



Sexuality: Beyond the Reproductive Years

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Objectives

- Identify common age-related physiology and medical conditions that adversely affect sexual health.
- Summarize pharmacologic and non-pharmacologic treatment options available for addressing sexual health challenges in older adults.
- Apply the PIE mnemonic as a practical tool for healthcare providers to assess and initiate discussions about sexual health with the elderly.



Sexuality is....

...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction

WHO, 2024

<https://kahoot.com/>



Sexuality in Older Age

- Older adults continue to enjoy sexual relationships (Masters and Johnson, 1986)
- Sexuality is an important part of life regardless of age
- Important aspect of well-being across the lifespan
- Yet relatively little known about sexuality in later life.



Definition in older age?

Table 3. Sexuality and Sexual Health of Older Adults: Thematic Organization.

Thematic Categories	Themes	Subthemes ^a
Psychological and relational aspects	Personal meanings and understandings of sex	Male sexuality (11) Female sexuality (19) Meanings and experiences of sex in the old age (9)
	Couplehood aspects	Search for partners/relationship (6) Caregiving and sexuality (3)
	Sociocultural aspects	Stereotypes and prejudices (5) Gender dynamics (6) Sexuality in retirement homes (5)
Health and sexuality	Effects of illnesses and/or treatments on sexuality	Cancer (5) HIV-related issues (9) Other health conditions (9)
	Help-seeking behaviors	Barriers to help-seeking (7) Facilitators to communication with health care providers (9)

^aNumber of articles contributing to subthemes in the brackets.

Macleod, A., & McCabe, M. P. (2020). Defining sexuality in later life: A systematic review. *Australasian journal on ageing, 39 Suppl 1*, 6–15.
<https://doi.org/10.1111/ajag.12741>



LGBTQIA Considerations

- Eighty-three percent of both men over 60 and those between 50–59 considered themselves sexually active.
- Overall, 38% of men aged 60 or over had sex once a week.
- Older gay males maintain both an interest in sex and the ability to sexually function



LGBTQIA Considerations

- Majority of older lesbians were in good or excellent health, felt positive about ageing and their lesbian identity
- Sex was less important after the age of 60 and 43% were in relationships.
- A sub-sample of women over 75 had no less interest in sex than those who were younger.



Health and Sexuality

- 81.5% currently involved in one or more sexual relationships (50–90 years)
- 90.9% of patients reporting they wanted their physicians to ask them questions regarding sexual history
- 40.5% report ever having a discussion
- <https://kahoot.com/>



Ageism and Sex Stereotypes

- Older adults are ugly and undesirable
- Older adults should not be having sex
- Physically incapable
- Sex is less enjoyable
- Not at risk for STIs





Sex Stereotypes

- Sexy Oldie (Gott, 2005)

