

Invecchiamento e Sessualità



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Sex vs. Sexuality

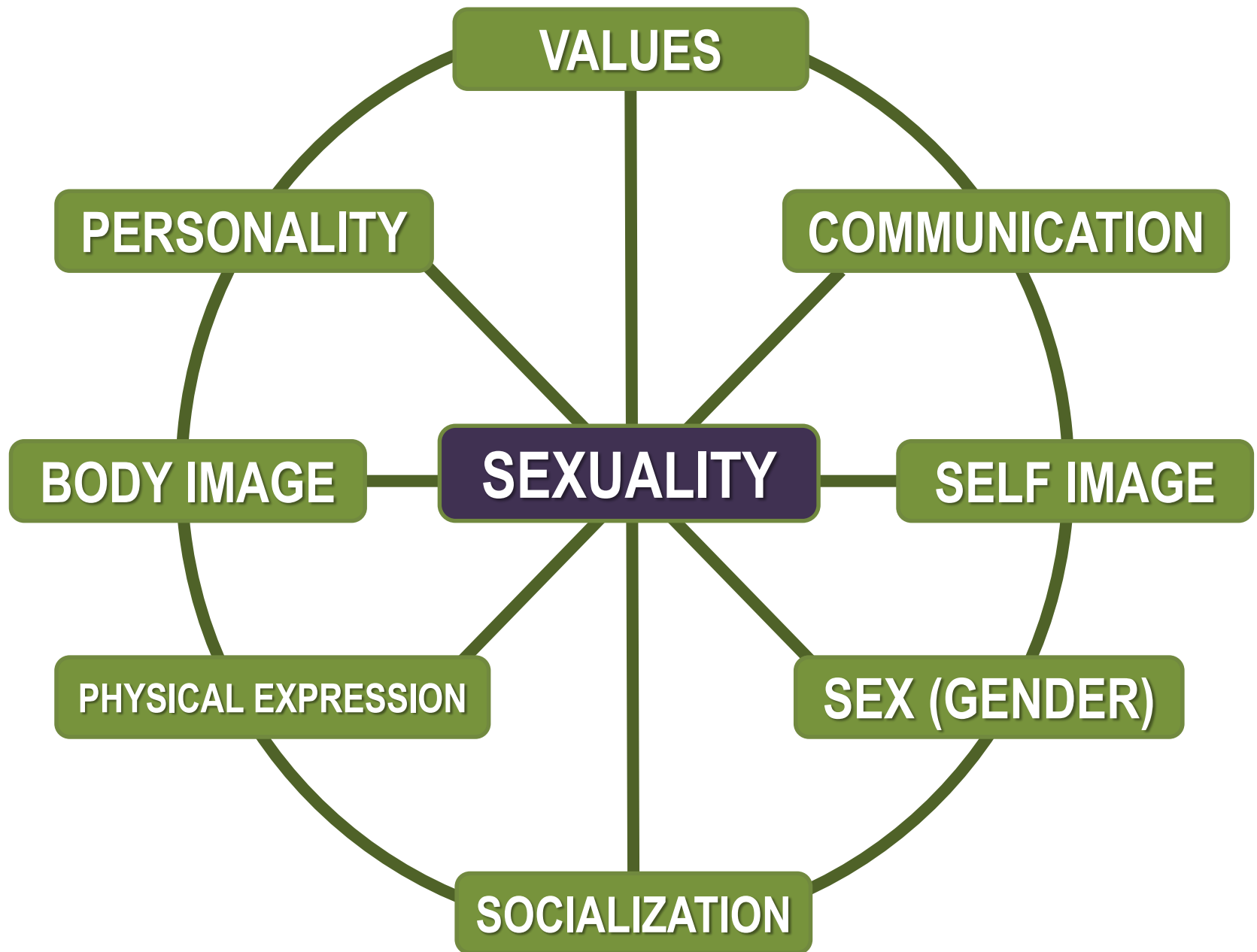
“Sexuality underpins much of who and what a person is and has significance throughout everyone’s life”

Catherine Ingram-Fogel C 1990

“An integral part of the whole person. To a large extent, human sexuality determines who we are. It is an integral factor in the uniqueness of every person”

Stuart G & Sundeen S 1979

Sexuality encompasses self, interactions with others, and many levels of expression and affection



Sexual Health

- Key for individual's self-identity and general well-being
- Contributes to the satisfaction of physical needs
- Fulfills social, emotional, and psychological components of life
- Evokes sentiments of joy, romance, affection, passion, and intimacy

“Sexuality in the elderly is a dark continent that most people, including physicians, prefer not to think about.”

