Sexuality, Aging and Dementia

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Disclosures

• Financial
  – Paid member, Medical Advisory Board, ActivCare Living – Residential Memory Care, Inc.
  – Contributing writer honoraria from the American Geriatrics Society

• Research Support
  – The John A. Hartford Foundation grant money recipient for my role as the Associate Director for the Physician-Educator Track, UCSD Geropsychiatry Center of Excellence
  – NIH grant 5 1 P30 MH080002-01 (PI: Dilip Jeste), co-investigator

• Other
  – Uncompensated board member of the following organizations: George G. Glenner Alzheimer’s Family Centers, Inc.; Medical and Scientific Advisory Board of the San Diego/Imperial Chapter of the Alzheimer’s Association; Medical Advisory Board of the San Diego Chapter of the National Alliance for the Mentally Ill
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
• Common sexual dysfunctions in older individuals and their treatments
• Tips for maintaining sexual function
• Sex and dementia
• Summary
1) 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 occur in three categories: desire disorders, arousal/excitement disorders, and orgasm disorders.
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 sexual thoughts or activity 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
- Attachment
- Libido (sexual drive)
Sexual Activity in Later Life

• 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: Notable Exceptions

- 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
The Viagra Diaries
a novel

Barbara Rose Brooker
Author urges women to embrace romance at any age

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 75-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, ‘How can you make her 49, or 61?’ 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 gurls. 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 Later Life: Data From Traditional Societies

• In a review of 106 traditional cultures using data from studies that were included in the “Human Relations Area Files” Winn and Newton (1982) found:
  – 70% reported sexual activity in males of very old age, sometimes “beyond the age of 100”
  – 84% reported sexual activity and interest in older females
Sexuality and Later Life: Lessons From Cross Cultural Data

- In general, sex is viewed neutrally
- Sexual interest remains high particularly in women (possibly from a lessening of inhibitions)
- Activity often involves older people with younger people
Sexuality in Healthy Older Adults: Ten Selected Studies

- Reece et al. (2010)  M and W: 14 to 94 years
  Schick et al. (2010)  N = 5,865 (NSSHB*)

  N = 3032 (MIDUS)
  Lindau et al. (2007)  M and W: 57-85 years
  N = 3005 (NSHAP)

- Jacoby (1999)  M and W: 45 or older
  N = 1384

*data from the National Survey of Sexual Health and Behavior (NSSHB)
Sexuality in Healthy Older Adults: Ten Selected Studies

- Bortz et al. (1999)  
  White men: 58-94 y.o.  
  N = 1202

- Araujo et al. (1998)  
  Men: 40-70 y.o.  
  N = 1709

- Schiavi & Rehman (1995)  
  M and W: 60-70 y.o.  
  N = 254

- Marsiglio & Donnelly (1991)  
  M and W: 60 or older  
  N = over 800

- Bretschneider & McCoy (1988)  
  M and W: 80-102 y.o.  
  N = 202
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 28 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. (2010) *BMJ*
  – Cross-sectional study using two samples representative of the U.S. population
    • The national survey of Midlife Development in the United States, 1995-6 (*MIDUS*)
    • The National Social Life, Health, and Aging Project, 2005-6 (*NSHAP*)
    • **Sexual activity** and **sexually active** defined the same way as by Schick et al. (2010)
  – Main outcome measures: sexual activity, quality of sexual life, interest in sex, and average remaining years of sexual activity, referred to as **sexually active life expectancy**
  – Results: 1) Sexual activity, good quality sexual life, and interest in sex were higher for men than for women and this gender gap widened with age; 2) Positive association with health; 3) Sexually active life expectancy was longer for men but men lost more years of sexually active life as a result of poor health than woman.
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 Findings

- Lindau et al. (2007)
  - Prevalence of sexual activity
    | Age Range | Prevalence of Activity |
    |-----------|------------------------|
    | 57 to 64  | 73%                    |
    | 65 to 74  | 53%                    |
    | 75 to 85  | 26%                    |
  - Prevalence of discussing sex with a physician since age 50
    | Gender | Prevalence |
    |--------|------------|
    | Men    | 38%        |
    | Women  | 22%        |
Sexuality in Older Adults: Research Findings

