Positive Aging and Sexual Health

Sexual Health Never Gets Old!

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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

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State of Missouri Office of Epidemiology 2022
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
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
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.

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

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

www.cdc.gov/std/treatment/sexualhistory.pdf
Past History of STIs

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

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

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

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

www.cdc.gov/std/treatment/sexualhistory.pdf
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 = Untransmissable
  - U=U
- Sexual acts with lesser risk
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Total Cases

- 50-55: 2178
- 56-60: 2165
- 61-65: 1416
- 66+: 1217

Age Group
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State of Missouri Office of Epidemiology 2022
• Gonorrhea       oral, anal and vaginal sex
• Chlamydia       oral, anal and vaginal sex
• Syphilis        skin contact with syphilis sores (chancre 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
(573) 751-6400