Myths about Sexuality and Aging

1. Sexuality does not exist in old age

Many nurses interviewed did not believe that people in their 70's had sexual needs (Booth 1990)

2. Sexuality is funny

Humorous birthday cards about physical weakness and failures in sexual performance (Bytheway, Ageism, 1995)

3. Sexuality is disgusting

The “dirty old man”. Elders are reluctant to verbalize their sexual feelings (Griffiths 1988, Drench 1996)

Myths about Sexuality and Aging

4. Sexual activity in long-term care facilities is against the rules.

In LTC 62% of men and 30% of women over 80 had had recent intercourse, and 87% of men and 68% of women had had physical intimacy of some sort (*Bretchneider 1988*)

In 15 LTC facilities, mean age = 82 y, 81% of men and 75% of women reported sexual desire, but were currently sexually inactive because of lack of opportunity
(Hajjar & Kamel 2003)

Nine oldsters booted out of nursing home — for trying to have an orgy!

LONDON — A group of nine love-hungry codgers were booted out of an old folks' home — after they tried to have an orgy in the recreation room!

The unidentified oldsters, who ranged in age from 73 to 98, had apparently planned the unauthorized after-hours get-together for weeks, according to Melinda Helterford, spokesperson for the well-respected Edith Scarborough Nursing Home.

"They somehow got it in their heads to celebrate the 90th birthday of one of the women with a kind of sex party," said Miss Helterford.

"This may sound harmless or amusing to some people, but Scarborough has a reputation to uphold. We cannot tolerate that kind of conduct."

By **MIKE FOSTER**
Weekly World News

The nursing home made a concerted effort to keep the bizarre story out of the press and so details are difficult to come by.

But according to British papers, the let-it-all-hang-out party took place just after midnight on October 28. The three wrinkly Romeos and six sagging seductresses gathered together in the rec room and stripped to the buff.

"They really set the scene," a nursing home staffer who was not identified told a London tabloid. "They'd got

their hands on candles, which they lit, and even put on music to create a sexy mood."

The nude geezer gala went on for about 20 minutes before orderlies heard rumba music coming from the recreational room and went to investigate.

When they opened the doors, they were shocked to find the old-timers crowded together in their birthday suits, slathered with baby oil.

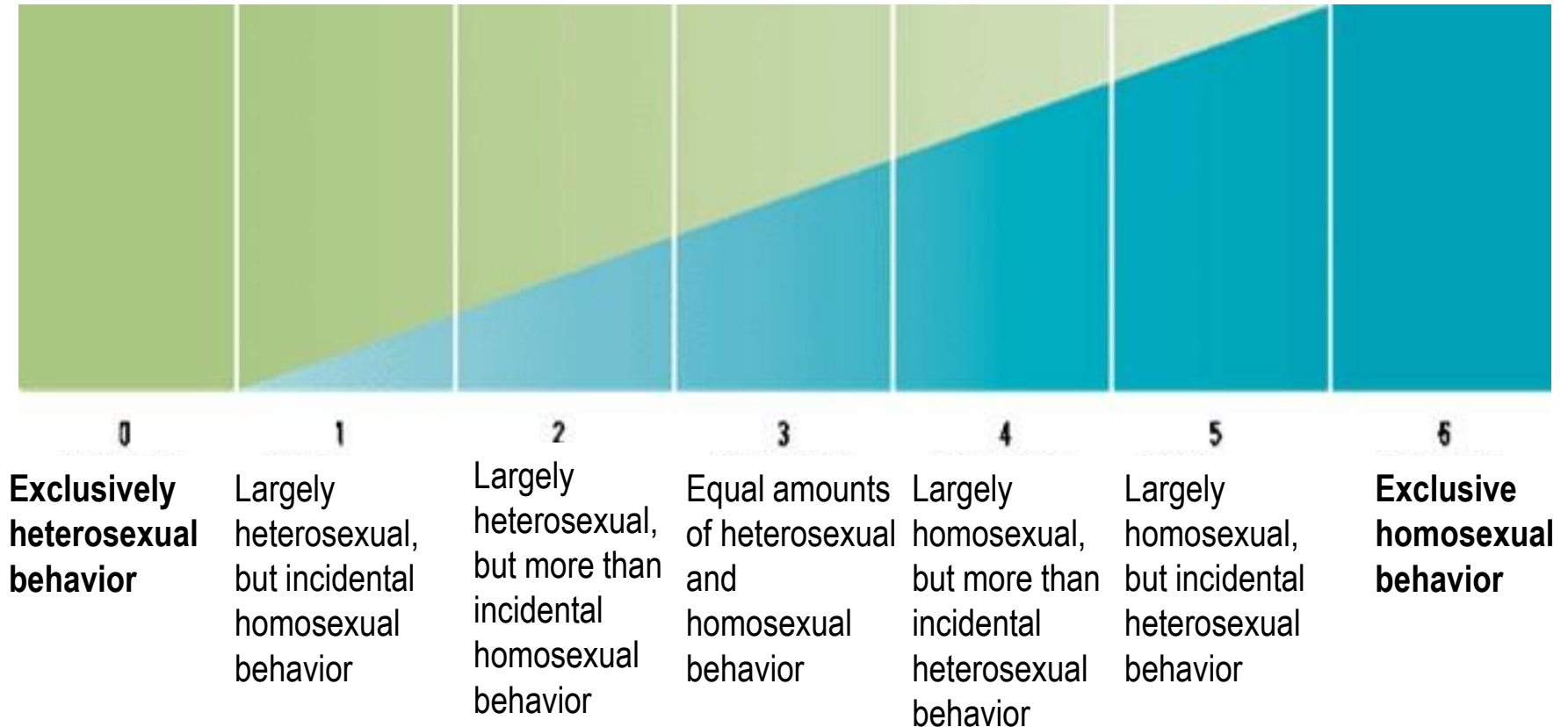
"They hadn't got too far — I guess it was taking some of the gents a while to get started," the staffer said.

