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24. The Sexual Health of Aging People

The Sexuality of Aging People

Sexuality is an integral part of the personality and it does not diminish or disappear with age. Often it is connected with youth and beauty, and the thought of the sexuality of someone who is old and wrinkled can be strange or surprising. On the other hand, attitudes toward the sexuality of older people have become more permissive in recent times. It is evident, for instance, by noting that recent sociological surveys on sexuality have been extended to include older age groups than were in earlier surveys. As the population grows older and quality of life expectations become greater, the significance of the sexual health of aging people will increase. The sexual attitudes and expectations of those who are middle-aged today, that is the old people of the future, are also quite different from those of previous generations of old people.

There is no unequivocal definition of how elderly people are “aging“ or “old“ in the area of sexuality. Generally one speaks about an aging person by using as a yardstick a decrease in general ability to function, which is often associated with the need for help in everyday activities. This kind of aging is usually defined with respect to older age, rather than with respect to sexuality.

In sex guidebooks for aging people the lower age limit is often 60 or 65. A project of the Family Federation of Finland to provide services for people having problems in the area of sexuality was targeted for members of the adult population over 40. Men between the ages of 60 and 70 were the most frequent users of these services, but there were also people older than 80 among the clientele. Women used these services less than men did. The gender difference in use of services was at least partially attributed to the fact that women often seek treatment for their sexual problems in connection with gynecological examinations or in regular tests to diagnose other health problems. Special services intended solely for retired or old people are not available in Finland. In the summer of 1999 the municipality of Kangasjärvi organised jointly with many organisations the Kutemajärvi sex festival. This festival’s theme was aging and sexuality, and it attracted a large number of retired people as participants.

The Sexual Activity of an Aging Person

The following factors influence the sexual activity of an aging person:

- the level of sexual activity throughout the entire previous lifetime
- physical and mental health and illnesses
- self-image and self-respect
- social factors

The level of sexual activity during a person's whole lifetime influences her/his sexuality in later years. It has been shown that beginning sexual activity at an early age predicts a greater sexual activity and satisfaction in middle age. A person who has continued to have an active sex life through middle age is likely to still have an active sex life in old age, providing a partner is available. Someone, for whom sex has always been in the background or less important, will probably also be less sexually active as an older person. If the lack of sex has been caused by inhibitions, one may become more liberated with age and take a stronger interest in sex. The quality of sex techniques learned during one's previous life also influences the ability to enjoy sex as an old person. Versatile sexual techniques are important especially to aging people, whose sexual reactions are slower than those who are young or middle-aged.

Another factor influencing activity is physical health. Chronic illnesses become more common with aging, and they influence both sexual desire and sexual reactions. Illnesses that hinder the ability to move, the movement of joints, and health, in general, also influence sex life. Illnesses focussing on the genital area, such as incontinence, also impede lovemaking.

In addition, psychological and social factors greatly influence sexual behaviour for those at an advanced age. Sex appeal is often associated with youth and beauty. Thus, the changes caused by aging can lower sexual self-confidence. Loneliness increases with age and the loss of a partner may also cause a great change in life that includes the area of sexuality. It is more difficult for old adults compared to young adults to find a new partner. The attitude of grown-up children toward the sexual expression of their elderly parents can also be problematic for many wanting to remain sexually active.

The Sexual Health of an Aging Woman

Quality of life factors are highlighted in the sexual health of an aging woman. Older women no longer need to worry about contraception. Prevention of sexually transmitted diseases must still be a concern, especially if the woman or her partner has sexual contacts outside the stable partnership. The sexual health of a woman is influenced by her own ageing pattern, menopause, illnesses, her partner's health, and changes in her social relationships. When informing women about health issues and treating their illnesses,

health professionals need to include sexual concerns and consider how a woman's sexuality may be affected.

The most common factors affecting women's sexual health are the following:

- self-image and self-respect
- menopause
- aging of the genitals
- illnesses and their treatment, especially operations

Self-image and self-respect

It is very important for a woman to think of herself as desirable and attractive. External changes associated with aging cause anxiety for many women. The sexual interest of men is often aroused by visual stimulation. An enormous industry is supported by attempts to slow down, cover or treat changes connected with aging, such as the slackening and wrinkling of the skin. Cosmetic products become more and more expensive as a woman ages. The make-up products of young people are inexpensive, but wrinkle creams for older women are very expensive. Even then their effect has not been reliably demonstrated. Cosmetic surgery, available in some countries like the United States, is another method available to upper class aging women to help themselves appear more attractive.