- Lindau et al. (2007)
  - Among female respondents who were sexually active, the most prevalent problems were:
    
    | Problem                  | Prevalence |
    |--------------------------|------------|
    | Low desire               | 43%        |
    | Vaginal lubrication      | 39%        |
    | Inability to climax      | 34%        |

  - Among male respondents who were sexually active, the most prevalent problems were:
    
    | Problem                   | Prevalence |
    |----------------------------|------------|
    | Erectile difficulties      | 37%        |
    | Performance anxiety        | 27%        |
    | Climaxing too quickly     | 26%        |
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
Older Adults and HIV

Estimated Diagnoses of HIV Infection, by Age
2011, United States

Older Adults and HIV

Estimated Diagnoses of HIV Infection among Adults Aged 50 and Older by Gender and Transmission Category
2010, 46 States

Males (N=5,726)
- Male-to-male sexual contact: 60%
- Heterosexual contact: 23%
- IDU: 14%
- Male-to-male sexual contact/IDU: 3%
- Other†: <1%

Females (N=2,072)
- Heterosexual contact: 82%
- IDU: 18%
- Other ‡: <1%

†Injection drug use.
‡Other transmission risk factors include hemophilia, blood transfusion, & risk factors not reported or identified.
*Heterosexual contact with a person known to have, or be at high risk for, HIV infection.
Due to rounding, percentages may not add up to 100%.
Older Adults and HIV

- Of an estimated 47,500 new HIV infections in 2010, 5% (2,500) were among Americans aged 55 and older. Of these older Americans:
  - 36% (900) of new infections were in white men, and 4% (110) were in white women;
  - 24% (590) of new infections were in black men, and 15% (370) were in black women;
  - 12% (310) of new infections were in Hispanic/Latino men, and 4% (100) were in Hispanic/Latino women.
- In 2011, people aged 50 and older accounted for 24% (7,771) of the estimated 32,052 AIDS diagnoses in the United States.
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
There are many ways to do it.

There is only one way to do it safely.

Use a condom.

In Florida alone, sexually transmitted diseases in seniors have risen 70%.

SaferSex4Seniors.org
Conclusions from 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
Sexual Satisfaction:
The Intimacy Factor

• Achievement of emotional and intellectual intimacy rests upon abilities such as:
  – Knowing what one thinks and feels
  – The willingness to say it to another
  – The capacity to express feelings and ideas
  – The capacity to perceive the meaning of verbal and nonverbal communication
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 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
The Impact of Natural Aging, Illnesses, Dementia and Residential Care on the Sexual Quality of Life of Older Individuals
Normal Age Related Changes in Sexual Function
General Concepts

• Natural changes associated with aging, illnesses, or medications impact sexual functioning in later life through one or more of the following pathways:
  – Anatomic changes
  – Physiologic changes
  – Psychological changes
  – Sociologic changes

• These changes provide a compelling justification for clinicians to assess routinely the sexual quality of life of our patients

• Treatments for sexual problems in one way or another target and attempt to correct these changes
# Normal Age-related Changes

<table>
<thead>
<tr>
<th>Function</th>
<th>🧵 Changes</th>
<th>⚪ Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex hormones</td>
<td>↓ in testosterone</td>
<td>Cessation of estrogen production</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↓ in testosterone</td>
</tr>
<tr>
<td>Genitals</td>
<td>Fewer and less functional sperm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ penile blood flow</td>
<td>Cessation of ovulation</td>
</tr>
<tr>
<td></td>
<td>↓ penile smooth muscle relaxation</td>
<td>↓ pelvic blood supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shortening and narrowing of vagina</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Atrophy of vaginal mucosa, labia majora, Bartholin’s glands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↓ vaginal elasticity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↓ muscle tone</td>
</tr>
</tbody>
</table>
# Normal Age-related Changes in Sexual Function