"But they were all naked. Believe me, it was the scariest thing I've seen in my life."

Myths about Sexuality and Aging

5. Assumed to be heterosexual. The presence of Lesbian, Gay, Bisexual and Transgender (LGBT) older adults is often not considered.

The Continuum of Sexual Orientation Kinsey Scale



Alfred Kinsey, et al. (1948)



Virginia Johnson and William H. Masters

Sexual response in the aging person

Masters & Jhonson

- ❑ Given a reasonably good health and the availability of an interested partner, there is no absolute age at which sexual abilities disappeared.
- ❑ There are specific changes in male and female sexual responses with aging – (i.e. longer time to arousal in men, decreased speed and amount of vaginal lubrication)
- ❑ Many older men and women are perfectly capable of excitement and orgasm well into their 70's and beyond.

If you are health enough to
climb a flair of stairs you
are healthy enough for
normal sexual activity



❑ Stanley (1991) - National Survey of Families & Households -
13,017 Adults, 807 ≥ 60 y

❑ **53%** reported sex in the last month

Frequency
of Sex

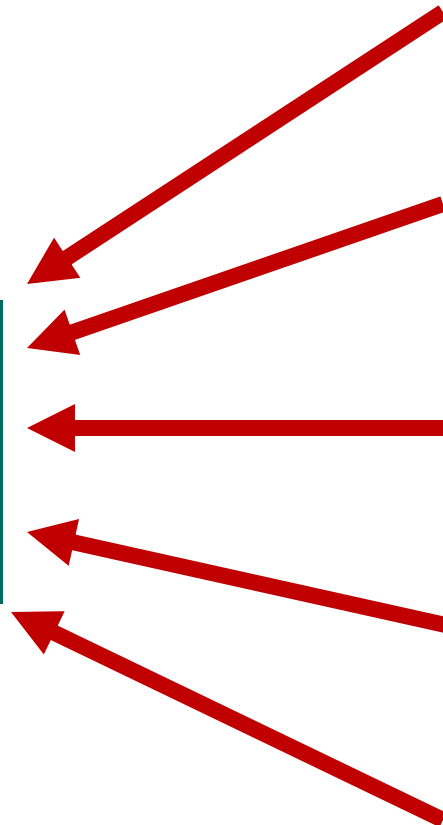
Age

Education

Sense of Self-Worth

Marital Satisfaction

Length of Marriage



Sexual Desire, Erection, Orgasm and Ejaculatory Functions and Their Importance to Elderly Swedish Men: A Population-based Study

- N= 319 men
- 83% stated that sex was 'very important', 'important' or a 'spice to life'
- Physiological potency:

50-59	97%
60-69	76%
70-80	51%
- Most men with waning sexual function stated that this distressed them

Conclusion: sexual function should be considered in the clinical assessment of elderly men

A Study of Sexuality and Health among Older Adults in the United States

-3005 U.S. older adults reported current sexual activity in:

73% of adults aged 57 to 64

53% of adults aged 65 to 74

26% of adults aged 75 to 84

-Of those **reporting good or excellent health**

81% M 51% W had been sexually active in the past y
vs.