Taking care of themselves, including their appearance, is an important way for elderly people to promote their well-being and self-respect. Self-esteem should be based on a healthy lifestyle, which includes exercise and nutritious food, as well as psychological care, adequate relaxation and rest. In addition, the use of cosmetics and other devices help many. Nevertheless, it is important for people to accept themselves, including their age. That is the basis of a healthy self-respect, not external beauty. One does not have to be young and beautiful in order to enjoy sex and to be sexually appealing. The media and entertainment industry have, however, created a myth that sexy people are young, slim and good looking. Only a very small fraction of people looks like the loving couples in movies.

It is also important that old, wrinkled and institutionalised women have a possibility to feel attractive. Health care personnel can help by making sure that old people dress attractively and by taking care of their hair and general appearance. Positive feedback is pleasant to hear and supports everyone's self-esteem.

Menopause

Some decades ago it was generally thought that a woman's obligation to provide sex for her husband ended with menopause, if not earlier. Today we see the matter differently. A woman has the possibility to enjoy sex regardless of age. How this possibility is realised depends on many factors. Factors that influence a woman's sexual vigour, desire and sexual reactions include her values and beliefs, her social life situation, her self-confidence, and her state of health.

An adequate hormone level is not the only condition for satisfactory sex, and certainly hormone replacement will not eliminate all problems connected with a woman's sex life. It is true, of course, that menopause has an effect on sexual health. The rapid decrease of estrogen production by the ovaries causes changes in a woman's body. Many of these affect sexual functioning. However, menopause does not have to mean the end or decline of a sex life.

During menopause changes take place in the structure and functioning of the genitals. Menstruation ends when there is no estrogen to thicken the mucous membranes of the womb. The mucous membranes of the vagina gradually become smoother and thinner. Pelvic floor muscles become weaker. These changes can lead to urinary infections, incontinence and dyspareunia. These problems often appear years after the end of menstruation. During menopause most women also have general symptoms such as night sweats and mood changes.

The most efficient treatment for menopausal problems is to take estrogen in pill form or through the skin. The side effects and contraindications of the treatment somewhat limit its use. Most Finnish women use hormone treatment at least for some period. The proportion of hormone users is highest among highly educated and urban women. The availability of hormone treatment is also better in cities. It is also possible to get treatment in the countryside but its use is sometimes limited by negative attitudes of the population or physicians. Locally applied hormone treatment in the form of creams is often sufficient for the treatment of genital symptoms such as vaginal dryness. Suitable preparations are available from pharmacies without prescription. Modesty and a lack of knowledge are impediments for their use, however.

In principle, treatment for the physical difficulties of menopause and post-menopause is widely available. However, treatment especially directed to help a woman with her sex life during menopause and post-menopause is uncommon. A patient may ask her physician for help with general menopausal symptoms or problems in the urogenital area. Physicians do not routinely ask older women questions about their sex lives and sexual intercourse. Thus, opportunities for counselling and treatment directly aimed at the patient's problem are often lost. On the other hand, it is good that a woman can get indirect help with sexual problems without having to discuss intimate matters with her physician. In some cases, modesty prevents a woman from getting help.

Pelvic floor muscles

The muscles surrounding the vagina, urethra and anus affect the functioning of these organs. Childbirth predisposes a woman for weakness in the pelvic floor muscles. Problems may not become apparent for many years after menopause. Weakness of these muscles leads to incontinence. Additionally, a woman's feelings of orgasm may not be as intense, and her vagina may not feel as tight during intercourse. The functioning

of the pelvic floor muscles should be routinely checked as part of the medical examination after childbirth. The present service system in Finland makes such an examination possible. However, information and counselling about problems linked to poor pelvic floor muscles currently are not generally provided. Usually, attention is only paid to serious symptoms that have already appeared at the time of the check-up.