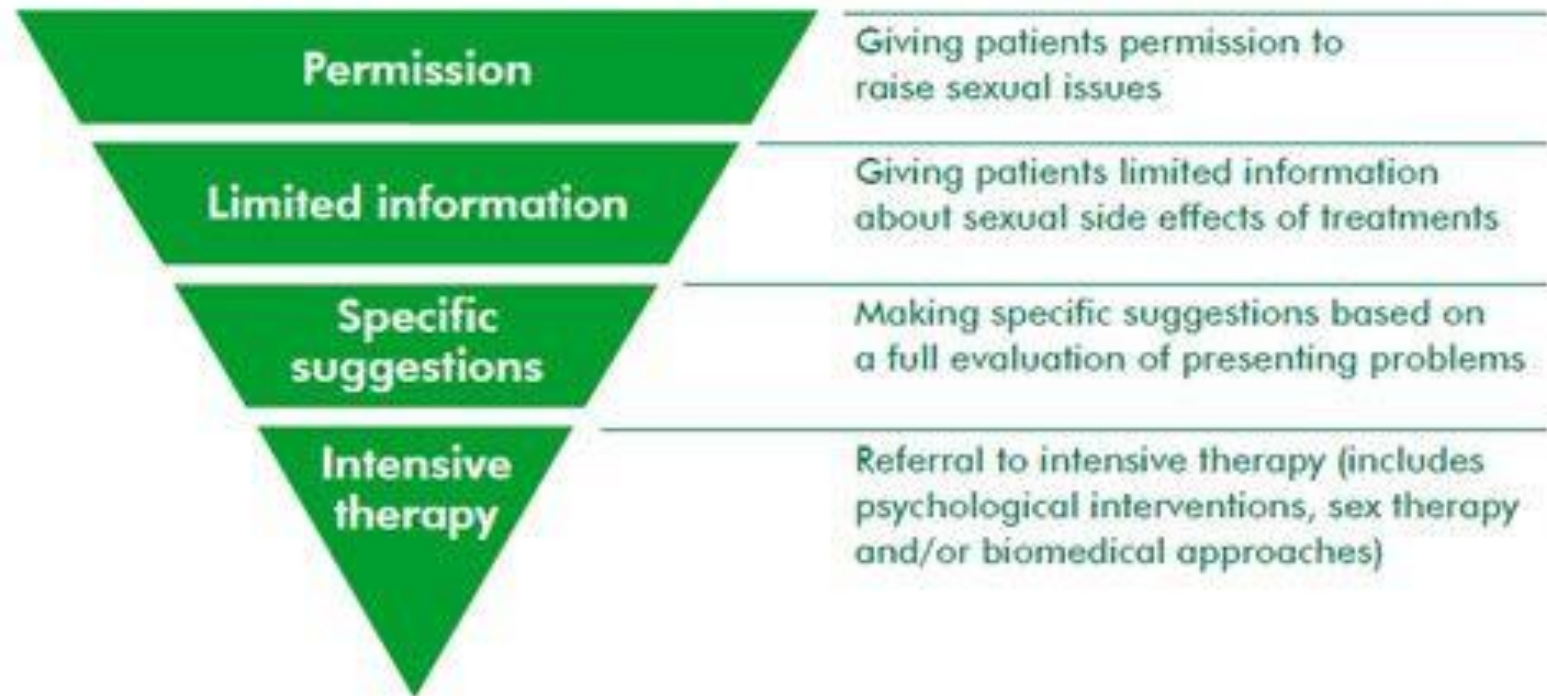


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PLISSIT

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)





<https://kahoot.com/>

PIE



P {PIE}

‘How did you
experience your sexual
life in the **past**?’

- 1 very pleasant
- 2 pleasant
- 3 not unpleasant, not pleasant
- 4 unpleasant
- 5 very unpleasant





I {PIE}

‘How **important** is sexuality for you at the moment?’

1 very pleasant

2 pleasant

3 not unpleasant, not pleasant

4 unpleasant

5 very unpleasant



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E {PIE}

How do you **experience**
your sexual life at the
moment?

1 very pleasant

2 pleasant

3 not unpleasant, not
pleasant

4 unpleasant

5 very unpleasant

3.1415926535

8979323846

2643383279

5028841971

6939937510

5820974944

5923078164

0628620899

8628034825

3421170679



Evaluation of Sexual Dysfunction

- International index of erectile function (IIEF-5)
- Decreased libido?
- Difficulty obtaining and/or maintaining an erection
- Premature ejaculation, retrograde ejaculation, anorgasmia
- Sleep associated erections?