<table>
<thead>
<tr>
<th>Function</th>
<th>♂ Changes</th>
<th>♀ Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertility</td>
<td>Reduced rates of conception</td>
<td>Ceases after menopause</td>
</tr>
<tr>
<td>Libido</td>
<td>For some, may ↓ due to ↓ testosterone</td>
<td>For some, may ↓ due to ↓ testosterone</td>
</tr>
</tbody>
</table>
| Arousal | Requires more tactile stimulation  
Erections take longer to achieve, are less firm, and more difficult to sustain | Requires more tactile stimulation  
↓ vaginal swelling and lubrication  
↓ clitoral sensitivity |
Normal Age-related Changes in Sexual Function

<table>
<thead>
<tr>
<th>Function</th>
<th>♂ Changes</th>
<th>♀ Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orgasm</td>
<td>Takes longer to achieve</td>
<td>Takes longer to achieve</td>
</tr>
<tr>
<td></td>
<td>Ejaculation is less forceful</td>
<td>Fewer, less forceful vaginal contractions</td>
</tr>
<tr>
<td></td>
<td>↓ ejaculate volume</td>
<td></td>
</tr>
<tr>
<td>Refractory</td>
<td>Lengthened by hours to days</td>
<td>Lengthened</td>
</tr>
<tr>
<td>Period</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Conditions Associated with Sexual Dysfunction in Later Life
Some of the Diseases that Negatively Impact Libido, Physical Stamina or Cause Pain

- AIDS
- Chronic fatigue
- COPD
- Coronary artery disease
- Degenerative joint disease
- Dental disease
- Fibromyalgia
- Hepatic cirrhosis
- IBS
- Major depression
- Osteoarthritis
- Peripheral vascular disease
- PTSD
- Renal failure
- Rheumatoid arthritis
Endocrine System Diseases

- Diabetes Mellitus
- Hypercortisolism (Cushing’s syndrome)
- Hyperpituituitarism (Acromegaly)
- Hypopituitarism
- Hyperthyroidism
- Hypothyroidism
Reproductive System Diseases

- Breast cancer
- Cervical cancer
- Ovarian cancer
- Prostate cancer
- Testicular cancer
- Uterine cancer
Diseases of the Nervous System

- Alzheimer’s dementia
- Epilepsy
- Frontotemporal dementia
- GAD
- Major depression
- Multiple sclerosis
- Neuropathy
- OCD
- Panic disorder
- Parkinson’s disease
- Schizophrenia
- Substance use disorders
- Vascular dementia
Medications Associated with Sexual Dysfunction in Later Life
Cardiovascular Medications

• Amiodarone
• ACE inhibitors
• Calcium channel blockers
• Clonidine
• Digoxin

• Disopyramide
• Prazosin
• Reserpine
• Spironolactone
• Thiazide diuretics
Central Nervous System Medications

• Antipsychotics
• Benzodiazepines
• Carbamazepine
• Carbidopa/levidopa
• Divalproex
• Lithium

• MAOIs
• Phenytoin
• Primidone
• SNRAs
• SSRIs
• Trazodone
• TCAs
Other Medications and Substances

- Adrenal corticosteroids
- Alcohol
- Cimetidine
- Cocaine
- Diphenhydramine
- Hydroxyzine
- Ketoconazole
- Leuprolide
- Methadone
- Morphine
- Nicotine
- Tamoxifen
Sexual Dysfunction Related to Problems with Desire

- Disfiguring surgery may trigger low self-esteem and feelings of no longer being sexually attractive which lowers libido
- Untreated major depression is often associated with decreased libido
- Antidepressant medications from the SSRI family may decrease libido
- Dementia and associated loss of intimacy be lead to decreased desire or other problems
Sexual Dysfunction Related to Problems with Desire

• Decreased libido may result from reduced androgen levels
  – Endocrine Society recently published a guideline for when to prescribe testosterone to adult men
    • A step in the right direction but controversial because the best available evidence was low or very low quality
    • Specific controversies included: the definition of low testosterone, the # of signs and symptoms of androgen deficiency to justify replacement therapy, the best method to measure testosterone level
  – In regards to women
    • Although androgen level clearly influences female sexual function, the definition of low testosterone is even less clear for women than it is for men
    • There are no approved medications for female hypossexual desire disorder
Signs and Symptoms of Low Testosterone