Health-care personnel and physicians should actively ask both menopausal and older women about possible symptoms associated with the pelvic floor muscles. Incontinence is often a problem that women are ashamed of. Thus, it tends to be kept silent and not reported.

In addition many women do not know that these problems may be considerably alleviated by actively and regularly exercising their muscles. It is possible to strengthen the muscles with physiotherapy and exercises carried out according to instructions. In this way later problems can be prevented. Muscle exercises help even if they are started when a woman is older. Learning the right technique requires careful guidance and often the help of a physiotherapist. A woman can use small metal balls inserted into the vagina in the exercises. These can be bought in health care shops and in sex shops, which sell the metal balls at a considerably lower price.

The vagina and erectile tissues

As a woman becomes sexually aroused, her vaginal wall expands and gets moist. This moisture comes from the expansion of a woman's erectile tissues, which are located in the clitoris, around the urethra, around the vaginal opening and in the front wall of the vagina. A woman's erectile tissues function similarly to those of the man in connection with an erection. Good blood circulation and adequate distribution of nerves are preconditions for the normal functioning of the tissues. The reaction of the erectile tissue also requires sufficient stimulation. The physical arousal of a woman usually occurs more slowly when she is older compared to when she was young. If lubrication does not occur in spite of attempts at arousal and pleasant caresses, vaginal dryness may be caused by problems in blood circulation. There is significantly less medical information about the functioning of a woman's erectile tissues than male erection problems, which have been actively investigated in recent years. In the future it is likely that the functional problems in women's erectile tissues will be able to be treated with medication which directly affects these tissues. Vaginal dryness can also be caused by hormonal imbalance. The administration of estrogen often helps to alleviate the dryness. Local lubrication gels also reduce symptoms.

After menopause a woman's vagina gradually becomes shorter, if she does not have sexual intercourse. If intercourse is resumed after a long pause, a woman should be careful. The lengthening of the vagina takes place slowly. Estrogen treatment also helps in this situation.

A regular sex life also maintains the physical conditions for sex. The changes caused by reduced hormonal action appear more slowly in those women who have a satisfactory sex life and regular intercourse. Resuming a sex life after a long pause can cause the problems described above and can require treatment. As a woman ages she should try to understand her sexual needs and make her own choices concerning sexual activity. Celibacy may be the option chosen by some women.

Operations

Many operative and surgical treatments used to treat women's illnesses affect both a woman's subjective experience of her own sexuality and her sexual functioning. Cancer of the breast or uterus, myomas and excessive or frequent menstruation are common illnesses that are often surgically treated. Surgical operations of the genitals and the breasts naturally affect sexuality. Other procedures such as operations requiring a stoma or hip replacement involve factors affecting sexuality.

Hysterectomy is a common operation, which often involves the removal of the ovaries in menopausal or older women. The ovaries produce small quantities of testosterone that affect sexual desire. After removal of her ovaries a woman may experience a lack of desire, that is partially caused by hormonal factors. Operations can also have a significant effect on a woman's body-image and self-respect, and thus may significantly affect her sex life. Some women report that hysterectomy has definitely affected their feelings of orgasm.

In the counselling connected with operations it is important to discuss the sexual dimension of life after the operation. A woman should be given written information and a possibility to talk with a nurse or physician. It is important that a patient be informed of the effects before the operation. An open discussion between a woman and her partner is recommended as the best way to resolve possible problems. A woman should also be given an opportunity to receive guidance jointly with her husband or partner

In cancer operations it is possible that such a large part of a woman's genitalia must be removed that intercourse no longer is possible after the operation. Such situations emphasise the importance of counselling, and it is especially important that women get professional help at this time, preferably with their partner. Sexual matters usually remain in the background in the acute stage of cancer, but later it is important that members of the couple communicate with each other and find new ways of gaining satisfaction.

After an operation requiring a stoma, where the intestine is discharged though the stomach into a sac, the patient may feel dirty and unpleasant. Sexual self-esteem may decrease. There may be fears about the stoma opening during intercourse. A patient with a stoma should be given the opportunity to discuss sexual concerns with a health professional.