FEMALE DYSFUNCTION



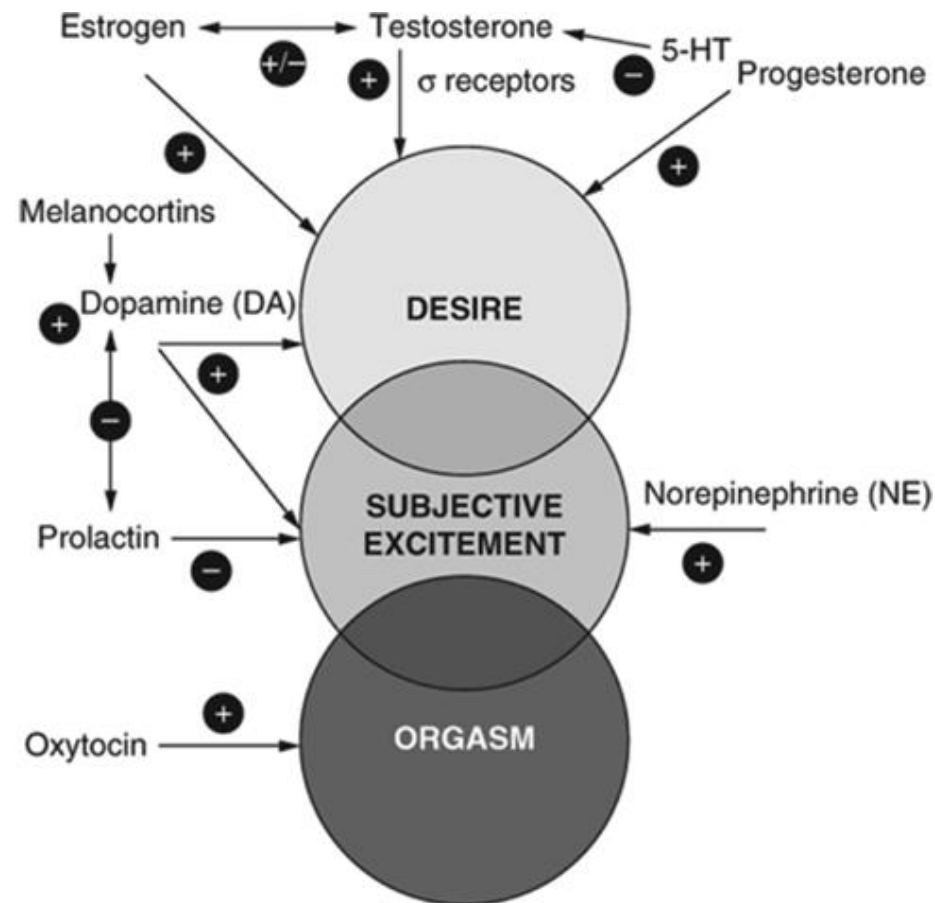
Female Sexual Disorders

- Female sexual interest/arousal disorder
DSM IV
- Orgasmic disorder (absence, delay, infrequency)
- Sexual pain disorders
 - Vulvodynia
 - Dyspareunia
 - Vaginismus

Female Sexual Function Index



- Gold standard for the measurement of sexual function (6-item self report)
 - Arousal
 - Satisfaction
 - Desire
 - Pain
 - Lubrication



Source: Mary Beth O'Connell, Judith A. Smith, Laura M. Borgelt:
Women's Health Across the Lifespan, 3rd Edition
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Citation: Chapter 24 Sexual Health and Function, O'Connell M, Smith JA, Borgelt LM. *Women's Health Across the Lifespan, 3rd Edition*; 2024. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=3431§ionid=284523105> Accessed: March 13, 2024
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Labs

- TSH
- Prolactin
- Estradiol
- Total testosterone
- Sex hormone-binding globulin
- Calculated free testosterone



Therapy for FSIAD

- Easing perimenopausal/menopausal symptoms
- Reliving vaginal dryness and burning
- Psychotherapy
- Medications



Dispelling myths

1. If a woman does not experience orgasms through vaginal intercourse, there must be something wrong with her.
2. If a woman is unable to experience an orgasm with a partner but has no problem experiencing one through masturbation, it will mean that her partner is not a compatible one.
3. Lesbian women are attracted to women because they have never experienced “real pleasure” with a man.
4. Female orgasms are given to women by their partners.

Factors Affecting Sexuality: Persons Born Female



Non-gyn related

- Conditions affecting energy level
- Conditions affecting musculoskeletal system
- Mental health conditions
- Stress
- Medical conditions and their associated treatments

GYN related

- Genitourinary syndrome of menopause (Atrophic vaginitis)
- Lichen sclerosus
- Pelvic organ prolapse
- Fibroids
- Post radiation/chemo changes
- Dyspareunia

(Sanchez et al., 2019)



MENOPAUSE



Menopause

	Menarche				FMP (0)					
Stage	-5	-4	-3b	-3a	-2	-1	+1a	+1b	+1c	+2
Terminology	Reproductive				Menopausal transition		Postmenopause			
	Early	Peak	Late		Early	Late	Early			Late
					Perimenopause					
Duration	Variable				Variable	1-3 years	2 years (1+1)	3-6 years	Remaining lifespan	
Principal criteria										
Menstrual cycle	Variable to regular	Regular	Regular	Subtle changes in flow/length	Variable length persistent ≥7-day difference in length of consecutive cycles	Interval of amenorrhea of ≥60 days				
Supportive criteria										
Endocrine FSH AMH Inhibin B			Low Low	Variable* Low Low	↑ Variable* Low Low	↑ >25 IU/L** Low Low	↑ Variable Low Low	Stabilizes Very Low Very Low		
Antral follicle count			Low	Low	Low	Low	Very Low	Very Low		
Descriptive characteristics										
Symptoms						Vasomotor symptoms likely	Vasomotor symptoms most likely		Increasing symptoms of urogenital atrophy	

* Blood draw on cycle days 2-5 ↑ = elevated

**Approximate expected level based on assays using current international pituitary standard

Source: David G. Gardner, Dolores Shoback: Greenspan's Basic & Clinical Endocrinology, Tenth Edition
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Citation: Chapter 13 Female Reproductive Endocrinology and Infertility, Gardner DG, Shoback D. *Greenspan's Basic & Clinical Endocrinology*, 10e; 2017. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2178§ionid=166250715> Accessed: March 13, 2024
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- Time in life 1 year post final menses characterized by a decrease in estrogen and accompanied by vasomotor and genitourinary symptoms.