- Men: erectile dysfunction, infertility
- Women: impaired arousal, decreased genital sensitivity
- Both: decreased libido, decreased muscle strength, depression, lethargy, inability to concentrate, breast discomfort, mild anemia, hot flushes, sweats
Sexual Dysfunction Related to Problems with Arousal

- Sexual problems of the arousal phase include erectile dysfunction, vaginismus (involuntary tightness of the vagina), and dyspareunia
  - Phosphodiesterase V inhibitors act peripherally by increasing cyclic GMP levels in the endothelium of the corpus cavernosum which relaxes smooth muscle which, in turn, increases blood flow and increases tumescence
  - The value of phosphodiesterase inhibitors for women remains unclear
  - For women, decreased vaginal lubrication may contribute to dyspareunia and usually responds well to use of a lubricant
Sexual Dysfunction Related to Problems with Orgasm

• Premature ejaculation and anorgasmia are sexual dysfunctions of the orgasm phase
  – The frequency of premature ejaculation decreases with age
  – Anorgasmia may result from a spectrum of factors including psychological (absence of emotional intimacy), physical (vaginal dryness), and iatrogenic (treatment with SSRIs)
Tips for Maintaining and Enhancing Sexual Function

• Optimize physical health
  – Eat a heart healthy diet
  – Get adequate rest
  – Maintain good dental health
  – Take care of your skin
  – Avoid tobacco products
  – Minimize alcohol intake
  – Exercise regularly
  – Correct hearing loss
Tips for Maintaining and Enhancing Sexual Function

• Optimize physical health
  – Learn and perform specific exercise that improve your appearance and function
    • Crunches for protruding abdomen
    • Kegel exercises for wakened pelvic muscles
  – Obtain optimal care of medical illnesses
  – Pretreat symptoms of pain or dyspnea that interfere with sex
  – Use lubrication
  – Discuss medication side effects impacting sexual function with your doctor
Sex, Dementia and a Husband on Trial at Age 78

Henry Rayhons at the grave of his wife, Donna Lou Rayhons, an Alzheimer’s patient who died last year.
There is no question that Donna Lou Rayhons had severe Alzheimer’s.

In the days before being placed in a nursing home in Garner, Iowa, last year, Mrs. Rayhons, 78, could not recall her daughters’ names or how to eat a hamburger. One day, she tried to wash her hands in the toilet of a restaurant bathroom.

But another question has become the crux of an extraordinary criminal case unfolding this week in an Iowa courtroom: Was Mrs. Rayhons able to consent to sex with her husband?
Sex, Dementia and a Husband on Trial at Age 78

Henry Rayhons, 78, has been charged with third-degree felony sexual abuse, accused of having sex with his wife in a nursing home on May 23, 2014, eight days after staff members there told him they believed she was mentally unable to agree to sex.

It is rare, possibly unprecedented, for such circumstances to prompt criminal charges. Mr. Rayhons, a nine-term Republican state legislator, decided not to seek another term after his arrest.

There is no allegation that Mrs. Rayhons resisted or showed signs of abuse. And it is widely agreed that the Rayhonses had a loving, affectionate relationship, having married in 2007 after each had been widowed. They met while singing in a church choir.

The case pivots on longstanding medical and ethical concerns that will become only more pressing as the population ages and rates of dementia rise. How can anyone determine whether a person with dementia can say yes to sex? Who has the right to decide?
Mr. Rayhons is accused of sexually abusing his wife, shown in a photograph with him.
An Iowa jury on Wednesday found Henry Rayhons not guilty of charges that he sexually abused his wife, an Alzheimer’s patient, by having sex with her in a nursing home after staff members told him she was cognitively unable to give consent.

In the highly unusual case, Mr. Rayhons, 78, a farmer and former Republican state legislator who by all accounts had a mutually loving relationship with his wife, faced a felony charge that could have resulted in up to 10 years in prison.

The case ignited intense national discussion of an issue that will only gain importance as more Americans get older: whether and when people with dementia are capable of indicating if they desire intimacy.