47% M 26% W **reporting fair or poor health.**

Study of later-life gay men

In over 100 older gay men, 86% of >60 were sexually active, with 2/3 of them reporting sexual activity at least once a month

Adelman M, J Homosex 1990

Main Predictors of sexual Interest and Activity in Old Age

1. Previous level of sexual activity
2. Health and sexual interest of a partner
3. Overall physical health

Intimacy

- Desire for affection and closeness
- Comfort and familiarity with own and partner's body
- Touching, smelling, hearing, tasting, and visual sensations are components of sexuality
- Caressing, fondling, cuddling, hugging, kissing, and hand-holding can all bring a sense of romance and provide closeness

Frequency of Sexual Activities

	MEN		WOMEN	
	60-74	75+	60-74	75+
Kissing or Hugging	73%	63%	49%	27%
Sexual Touching	61%	45%	37%	15%
Intercourse	31%	19%	24%	7%
Self Stimulation	14%	5.2%	2%	0.6%
Oral	7%	9%	2%	0.8%

Promotion of Sexual Health in Older adults

The expression of sexuality among older adults results in a higher Q of L by fulfilling a natural desire. It also may

- Improve functional status
- Improve mood



Why do older people stop having sex?

- **For the same reasons they stop riding a bicycle**
 - fear of falling off (ill health)
 - afraid of looking ridiculous
 - lack of a bicycle



Many believe that older adults are asexual human beings

There is a general discomfort with sexual issues

Most MDs and nurses are not educated to manage sexual health issues of older adults

Sexual health is often ignored in the assessment of older adult health

Barriers to Sexual Health

- **Health Care Provider**

- Discomfort and/or embarrassment
- Personal beliefs (religious, cultural, etc...)
- Minimal topic-specific education
- Lack of time requiring “prioritizing” of health issues that “matter more”
- The Medical Model focuses on dysfunction of a system

Barriers to Sexual Health

- **Health Care Provider**

A study of 100 patients aged up to 86 y and their health care providers showed that **<10%** of providers asked patients about ED, although **>90%** of patients were interested in treatment

Barriers to Sexual Health

- **Patient**

- Discomfort and/or embarrassment
- Personal beliefs
- Lack of opportunity (no partners or privacy)
- Lack of knowledge (Cohort effect)
- Community vs. Long Term Care dwelling

Barriers to Sexual Health

Physical Barriers to Sexual Health

- Normal aging changes
- Pathological aging changes
- Chronic pain
- Cognitive Impairment
- Environmental restrictions
- Body image
- Adverse Medication effects

Societal discomfort with issues of homosexuality

- Older people may be homosexual too
- They may have not come out yet
- LGBT may fear physical harm for coming out
- Require great sensitivity to years of isolation

Normal Changes of Aging **Female** Sexual Response

- Thinning of vaginal walls
- Decreased or delayed vaginal lubrication (pain during intercourse)
- Labia atrophy
- Shorten vagina
- Descended cervix into the vagina

Normal Changes of Aging

Male Sexual Response

- More direct stimulation of the penis is required to experience a somewhat weaker erection
- Orgasms are fewer and weaker
- Reduced force and amount of ejaculation
- Increased refractory period after ejaculation