Normal Changes Expected in Menopause



- Decrease in ovarian production of hormones can lead to
- Mood swings
- Vasomotor symptoms
- Vulvar and or vaginal dryness and/or atrophy
- Decreased libido

(Carter & Merriam 2024)

Genitourinary Syndrome of Menopause (GSM)



- Lack of estrogen leads to:
 - Pallor
 - Erythema
 - Decrease in rugae
 - Thinning of the vestibular epithelium
 - Friable labium
- Tender vestibule, leads to:
 - Dysuria
 - Urgency
 - Recurrent UTIs
 - Tenderness/irritation/burning
 - Dryness



<https://www.thepermanentejournal.org/doi/full/10.7812/TPP/20.248>
(Clark & Goetsche, 2024)



GSM Impact on Sexuality

Among North American women

- 58% were found to avoid intimacy
- 64% experienced dyspareunia
- 78% of their partners believed that vaginal discomfort caused them to avoid intercourse
- 30% ceased having sex altogether due to vaginal discomfort

(Simon et al., 2014)



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HORMONE REPLACEMENT THERAPY

Hormone Replacement Therapy (HRT)



- Women with a uterus
- Combination Estrogen and Progestin
- Transdermal estradiol patch 0.025, 0.0375 mg, 0.05 mg, 0.06 mg, 0.075 mg, 0.1mg with progestin day 10-14 may cycle 3 weeks on 1 week off
- Estradiol /norethindrone acetate patch



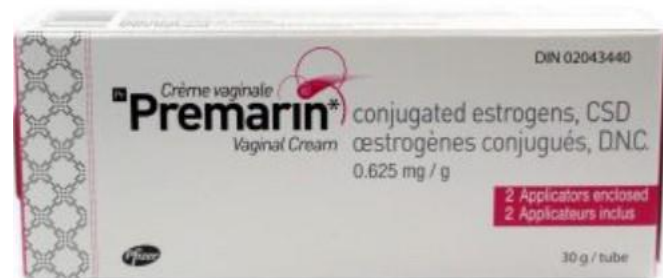
HRT

- Women without a uterus
- Esterified estrogen 0.625 mg with methlytestosterone 1.25 mg (or 1.25 mg/2.5 mg
- Conjugated estrogens 0.3 mg , 0.45 mg. 0.625 mg, 0.9 mg, 1.25 mg
- Transdermal estradiol patch



Estradiol vaginal cream

- Start 2-4 g PV qd x 2 week then taper over 1-2 weeks to maintenance dose
- 1g PV 1- 3x / week
- **0.5 g PV 3 x week**





But it's not for Everyone

- Undiagnosed vaginal bleeding
- Undiagnosed breast masses
- History of breast cancer
- Persons adverse to HRT





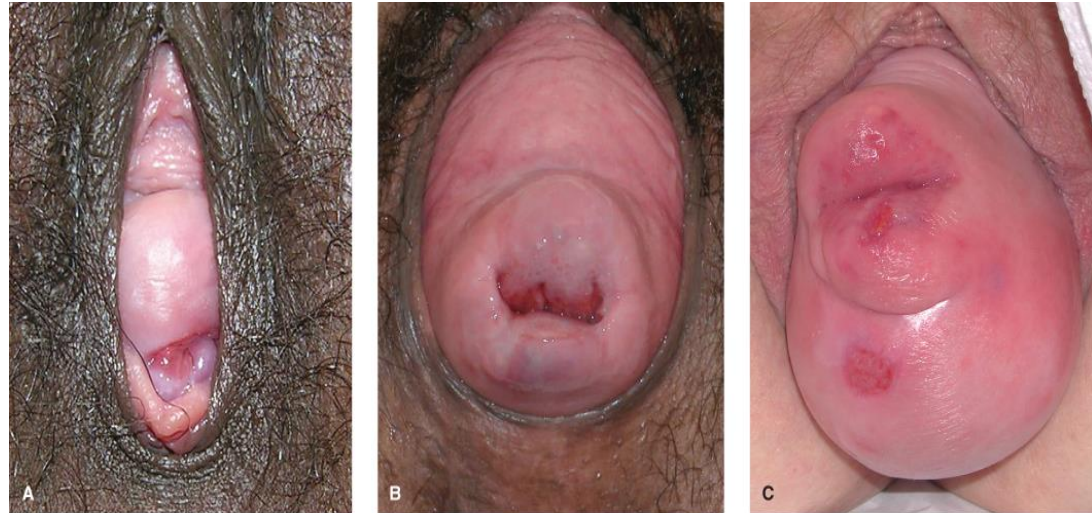


UTERINE PROLAPSE



Pelvic Organ Prolapse

Women with advanced POP had decreased body image, were more self conscious about their appearance, felt less attractive and less feminine than when compared with women normal pelvic support