Mr. Rayhons testified that his wife, Donna Rayhons, continued to desire and even initiate sexual contact. But he said that on the night in question, May 23, 2014, he and she had just kissed and held hands after he drew a curtain around her bed in a shared room.
Iowa Man Found Not Guilty of Sexually Abusing Wife With Alzheimer’s

The New York Times
By PAM BELLUCK
April 22, 2015

“We did not do any of that stuff that day,” Mr. Rayhons testified, according to local news media reports. “We just didn’t.”

But he said that occasionally, “Donna and I would ‘play.’ She would reach in my pants and fondle me sometimes.”

He told the prosecutor, “I always assumed that if somebody asks for something, they have the capacity” to consent.

Mrs. Rayhons, 78, died in August 2014. Her husband was arrested soon after her funeral, and he decided not to run for re-election to the Legislature after the arrest.

After the verdict, Mr. Rayhons was tearful, and told reporters, “The truth finally came out.” . . .

The case appeared to reflect tension between Mr. Rayhons and two of his wife’s adult daughters, who decided to place her in the nursing home, Concord Care Center. One daughter was Mrs. Rayhons’s health proxy and later successfully petitioned to become her legal guardian.
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Henry Rayhons after his acquittal Wednesday on charges of sexually abusing his wife, who had Alzheimer’s disease. Bryon Houlgrave / Des Moines Register, via Associated Press
Sexuality and Dementia: Pearls of Wisdom

• “In the absence of a cure...the most significant thing we can do is adapt our approaches with each change in symptoms to make life as meaningful and satisfying as possible.”

Ballard and Poer, 1993
Sexuality and Dementia: Research Findings

• Zeiss et al. (1990)
  – 55 men with Alzheimer’s Dementia
  – 52% with erectile dysfunction around time of onset of symptoms of dementia
  – Impotence unrelated to age, degree of cognitive impairment, depression, meds, physical problems
  – Caregiver sexual desire often declines
  – Interest and pattern of activity varies
    • Increased desire
    • Out of the ordinary demands
    • Decreased follow through
    • Loss of interest
Sexuality and Dementia: Research Findings

• Duffy (1995)
  – 79% of spousal caregivers reported a change in the sexual relationship since onset of dementia (92% down; 8% up)
  – 0% of spouses were asked by health care professionals about the effects of dementia on their marital or sexual relationship
Sexuality and Dementia: Research Findings

• Derousne et al. (1996)
  – 70% of spouses reported that AD partner was indifferent about sexual activity
  – 20% reported regular sexual relations

• Ballard et al. (1997)
  – 23% of spouses reported continued sexual relations
  – 39% of sexually inactive caregivers were dissatisfied about the inactivity
Conclusions from Studies of Patients with Dementia

• ED is relatively common at the time of onset of dementia
• The presence of dementia often causes a change (70 to 79% in downward direction)
• Some couples may continue a warm and satisfying sexual relationship (range over three studies 20% to 27%, mean=23%)
• A significant number of sexually inactive caregivers are dissatisfied with the inactivity
• No one answer is right for everyone
• Health care professionals don’t ask about quality of sexual life when caring for couples living with dementia
Sexuality and Dementia: Caregiver Responsibilities

- Assess the behavior
- Assume there is a valid need to be met
- Act to meet the need effectively, appropriately, and in a dignified way
- Note: These responsibilities apply to both family and professional caregivers
Dementia and Sexuality: Not All Behaviors Which Appear Sexual Are Sexual

- Touching genitals may indicate the need to use the bathroom
- Sharing a bed may represent a desire for comfort, companionship, or protection, or may be the expression of a lifelong habit
Sex, Love and Nursing Homes

Forget bingo: for some frisky senior citizens, romance is the name of the game. Why intimacy matters to the Medicare set.