Sexual Dysfunction

Men

1. Erectile disorders (ED)
2. Premature ejaculation

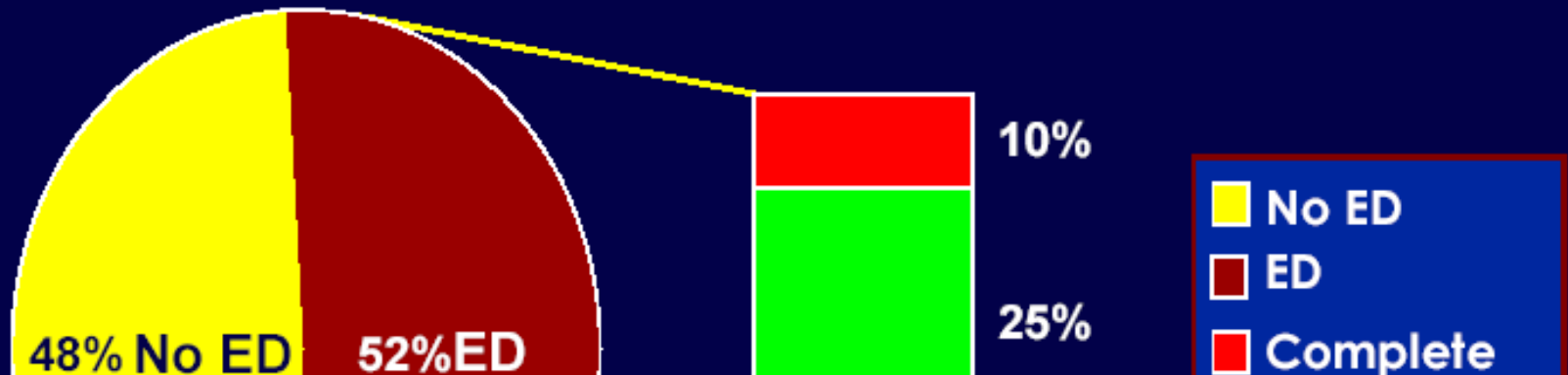
Women

1. Sexual interest/arousal disorder
2. Orgasmic disorder
3. Genito-pelvic pain/penetration disorder

Erectile Dysfunction

Majority of Men have Minimal or Moderate ED

Up to 50% among men 50-69 y and 70% in those >70 y

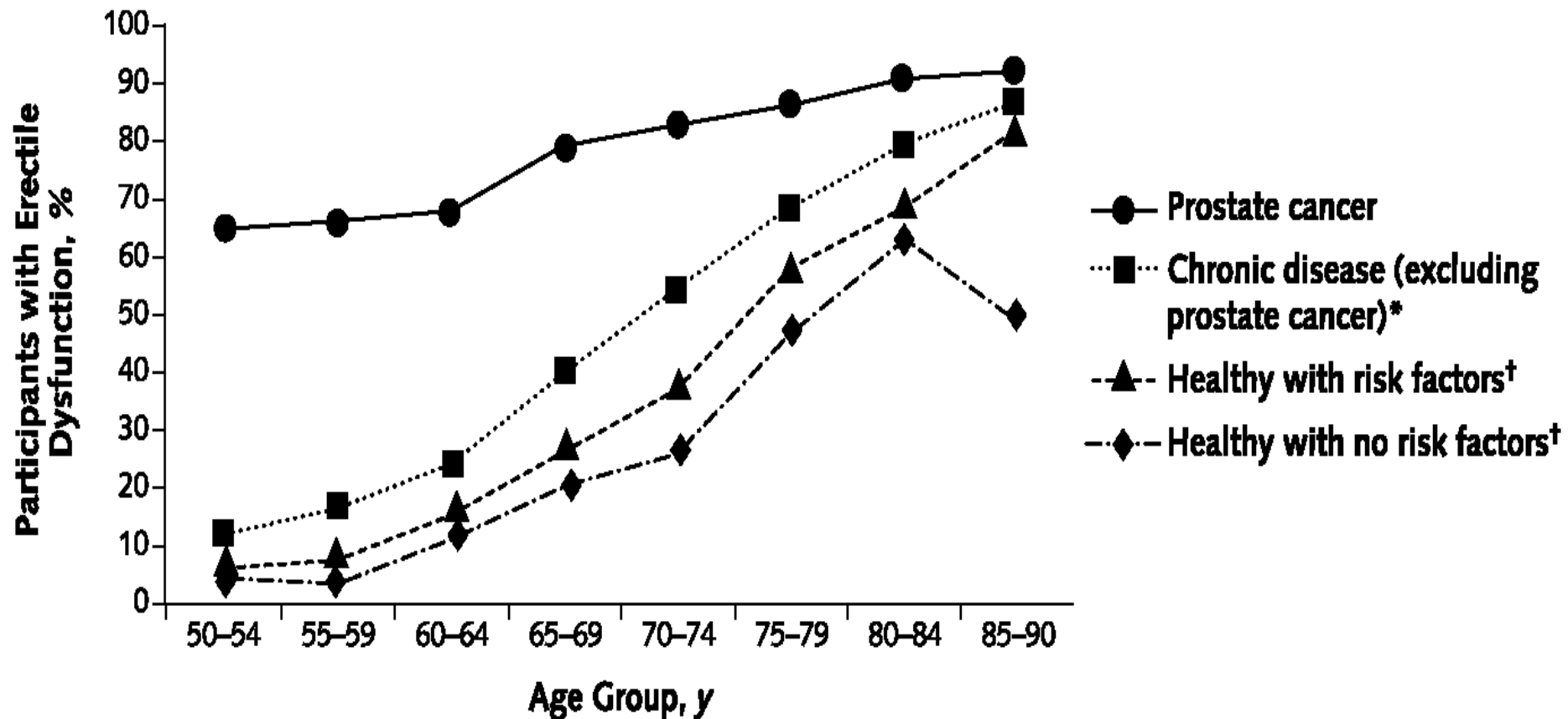


A systematic analysis of ED post radical prostatectomy:

- The rate of **undisturbed** ED was **20-25%**
- This has not substantially changed over the past 17 years

Schauer, Andrology 2015

Prevalence of ED in the previous 3 m according to disease status and lifestyle risk factors



Medical Conditions affecting Sexual Health

- Heart Disease
- Diabetes
- Depression
- Breast and prostate cancers
- HIV/AIDS
- Dementia

Heart Disease and Sexual Health

❑ In 2,763 postmenopausal women, CHD was significantly associated with lack of sexual interest, arousal and orgasmic disorders, general discomfort with sex

Addis et al., Obs & Gyn 2005

❑ In 1,357 men with CVD the prevalence of ED was 50.7% and a sig decline in sexual activity was reported after the diagnosis

Bohm et al., Am Heart J 2007

Diabetes & Sexual Health

In a study of 373 men aged 45-75 with type 2 diabetes, 49.8% of the men reported mild or moderate degrees of ED, and 24.8% had complete ED

Depression & Sexual Health

Depression often causes a decline in desire and ability to perform

Among 3,810 men aged 57-78 years
men with ED had significantly higher