Source: Barbara L. Hoffman, John O. Schorge, Lisa M. Halvorson, Cherine A. Hamid, Marlene M. Corton, Joseph I. Schaffer: *Williams Gynecology*, 4th Edition
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Citation: CHAPTER 24 Pelvic Organ Prolapse, Hoffman BL, Schorge JO, Halvorson LM, Hamid CA, Corton MM, Schaffer JI. *Williams Gynecology*, 4e; 2020. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2658§ionid=241011397>
Accessed: March 13, 2024

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Pelvic Organ Prolapse



22% of older women with urinary incontinence report being moderately or extremely worried about urine loss during intercourse

(Ratner, Erekson, Minkin, & Foran-Tuller, 2011)

<https://www.aafp.org/pubs/afp/issues/2017/0801/p179.pdf>

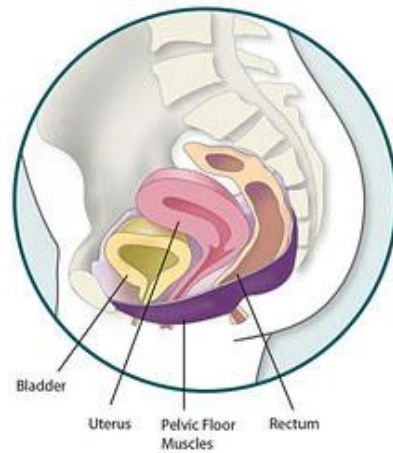


Interventions

Don't Ignore Your Pelvic Floor

What Is a Pelvic Floor?

The pelvic floor is a group of muscles and tissues that help support the pelvic organs, including the bladder and bowel and, in women, the uterus and vagina. The pelvic floor helps to support and keep the pelvic organs in place.



What Is a Pelvic Floor Disorder?



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Eunice Kennedy Shriver National Institute
of Child Health and Human Development





LICHEN SCLEROSUS

Vulvar Lichen Sclerosus (VLS)



Source: Kevin J. Knoop, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman: *The Atlas of Emergency Medicine*, 5e
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- A chronic inflammatory and progressive condition which can lead to irreversible changes, loss of anatomical structures, scarring, dyspareunia and intense itching. VLS can lead to vulvar cancer and must be diagnosed histologically.



Citation: 15-08 Mimics of Abuse: Medical Conditions, Knoop KJ, Stack LB, Storrow AB, Thurman R. *The Atlas of Emergency Medicine*, 5e; 2021. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2969§ionid=250461058>
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Treatment

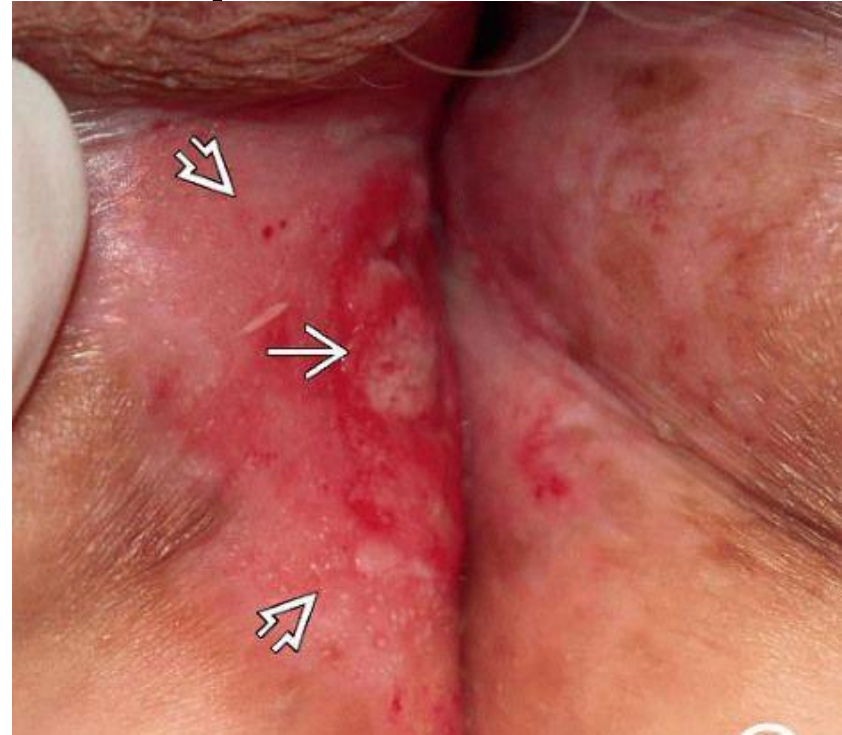
- Medium strength corticosteroid
- mometasone furoate 0.1% ointment to affected areas once daily for 5 days each week for 12 weeks.
- When started within 6 months of onset led to significantly more clearance of symptoms than if started later
- Can also be treated with clobetasol 0.05% cream

