Sexuality and Quality of Life in Aging: Implications for Practice

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ABSTRACT

Sexual activity continues into the 8th decade for many elders. This topic is neglected in health care because conversations about sexuality can be difficult for health care providers. Age, culture, sexual orientation, patient comorbidity, and time constraints can impede discussions about sexuality. Additionally, sexual concerns of men and women are often divergent. Men are likely to focus on performance, whereas women may care more about cuddling, caring, and love. Knowledge of an older adult's sexual concerns is an important consideration for nurse practitioners. Information about medications and sexual aids that can improve sexual health will increase provider comfort in addressing sexual difficulties.

Keywords: elders, sexuality

The importance of sexuality for men and women as a component of emotional and physical intimacy is evident in the literature on quality of life for healthy aging but remains a topic that is uncomfortable to discuss for both patients and health care professionals. The majority of authors in the nursing literature discussed the problem of sexuality in nursing homes—the scenario of the older male patient entering the room of a female patient. The focus of these articles is on how nurses can manage this problem, but no single article addresses discussing sexuality with older adults who are essentially healthy, able to live independently, and seek health and wellness care in ambulatory care settings.

In the recent medical literature, a number of authors reported on surveys of sexual desire, attitudes, behaviors, and function in older women and men. Only 2 articles addressed how seniors can continue to enjoy a healthy sex life, and none of the published authors are nurse practitioners (NPs). The purpose of this article is to discuss prescriptive and herbal therapies that older patients may be using to augment sexual health, as well as potential barriers to conversations about sexuality in aging.

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LITERATURE REVIEW

Lindau et al,[1] in a study published in the *New England Journal of Medicine*, reported on a survey of 3005 respondents ages 57-85 who were queried as to prevalence of sexual activity, behaviors, and problems. The prevalence of sexual activity in this sample was 74.8%. Reported sexual activity declined with age; it was 73% for 57- to 64-year-olds, 53% for those 65-74 years old, and 26% for those 75-85 years old. Women were much less likely to report being sexually active than men. Half of the women and half of the men reported at least 1 bothersome sexual problem and were concerned about the impact of aging changes on sexuality. After the age of 50, 38% of the men and 22% of the women had discussed sex with a physician. Women's most prevalent problems were a lack of desire, difficulty with vaginal lubrication, and inability to experience orgasm. Older men's sexual concerns were focused primarily on erectile difficulties. Those elders in poor health were less likely to be sexually active and more likely to experience sexual problems.

DeLamater and Moorman[2] reported on the Modern Maturity Sexuality Survey conducted by the

American Association of Retired Persons in 1999. In 2013, Northrup et al[3] repeated the survey. Among the survey respondents, all 50 years or older, 59% of men and 56% of women reported that their partners were not fulfilling their needs. More than a quarter of the men said they are not having enough sex, and a quarter of the women reported not having the lifestyle they had hoped for. Thirty-one percent of couples have sex several times a week, 28% a couple times a month, 8% once a month, and 33% rarely or never. The happiest couples say "I love you" at least once a week. Interestingly, 90% of men and only 58% of women regularly say "I love you" to their partners.

A number of authors have reported on surveys of sexual desire, attitudes, behaviors, and function in older women and men. Ginsberg et al[4] studied a sample of 166 lower-income older adults living in subsidized independent living facilities. Most of the 166 participants had physical sexual experiences, such as touching, kissing, holding hands, and hugging, ranging from daily to once a month. The majority did not want to engage in sexual experiences, such as masturbating, stroking, and intercourse, attributing their avoidance to lack of a partner, age, and lack of interest.

Gott and Hinchliff[5] elicited data on attitudes toward and the value of sex in later life from men (n = 21) and women (n = 23) ages 50-92 using the World Health Organization Quality of Life Importance Scale and semistructured interviews. These investigators reported that elders with a current partner rated sex as having at least some importance in their lives, whereas those without a partner rated sex as having no importance. Barriers to being sexually active meant placing less importance on sex.

THE EFFECT OF AGING CHANGES ON SEXUALITY

For most people, age-related changes begin in midlife (around age 45) and increase over time. The physiological changes are multifactorial and can be related to diminished blood flow and hormonal and neurologic changes. In men, testosterone and estrogen levels start to decrease just about the same time that women experience menopause and a concomitant decrease in circulating androgens and estrogen.[6] This decrease in hormones affects muscle strength, integument, bone mass, and inflammatory processes, as well as sexual functioning for both men and women. Thus, men may begin to experience erectile dysfunction, and women may experience urogenital atrophy. However, other factors also impact sexual health as individuals age. In both men and women, obesity, lack of exercise, hypertension, diabetes, atherosclerosis, incontinence, alcohol, drugs, smoking, and psychological issues are risk factors for sexual dysfunction.

SEXUAL HEALTH INQUIRY IN PRIMARY CARE

Health care practitioners are mandated to obtain a complete health history from patients—both yearly and when a new patient presents to the practice. The health history includes a thorough review of systems, including a comprehensive sexual and reproductive history. Younger women are most likely to be asked about safer sex practices, menstrual cycles, last normal menstrual period, dysfunctional vaginal bleeding, abnormal discharge, number of sexual partners/preferences, obstetrical history, family history, social history, and habits. Young men are also asked about risky behaviors, penile discharge, lesions, sexual history, and partners.

As patients grow older and their comorbidities increase, providers can conceivably overlook the sexual history, perhaps because chronic health problems take precedence during a visit. Other factors also impede opportunities to include important sexual history information. Providers may feel pressed for time, but it is also possible that clinical guideline changes decrease opportunities for providers to discuss sexual health with older adults.[7,8] For example, routine Pap smears are not recommended for women over age 65, and now men over age 55 do not necessarily receive yearly prostate-specific antigen testing.[7,8] Instead, men are encouraged to discuss the risks and benefits of routine prostate-specific antigen testing with their health care provider.[8]

Additionally, it is possible that there are barriers to provider-patient discussions about sexuality in aging. Despite the sexual revolution associated with the baby boomer generation, cultural restraints and embarrassment discussing sex may prevent patients from talking about sexuality with their providers,[9] who also may feel uncomfortable discussing sex with older adults.

It is also possible that content-laden curriculums in medical schools and graduate nursing programs may not include information about how to approach this topic with patients. Lindau et al[10] developed and tested a scale to measure nurses' knowledge and