depression scores

Korfage et al., J Sex Med 2009

Prostate Cancer & Sexual Health

Orgasmic dysfunction after **Robot-Assisted vs. Open Radical Prostatectomy** (n=749 patients)

- 29.5% reported climacturia, = for RARP vs. ORP
- Painful orgasm was more frequent after ORP vs. RARP (11.6% vs 7.1%, $p=0.04$)
- Recovery from climacturia was faster and greater after RARP vs. ORP (8.5% vs. 5%, at 24-mo and 48% vs. 15%, at 84-mo; $p<0.01$).

Farmaci con possibili impatto negativo sulla sessualità

- Antiipertensivi (Beta-bloccanti, Diuretici, Alfa-bloccanti, Clonidina)
- Tranquillanti Maggiori (Sulpiride e Barbiturici)
- Tranquillanti Minori (Benzodiazepine)
- Anticolinergici
- Farmaci ad Azione Estrogena
- Antidepressivi
- Antidislipidemici (Clofibrato)
- Salicilici (Infertilità Maschile Transitoria)
- Antiistaminici
- Antagonisti dei Recettori H2 (Cimetidina)
- Anoressizzanti (Fenfluramina)
- Antiblastici
- Miorilassanti
- Neurolettici

Assessment

- Health history & review of systems
- Drug review
- Physical assessment
- Assessment for cognitive impairment and impact on sexual health decision making
- Labs - ? Testosterone levels
- CT/MRI ? For hypersexual behaviors

PLISSIT MODEL

P	Obtaining permission from the client to initiate sexual discussion
LI	Providing the limited and specific information
SS	Giving specific suggestions for the individual to proceed with sexual relations
IT	Providing intensive therapy surrounding the issues of sexuality for that person