(Borghi et al., 2024)

Lichen Sclerosus vs Vulvar Intraepithelial Neoplasia



https://www.stepwards.com/?page_id=10764



<https://www.pcds.org.uk/clinical-guidance/vulval-intraepithelial-neoplasia-vin>



MALE DYSFUNCTION



Physical Exam

- Hypogonadism: gynecomastia, decreased body hair, scant pubic hair, or a female escutcheon.
- Vascular bruit/palpation pedal pulses.
- Neuro: rectal sphincter tone, DTRs
- Rectal: prostate palpation for nodules
- Penis examined for plaques



Lab Findings

- Hemoglobin A1C
- Lipid
- Testosterone (8am-10am)
- If low – repeat with luteinizing hormone (LH)
- If T is low and LH is high – problem at the level of the testes
- If T is low and LH is low – hypothalamic or pituitary disorder

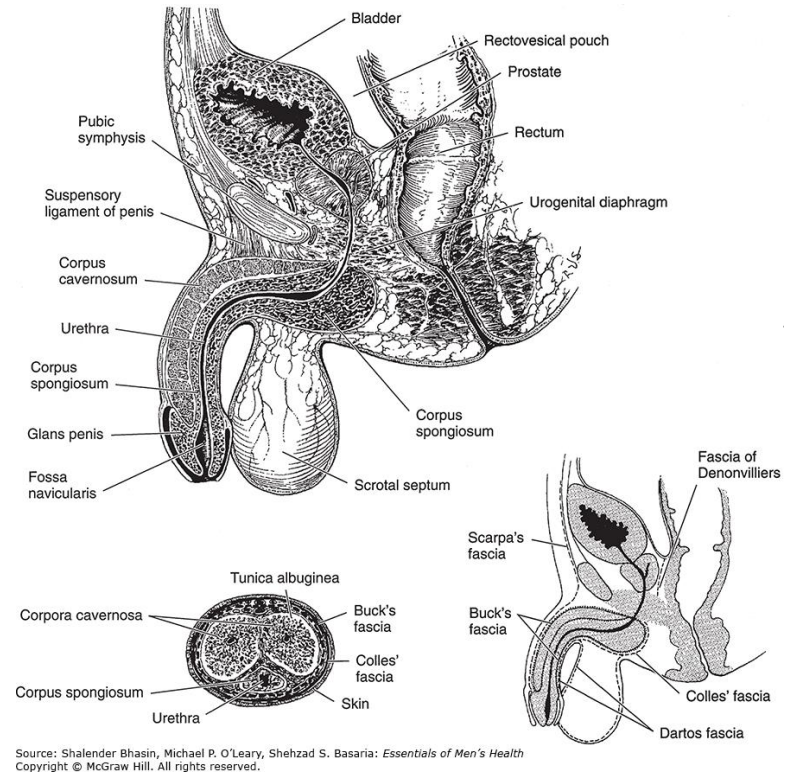


ERECTILE DYSFUNCTION



ED

- 70% > 70 years
- 45% > 60 years
- 15% > 50 years



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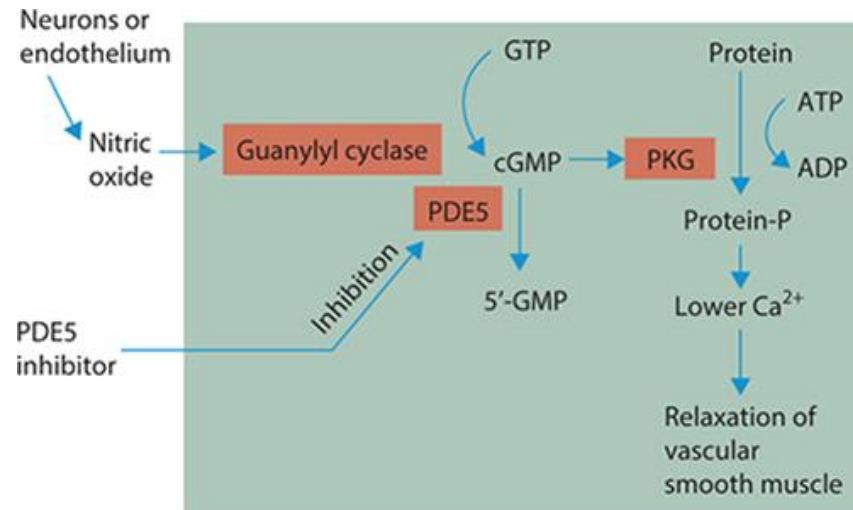
Citation: Chapter 2 Pathophysiology of Erectile Dysfunction, Bhasin S, O'Leary MP, Basaria SS. *Essentials of Men's Health*; 2021. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2950§ionid=248296090> Accessed: February 18, 2024

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Three types of erection

- Psychogenic
- Reflexogenic
- Nocturnal



Source: Shalender Bhasin, Michael P. O'Leary, Shehzad S. Basaria:
Essentials of Men's Health