Social situation

The end of sexual activity for an aging woman is more often caused by the lack of a partner or her partner's sexual problems than a woman's own unwillingness to have sex. Many consider loneliness the worst sexual problem of aging women. The lack of a partner becomes more common with age because due to the higher mortality of men, there are more female widows than there are men. The sexuality of a lonely aging woman may occasionally be expressed in erotic dreams. That may cause anxiety and fears of abnormality for some women. Providing factual information can make the situation easier for a woman. Masturbation is a natural way to give oneself sexual satisfaction, and this activity is possible for people of all ages. Older people may still have unnecessary feelings of shame and guilt about fondling themselves.

Finding a new partner may be difficult, but problems may ensue even if one is found. The relatives of the elderly person, especially grown-up children, may have a negative attitude toward the intimate relationship of their old parent. Many people lack an understanding of the sexuality of aging persons.

Without privacy it is difficult to realise one's sexuality in any way. There is often very little privacy in institutional surroundings. Some years ago a study of psychiatric institutions was carried out in order to investigate the possibilities for long-term patients to have privacy and sex. The results indicated that the staff had a relatively positive attitude toward patients' right to have sex, but in practice, opportunities for privacy had not been organised. There is no empirical data on the sexual expression of elderly people living in institutions. Elderly people living in institutions providing long-term care often develop serious health conditions. Nevertheless, it would be worthwhile to consider sexual needs when planning treatments and living arrangements of aging people in institutions.

The Sexual Health of an Aging Man

As a man ages, the following areas need to be considered:

- performance pressure
- problems with erection
- illnesses and their treatments
- male menopause

In the same way as for women, aging and illnesses associated with them affect the sexual health of men. The interest in sex remains in men as they age. Sexual activity, however, generally decreases. This decrease is often connected with problems of sexual health, such as disturbances in erections.

Performance pressures

The sexuality of men is often perceived to be performance-centred. Thus, men feel pressure to "be capable" of intercourse and this "capability" is considered an important property. The more frequent illnesses associated with the aging process threaten a man's capability to perform. These pressures can be eased if sexuality is perceived in a broader and different way; the focus should not be on intercourse, its duration and the stiffness of the penis. Changing the emphasis from performance to pleasure and toward receiving and giving pleasure in versatile ways can compensate in many situations for what the aging person often misses in the number and quality of erections.

In our society erection not only means the capability for sexual intercourse for a man, but it is also perceived as a "measure of manhood". A decrease in erections often diminishes a man's sexual self-esteem and general self-confidence. Factual information about the causes of problems with erections can help a man understand that the underlying problem is a reaction with physical preconditions and that an erection problem does not mean the loss of sexuality or masculinity. A decrease in performance pressure and increased knowledge about sexual reactions help to create a more open discussion between a man and his partner. Discussion can prevent many misinterpretations about the causes of reduced intimate interaction.

Problems with erections

A precondition for the stiffening of the penis or an erection is a normal functioning of the erectile tissues of the penis. The causation mechanisms of erection problems are well known, and considerable research has been done concerning male erections in recent years. New, easily used and effective medical treatments have brought this problem into public discussion. It has also been found that problems with erection are more common than had earlier been assumed.

A physical illness often underlies a problem with an erection. Blood pressure problems, heart disease, diabetes, a disease of the prostate or its treatment, a neurological or a psychiatric disease often contribute to erectile dysfunction. Also many drug treatments for the above mentioned diseases have side effects, which include erection problems. The frequency of erections (less frequent) and especially the time period to achieve a new erection (increase in time) after orgasm also change with advancing age.

An increased openness and discussion about erection problems has made it easier for men to seek help for these problems. Naturally, the availability of an efficient medical treatment has also been important. Physicians and other personnel providing basic health care services encounter the largest share of men needing treatment for problems with erections. It is important for health professionals to be able to openly discuss matters associated with sexuality in connection with treatments and to give basic sexual

counselling. Another important consideration involves an older man's partner. The partner's sexual concerns as well as the partner's possible need for sexual counselling or treatment should be discussed. Sexual counselling also includes information about ways of caressing or other means of stimulation to promote erection. Elderly couples may be very penetration-oriented in their sex habits. Erection may have occurred without foreplay at a younger age, but requires more caressing for older men.