Management of Sexual Dysfunction

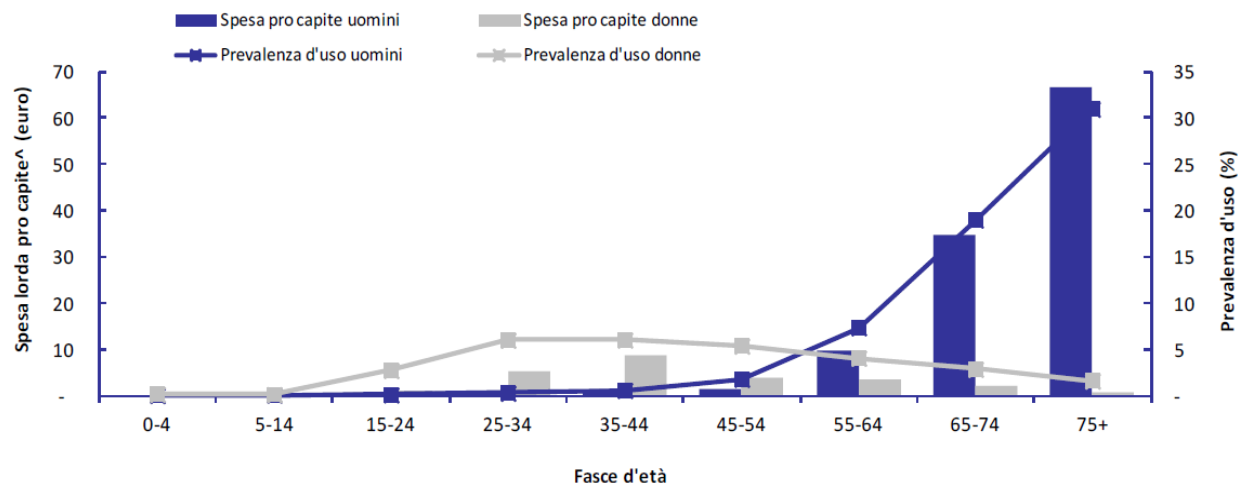
- Reassurance
- Education
- General treatment
 - Adapt sexual practices to physical limitations
 - Pain control
 - Lubricants – estrogen gels/creams
 - Healthy foods, adequate amounts of sleep, exercising, decreasing alcohol intake, stress-management techniques, not smoking
- Psychotherapy

Treatment options for ED

Drug	Dose	$t_{1/2}$ (h)	Frequency	Advantages	Side effects
Sildenafil	25, 50*, 100 mg	4.6	On demand or daily	Safe; available on demand as well as continuous low dose (sildenafil 2.5 mg, tadalafil 2.5 mg)	Headache, myalgia, back pain, blurred vision, facial flushing, nasal congestion, dizziness
Tadalafil	2.5, 5, 10, 20 mg	17–21			
Vardenafil	2.5, 5, 10*, 20 mg	4–5			
Avanafil	50, 100, 200 mg	5–10			
Yohimbine	5–15 mg	0.25–2.5	Three times daily	Natural product	Hypertension, tachycardia, anxiety
Vacuum constriction device	/	/	On demand	Effective in 90% of patients; not expensive	Skin necrosis, priapism, cold penis, unnatural erection
Papaverine	30–110 mg	1.5–2.5	On demand	Broad efficacy, safety, and efficacy in neurogenic ED	Priapism, pain, penile fibrosis, injection training requested
PGE1	5–40 μ g	0.30			
Phentolamine	1.25–2 mg	0.19			
MUSE	125, 250, 500, 1,000 μ g	0.30	On demand	No injections needed	Hypotension, pain, urethral burning, syncope, vaginal irritation in the partner
Penile prosthesis	/	/	On demand	High satisfaction rates	Irreversible, infection, erectile length loss, autoinflation

$t_{1/2}$: plasma half-life; h: hours; * also available in orodispersible formulation (supralingual).

Sistema genito-urinario e ormoni sessuali

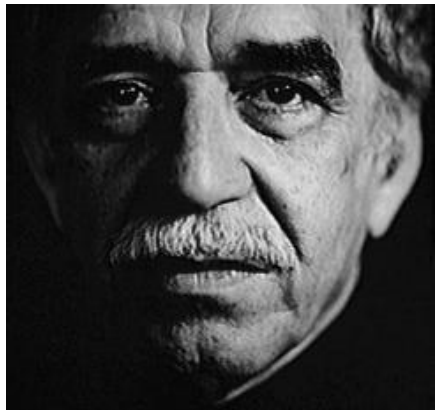
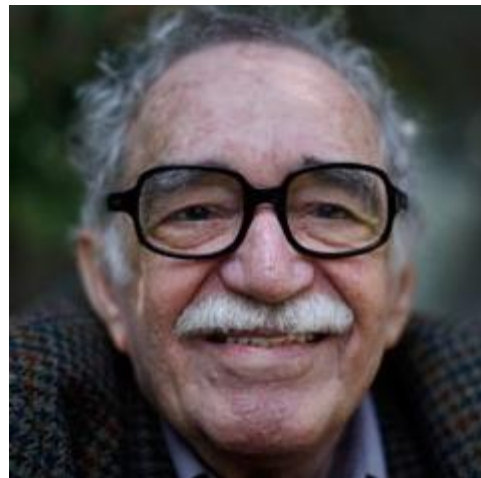
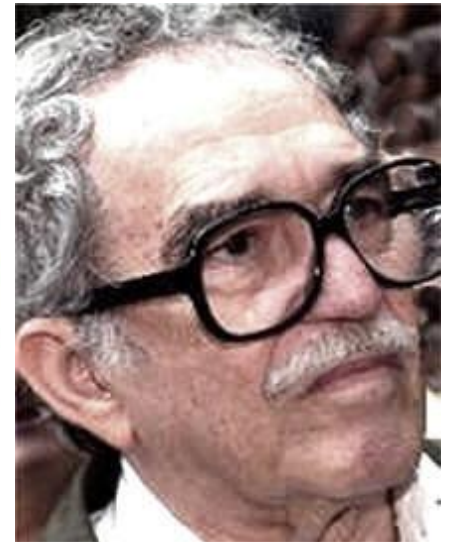


