LET’S TALK ABOUT SEX... AND THE OLDER ADULT

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Objectives

• Learn what changes in our sexual culture have impacted the co morbidities of our older adults.

• Identify key factors that will improve your ability to obtain sexual health history of the older adult.

• Cite key factors affecting the older adult’s sexual health that can be improved with health education?
We are a nation that is greying very quickly…

Yes, older people still have sex!

Fastest growing rate of HIV is in the older population….
Myth One

Are older people still sexy? Surely not with sagging bodies and thinning grey hair.....
Survey done by AARP found adults age 45 and older considered their partners more physically attractive as they aged....
Myth Two

Older people are just too tired and not interested in having sex...
Reality

People are living longer and healthier

With the miracle of modern medicines feel stronger & more vigorous...& Sexier
The Boomers Impact...

- The group turning 65 now views sex in a whole new light
- Birth Control availability made for a more liberal view on sex
- Hippie generation with “free love”
- “Pfizer riser” and male enhancement products
- “coming out” openness of sexual preferences
What does that mean to the health care professional?

The sexual history of your patient can have a dramatic impact on their health.
Finding out the “true” sexual history

Step One

Need to gain a comfort level with discussion of this topic
Step two....

Now include this in your routine history

And

Whenever you suspect that this might be a problem

Listen carefully for clues....
A woman’s point of view...
Beyond the wrinkles.....

Your female patient has wrinkles, sagging breasts and bent over posture that worsens with each passing year....
Healthy Choices

Lifestyle choices can help slow the ravages of time....

Smoking cessation
Maintain healthy weight
Regular exercise
Control stress
Help for the older female...

Perky breasts - implants????

Urinary incontinence - Kegels/surgery,

Atrophy of vagina

Prolapse - pessary?

Dryness
Help for successful intimacy....

A visit to the gyn for physical & lab

To help improve physical problems

Understanding sexual partner is important

need to slow down and take time

use lubricant

Use of vibrator/sex toys

alter position

change time of day
A Man’s Point of View....
Ravages of time affect men also

Thinning grey hair
Wrinkles and sagging body parts
Chronic illness
Less stamina & and interest in sex
Takes more time to achieve full erection
Penis is less firm than younger years
Erectile Dysfunction

With the advent of Viagra in March 1998 the “Pfizer riser” made it OK to talk about the subject. 1/3 visits with mention of Viagra in 1999 were during office visits for other problems.

ED is not an inevitable part of aging

Lifestyle choices slow or prevent ED:

- Smoking cessation
- Maintain healthy weight
- Regular exercise
- Control stress
Meds that can produce ED as a side effect

Blood pressure meds
Antihistamines
Antidepressants
Tranquilizers
Appetite suppressants
Cimetidine
Illegal drugs
patient history pt with c/o ED
chronic disease
med list (include illegal drugs)
sexual activity?
identify problem
desire for sex?
erecption?
ejaculation?
egasm?
Physical exam for pt with c/o ED

Loss of sensation in penis may mean damage to the nervous system

Hormonal cause- look a hair pattern and any breast enlargement

Examine pulses- decrease may mean problem with circulation

Penis that bends or curves- Peyronie’s disease that can be painful
Lab testing for c/o ED

CBC
UA
Lipid profile
Creatinine
Liver enzymes
Free testosterone
Other testing....

Nocturnal Penile Tumescence

Monitoring erections that occur during sleep rule out psychological causes ED

Problem with standardization of this type of testing make results questionable
Psychosocial examination....

Interview and questionnaire

Involve patient and sexual partner
Treatment of ED

Change in lifestyle choices

Look at meds that can be changed

Psychotherapy or behavior modification

Then......
Drugs for ED

Phosphodiesterase (PDE) inhibitors

Viagra

Levitra

Cialis

Taken an hour before sexual activity—enhance the effects of nitric oxide to relax smooth muscles in penis allowing for increased blood flow
Other meds.....

- Testosterone – ? Effectiveness/liver damage
- Other oral meds have no scientific support: yohimbine hydrochloride, dopamine and serotonin agonists and trazodone
- Injectable drugs like as caverjet–priapism & scarring are problems
- Alprostadil or Muse– pellet injected into penis aching penis, testes & urethra
vacuum-constrictor device

creates a partial vacuum around the penis, which
draws blood into vacuum-constrictor device
Surgery

Implantable prosthesis

Problems: mechanical failure & infection
OK how is your comfort level now?

Both the patient and the health care provider may be uncomfortable.

Gain their permission to discuss the subject:

OK to express your nervousness:

Help them understand how important this is to their health.
Alternate Lifestyles

Keep the lines of communication open

Listen

Find out how your patient expresses their sexuality
What is the impact on health?

To care for your patient
You need to know....
What type of sexual activity do they engage in?
This will identify their health risks
Risks are different...

Married with single heterosexual partner

Multiple heterosexual partners

Bisexual

Gay

Lesbian
Find out as much as you can...

Each type of relationship presents a different type of health risk to your patient.
What are the risks?

For those who do not reveal their true sexual history .......these risks are great

If we as the provider don’t know....then we can’t educate, screen or treat correctly
Major problems out there....

HPV—this is the generation prior to Gardasil

Syphilis—can contract it now or be dormant

Gonorrhea—may be asymptomatic

HIV—can contract it now or be dormant

Herpes Simplex II—may be dormant
Why is this more important for older adult?

Complications of Chronic Diseases

Lowered Immune System

Makes the picture much more serious
The Transgender Patient

Because of social stigma this patient may be reluctant to tell you the real story.....

They may have both sets of sexual organs

Hormones used may pose additional health risks
It is up to you as the health care provider....

We need to know the answers to protect our patients' health to the best of our ability.

We need to ask those sensitive questions...find out the real health risks for our patient.
References