Specialised treatment for impotence can be obtained from urologists. They treat patients needing surgical operations and other patients as well. The Sexual Health Clinic of the Family Federation of Finland provides specialised services, including telephone counselling, teaching injection treatment and, when necessary, couple therapy or other psychotherapy. Physicians in basic health care have been given a great deal of information and further training about problems with erection.

Sildenafil, with the common name Viagra, is the first efficient, orally administered medicine for erection problems. It is only intended for patients who suffer from erection problems and should not be used to prolong or strengthen normal erections. This medicine functions in the erectile tissue is such a way that the erectile cavities dilate and are filled with blood. This effect is mediated though nitrogen oxide. Viagra, if taken at the same time as nitrate can produce dangerous side effects. A patient who simultaneously uses Nitro medication or other long-effect nitrate medicines and Sildenafil can suffer a significant or even life-threatening loss of blood pressure. The medicine also has other milder side-effects.

Illnesses and their treatments

Diseases of the heart and blood-vessels and elevated blood-pressure are common national illnesses, especially affecting men. Many of these illnesses are associated with erection problems, but also many drugs used in the treatment of these illnesses have side effects that influence sexual response. In selecting and monitoring drug treatments, a physician should actively ask about these matters, because patients often do not voluntarily mention them. Patients often do not consider a connection between their medication and their sexual response. In addition, many men feel too ashamed to talk about their sexual problems.

A sudden heart disease, such as a heart attack, is a frightening experience after which resuming sex life may be regarded as too frightening to attempt. Intercourse may be a considerable physical strain, and the thought of a new episode of the illness may interfere with the enjoyment of sex. It is important that a person who has had a heart attack be unambiguously counselled on when sexual intercourse can be safely resumed. It would be good to discuss what kinds of positions are least stressful.

Illnesses of the prostate, such a benign growth of the prostate and cancer of the prostate, initially cause symptoms associated with urinating. Problems with erection may also

appear. These problems can also appear in connection with the treatment of these illnesses. It is advisable for a patient to discuss the possible effects of medications and of any operation on erection beforehand with the treating physician. When congestion of the urethra caused by a growth of the prostate is surgically treated, the result often causes the ejaculation to turn into the bladder (retrograde ejaculation). This symptom in itself is harmless but can feel disturbing or puzzling if the patient has not been informed about it.

Male menopause

The production of testosterone in the man's testicles does not suddenly stop but decreases evenly and steadily with advancing age. The decrease begins before middle age. Some men have symptoms around the age of sixty resembling women's menopause. The men may experience hot flashes, unusual perspiration and feelings of irritation and depression.

Erection problems are often associated with this state. As a syndrome the male menopause is still rather poorly understood, and there are no established forms of treatment. Hormone treatment has been tried and some are clearly helped by it. The side effects of the treatment, especially the increase in the size of the prostate, limit its use.

Finnish physicians have not been systematically trained to treat symptoms of male menopause and service and treatment procedures are not available. In bigger cities there are specialists acquainted with the problem in private practice. In the future it is probable that if the need to treat male menopause symptoms grows and knowledge in the field increases, then methods of treatment will develop and become established.

The Sexual Rights of Aging Persons

As part of human rights, sexual rights include the right for individuals to define their sexual needs themselves and to strive for a satisfactory sex life taking into consideration the needs of a partner. Every person should have the right to obtain information that supports sexual health, and, in particular, to the information and health services he or she needs. It is important that an elderly person's sexuality is not denied, and that information or services that he or she needs for sexual health are not ignored solely because of age. Sexuality should be dealt with in a comprehensive way within the health care system, and aging people should be able to get counselling and treatment they need. Counselling should be easily available from the same person who treats aging people with their illnesses.

Also elderly people persons in long-term institutional care and people otherwise very dependent on others have sexual needs that should not be ignored. Elderly people should have enough privacy to make their sex life possible. The sexual needs of

elderly people should be among the considerations of those in charge of planning treatments and those responsible for daily care of this patient group.

Although basic health care and specialised nursing are most important in taking care of the sexuality of aging persons, they also need special services targeted specifically for them. In addition, special services have an important function in the dissemination of information and in opening discussion on the sexuality of aging people.

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