I liv. ATC	Sottogruppi	Spesa SSN pro capite	%	Δ% 14-13	DDD/1000 ab die	%	Δ% 14-13
G- Sistema genito-urinario e ormoni sessuali		1,8		3,8	1,7		2,2
	gonadotropine	1,2	64,4	3,1	0,2	11,4	2,7
	farmaci usati nella disfunzione erettile	0,3	15,0	10,4	0,1	5,4	14,7
	prostaglandine	0,1	6,6	2,2	0,1	3,0	5,0
	altri ginecologici	0,1	5,8	0,5	0,0	0,1	1,3

10,4%

14,7%

ATC	Sottogruppo	DDD/1000 ab die	Spesa (milioni)	%*	Δ% 14-13
N	Derivati benzodiazepinici (ansiolitici)	28,3	377,2	12,8	-0,4
G	Farmaci usati nella disfunzione erettile	1,5	264,6	9,0	-4,5
G	Associazioni fisse estro-progestiniche	20,7	216,6	7,4	-4,4
N	Derivati benzodiazepinici (ipnotici e sedativi)	20,3	125,9	4,3	0,8
N	Anilidi	3,7	114,1	3,9	5,5



“Era la prima volta che faceva l’amore in più di vent’anni, e lo aveva fatto imbarazzata dalla curiosità di provare come poteva essere alla sua età dopo un’interruzione così prolungata. Ma lui non le aveva dato tempo di sapere se anche il suo corpo lo voleva”.

“Era stato rapido e triste, e lei pensò: ‘Adesso abbiamo fottuto tutto’.

Ma si sbagliava”:

“Nonostante la delusione di tutti e due, nonostante il pentimento di lui per la sua goffaggine e il rimorso di lei per la pazzia dell'anice, nei giorni seguenti non si separarono un attimo. Uscivano dalla cabina quasi solo per mangiare”.

“Il capitano, che scopriva qualsiasi mistero volesse nascondersi nel suo battello, gli mandava la rosa bianca tutte le mattine, gli aveva fatto fare una serenata di valzer del loro tempo, gli faceva preparare cibi scherzosi con ingredienti incoraggianti”.

“Non riprovarono l’amore fino a molto tempo dopo, quando l’ispirazione arrivò senza che la cercassero. **A loro bastava la semplice felicità di stare insieme**”.

L’amore ai tempi del colera - GGM

“Vivevano ore inimmaginabili
tenendosi per mano sulle poltrone
della veranda, si baciavano piano,
si godevano l’ubriachezza delle
carezze senza l’impiccio
dell’esasperazione”.

“Avevano vissuto insieme
quanto bastava per accorgersi che
**l’amore era l’amore in qualsiasi
tempo** e in qualsiasi parte, ma
tanto più intenso quanto più era
vicino alla morte”.

L’amore ai tempi del colera - GGM

Take home message

- ❑ La sessualità riguarda la salute dell'uomo in tutte l'età con risvolti di natura biologica, psicologica, sociale e culturale.
- ❑ Mantenere la sessualità nelle sue diverse espressioni andrebbe incoraggiato per promuovere la salute e il benessere delle persone anziane.
- ❑ Un'attitudine aperta e ricettiva da parte del Geriatra può incoraggiare la persona anziana a discutere i suoi problemi nella sfera della sessualità.