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Citation: Chapter 2 Pathophysiology of Erectile Dysfunction, Bhasin S, O'Leary MP, Basaria SS. *Essentials of Men's Health*; 2021. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2950§ionid=248296090> Accessed: February 18, 2024
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Erectile Dysfunction

- Neurogenic
 - i.e. CVA, dementia, Parkinson's disease, spinal cord injury, diabetes and autonomic neuropathy
- Vasogenic
 - i.e. hypertension, cigarette smoking, dyslipidemia, diabetes)
- Endocrinologic (low-testosterone)
- Psychogenic, nonorganic, adrenaline mediated



Drug induced erectile dysfunction

- 25% ED is drug related
- Chlorthalidone
- SSRIs
- Digoxin
- Opiates
- Antiandrogens (spironolactone)
- Ketoconazole
- Cimetidine (but not ranitidine or famotidine)
- Alcohol



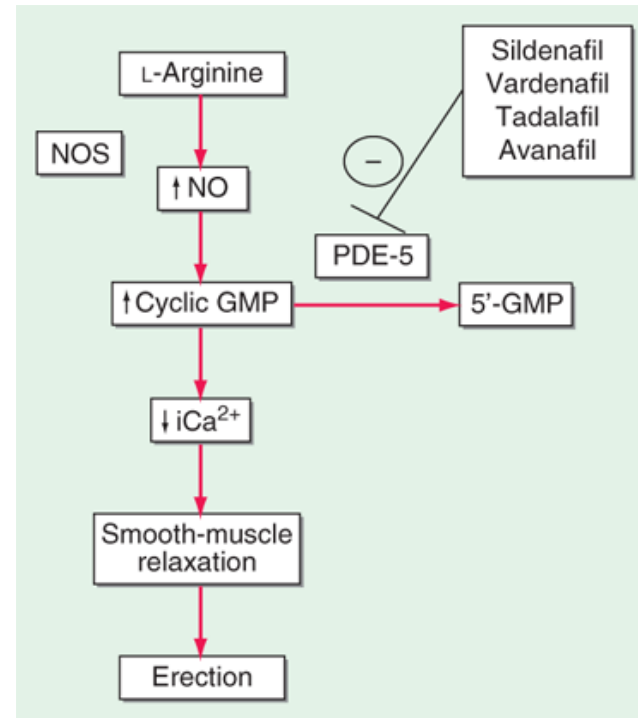
Nonpharmacologic Treatment

- Phosphodiesterase type 5 (PDE5) inhibitors
- Testosterone replacement therapy and prostaglandin E1 injections.
- Lifestyle changes (e.g., exercise, smoking cessation), psychotherapy, vacuum erection devices, and penile implants.



Phosphodiesterase 5-inhibitors

- Erection maintained longer
- Contraindicated with nitrates
- Sildenafil (Viagra)
- Tadalafil (Cialis)
- Vardenafil (Levitra)



Source: Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson: Harrison's Principles of Internal Medicine, 21e Copyright © McGraw Hill. All rights reserved.