BY DIRK JOHNSON AND JULIE SCHELFO

AT 86, WILLIAM DEPPPA is one hip dude. Sporting an earring and suspenders, he sparked the interest of Rosemary Gould, 62, a kindly grandmother who lived down the hall at the Barn Hill Care Center in Newton, N.J. In a six-month courtship—much of it spent on the porch tending bingo and gardening—they fell in love. "Nobody bothered," says Rosemary, who has diabetes and congestive heart failure, "to come see what we were doing." A week or so before marrying in September, they moved into the same room at the home, pushing the beds together. If they wish to be undisturbed, she says simply, "We keep our door closed."

Not so long ago, the desire of senior lovebirds would make care administrators blanch, says Barbara Cox, who runs Barn Hill. But now homes for the aging are facing the facts of life: the fires of romance still burn at twilight. With people living longer and healthier—not to mention popping Viagra—there's more on the minds of some nursing-home residents than just the next visit of Christmas carolers. Some of them want romance. Not so long ago, nursing homes treated residents like children, or inmates, incapable of making their own decisions. But today many enlightened facilities are respecting the wishes of their clients. "You want to give them dignity and privacy," says Cox. "Just because they're in a nursing home doesn't mean they can't have feelings for someone else."

But the issue of sexual freedom and privacy in nursing homes can be a problem for administrators, as well as for the seniors and their families. It's one thing for a sweet, clear-eyed couple like the DePapas to share the warmth of love. It might be a different story to find your slightly bewildered mother in bed with the feckless old man from next door. This is uncertain terrain, and American nursing homes are scrambling to frame policies that respect—and protect—its 1.6 million residents, a number that will soar in coming years as the boomers continue their inexorable march to old age. Doris Lynn, a psychologist who is writing a book about sex after 50, calls the changed attitudes "a new paradigm for aging and sexuality."

This isn't quite Denmark, where one nursing home about porn videos every Saturday night. But many American facilities now train workers to stay cool and nonjudgmental if they happen upon an anonymous event. Sometimes it's a little freaky," says Tina Slanero, a nurse from Vacaville, California, who specializes in elder care. "But you can't deny them if you catch them in the act. You really have to keep the staff on how to react in those situations. Most important is making sure both parties are cognizent. But that's never easy to discern," says Monica Miller, a San Antonio, Texas, psychologist who works with nursing-home residents. "A lot of times, it's not even clear if they're able to consent."

The liability can be enormous. A Seattle nursing home recently paid $475,000 in a settlement to the children of an 86-year-old woman who was allegedly sexually assaulted by another resident. Both victim and assailant, now deceased, were suffering from dementia. Frightened by such cases, some nursing homes put the kibosh on hanky-panky. Hansford Niles, who gets around in a Texas nursing home in a wheelchair, wants some privacy with a lady friend. "But we know we'd be evicted from the facility if we got caught," he says. "Not only is it exciting, it's also a thrill."

Still, women get it. The DePapas' dining room at the center was $2 guests. Rosemary, who is down the aisle. William: The DJ played "Dreamed of You."" They have been through their first-returned to her room, "we went to a nursing-home community."

When the old Rockefeller and his walking friends...
Sexuality:
RCFEs and Nursing Homes

...Sexual behavior in nursing homes differs in significant ways from such behaviors at home. It is no longer a private matter, but in one way or another has an impact on staff, other residents, and the families of residents...

Nancy Mace and Peter Rabins,
The 36-Hour Day
Sex and Aging: Summary

1) 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.
7) Sexual dysfunctions in older adults occur in three categories: desire disorders, arousal/excitement disorders, and orgasm disorders.

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.
Sex and Aging References:

Books


Sex, Aging, and Dementia: Books and Resources

- Daniel Kuhn, Director of Professional Training, Alzheimer’s Association of Chicago (dan.kuhn@alz.org)
- National Resource Center on LGBT AGING: Inclusive Questions for Older Adults. A practical Guide to Collecting Data on Sexual Orientation and Gender Identity lgbtagingcenter.org; facebook.com/lgbtagingcenter; twitter.com/lgbtagingcntr
Sex and Aging References: Journal Articles


Sex and Aging References: Journal Articles

Sex and Aging References: Journal Articles

• Lindau ST, Gavrilova N: Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing. *BMJ* 2010; 340:c810, doi10.1136/bmj.c810


Sex and Aging References: Journal Articles

