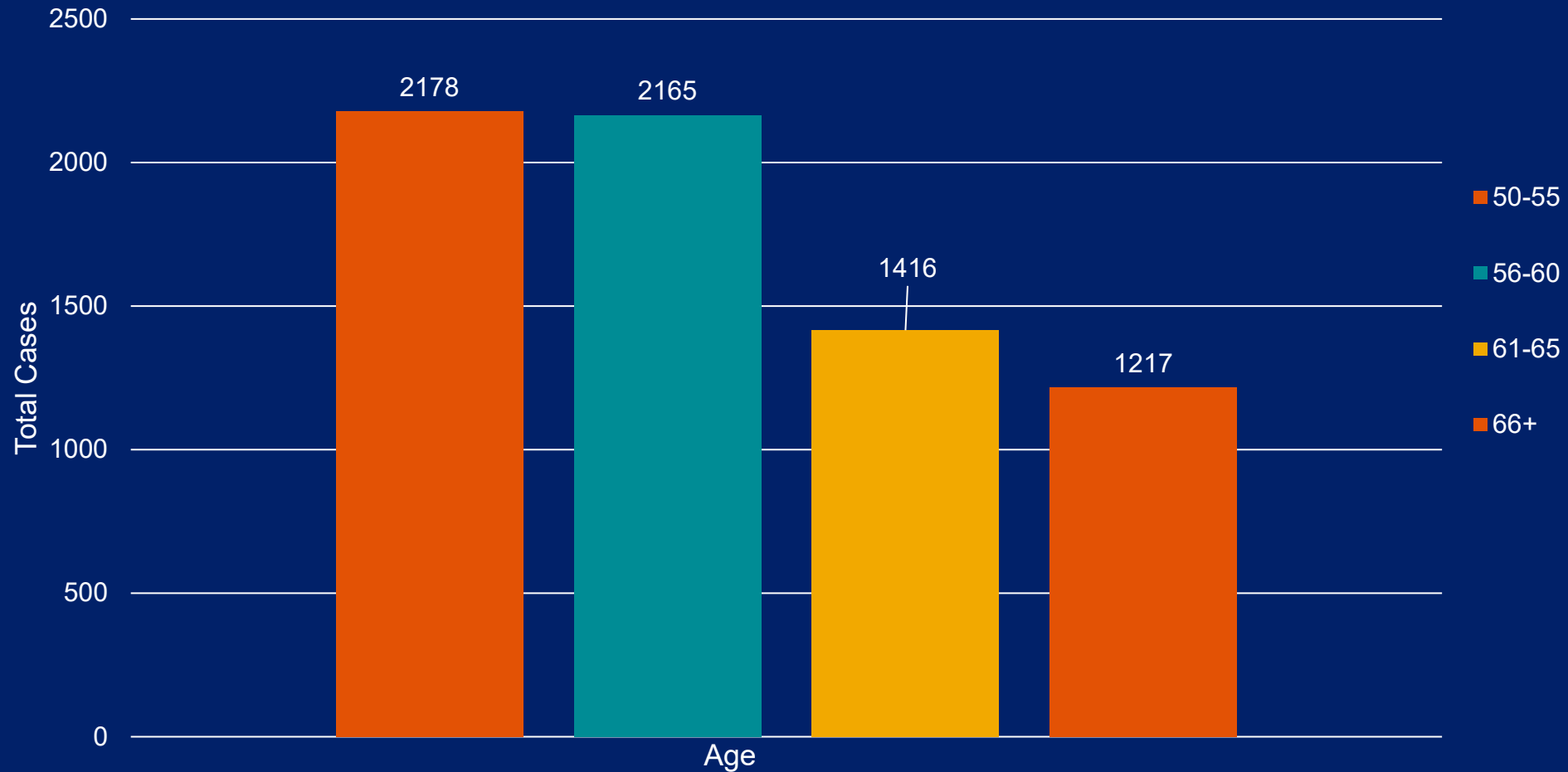
HIV in Missouri

- 4,798 people ages 55+ living with HIV in Missouri
- 63 people ages 55+ diagnosed with HIV in Missouri

State of Missouri Office of Epidemiology 2022



Living with HIV in Missouri 50+



HIV Statistics

- For people living with HIV/AIDS disease, 50% are 50+
- For newly diagnosed HIV/AIDS cases, 17% are 50+
- Males are the largest proportion for the new and living HIV/AIDS diagnoses
- White people are the largest proportion for new and living HIV/AIDS diagnosis
- For people living with HIV/AIDS
 - MSM was the primary mode of transmission for males
 - Heterosexual contact was the primary mode of transmission for females
- For newly diagnosed HIV/AIDS, no identifiable risk was the primary mode of transmission

Transmission

- Gonorrhea oral, anal and vaginal sex
- Chlamydia oral, anal and vaginal sex
- Syphilis skin contact with syphilis sores (chancres and rashes)
- HIV blood, semen, pre-ejaculate, vaginal secretions, rectal secretions and breast milk

Testing Recommendations

- Gonorrhea and Chlamydia
 - Testing at sites of potential exposure (swab or urine test)
- Syphilis
 - Blood draw
 - Reactive if ever had syphilis
 - Active infection determined by RPR and case history
- HIV
 - Conventional blood draw
 - Rapid (~15 min result) Point-of-Care testing

Develop a Sexual Health Toolkit

- Individual tubes of lubricants
- Condoms
- Dental Dams
- Medication



THANK YOU!

FOR MORE INFORMATION, CONTACT THE
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

[HEALTH.MO.GOV](https://health.mo.gov)

[\(573\) 751-6400](tel:(573)751-6400)