Citation: Chapter 397 Sexual Dysfunction, Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson J. *Harrison's Principles of Internal Medicine*, 21e; 2022. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=3095§ionid=265441004> Accessed: February 20, 2024
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AEs

- Hypotension
- Monitor for priapism
- Episodes of amnesia
- Cyanopsia – perception of bluish haze
- or increased light sensitivity



Other

- Vacuum erection device
- Intracavernosal injection therapy
- Medicated urethral suppository for erections
- Surgical therapy – penile prosthesis inflatable or noninflatable devices

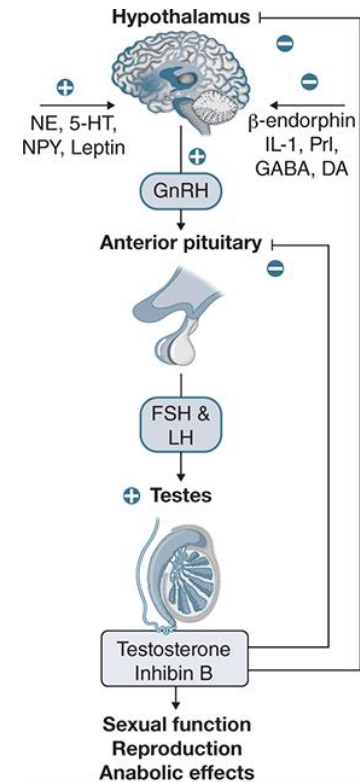


HYPOGONADISM



Hypogonadism

- Ages 40–79, serum total testosterone ↓ 0.4% per year
- Low testosterone levels - dec libido, ED, fatigue, loss of muscle mass.
- Etiology:
 - Aging and primary testicular failure
 - Hypothalamic Pituitary Gonadal Axis
 - Chronic illness
 - Obesity
 - Medications (e.g., opioids, glucocorticoids).

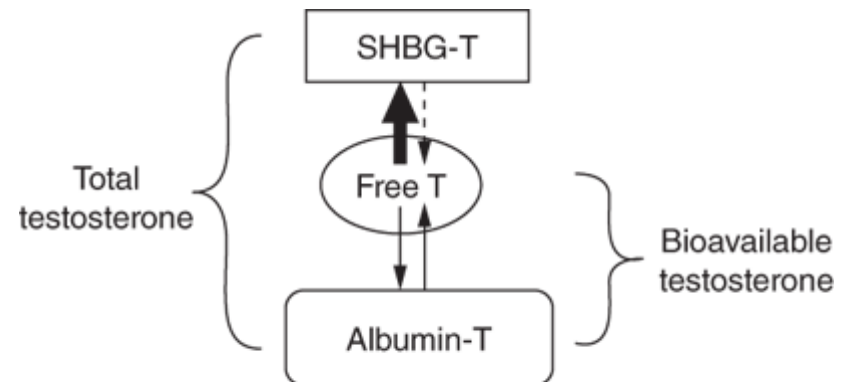


Source: Patricia E. Molina: *Endocrine Physiology*, 6e
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Evaluation

- Serum total testosterone levels < 300 ng/dL (8.3 nmol/L)
- Serum free testosterone < 35 pg/mL (120 pmol/L)
- Verified with a repeat morning non-fasting assay, along with serum LH and PRL levels



Source: Jack W. McAninch, Tom F. Lue
Smith & Tanagho's General Urology, Nineteenth Edition
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Citation: Chapter 45 The Aging Male, McAninch JW, Lue TF. *Smith & Tanagho's General Urology*, 19e; 2020. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2840§ionid=241665221>
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Treatment

- Topical testosterone
- Transdermal testosterone patches
- Parenteral testosterone
- Buccal testosterone
- Testosterone nasal gel
- Oral testosterone undecanoate
- Clomiphene citrate
- Gonadotropins
- Weight loss



Benefits

- Improve mood
- Sense of well-being
- Sexual desire
- Erectile dysfunction
- Increased physical vigor and muscle strength



Risks of testosterone

- Does not appear to increase risk of prostate cancer or BPH
- Contraindicated in the presence of active prostate cancer
- Erythrocytosis (?risk of thromboembolic events)
- Sleep apnea
- Increase acne
- Increase in intraocular pressure



PEYRONIE'S DISEASE



Peyronie's Disease

- Definition: Formation of fibrous scar tissue inside the penis, leading to curvature, pain, and erectile dysfunction.
- Etiology: Exact cause unknown; believed to involve trauma or injury to the penis, genetic predisposition, and inflammation.



Treatment

- Pharmacologic: oral medications
 - Pentoxifylline
 - potassium para-aminobenzoate
 - collagenase injections
- Penile traction therapy
- Vacuum erection devices
- Psychotherapy for coping with emotional distress
- Surgery in severe cases

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