Comfort, Sexuality and the Older Adult

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We have no conflict of interest!
Methods

- Search terms related to older adults and sexuality.
- Evidence was critiqued through the lens of Kolcaba’s Comfort Theory.
- Studies were identified using the following databases: CINAHL Plus, Ovid Nursing Database, Joanna Briggs Institute, EBP Database, Cochrane Library, and PubMED.
- Search was conducted within five years. Seminal and international studies were included.
- Each study was evaluated using the Johns Hopkins Nursing Evidence Based Practice Research Evidence Appraisal process.
Definition of Sexual Health

Who: “...a state of physical, emotional, mental, & social well-being in relation to sexuality, it is not merely the absence of disease, dysfunction or infirmity.” (2006).

The older population is increasing and will continue to do so and little is known regarding sexuality and the older adult.
Intimacy

- 5 Aspects
- Choice
- Mutuality
- Reciprocity
- Trust
- Delight
- All above form a circle connecting with one anther
- (Calderone, 1971)
Biopsychosocial Model Of Sexuality

- **Bio** = Arousability of the body, sensory stimuli, health
  - (This could be kissing, caressing, stroking and/or intercourse)

- **Social** = heart, relationship, connection, intimacy
  - Ex) Looking for intellectual & emotional intimacy
Biological Influence

- Direct = nervous, hormonal & vascular system
- Indirect=“Kill Joys”
- Comorbid Conditions: Ex) illness, aging
- Iatrogenic+ impact of medical treatment
- More than intercourse & orgasm
- Touching can be: cuddling, kissing, holding hands, hugging, caress and
Social Influences & Psychological Influences

- **Feel loved and** self, mind, eroticism Ex) Day dreaming, dressing up,
Why discussing sexuality regarding comfort with the Older Adult?

- Basic need like exercising, eating, sleeping (Physical & emotional) for all ages Ex) Infant failure to thrive
- Major area of individual’s behavior & personality
- Important in all ages (in 1 study 76% of older adults agreed that sex is important, More men (84% than woman 69%) (MI nat’l poll)
- People look to nurses for comfort (Support & Ed)
Why discussing sexuality regarding comfort with the Older Adult Con’t

- Myth subsides with aging & diseases (for some this is true & this may occur with all ages)
- Many losses as we age & this often is another loss secondary to a variety of things (Most common are loss of partner & illnesses)
- Affects QOL
- Under recognized and issues under treated
Issues to Work on:

- Attitudes regarding older adults
- And do not forget individuals living in institutions
- (many continue to be interested and + regarding sexuality)
- Comfort of both providers, the older adults & their partners
- Illnesses: Chronic & Acute
- Many older adults loss their partner
Not Commonly Discussed issues

- **LGBT** (Disparate population “Healthy People 2020”)

- **Physical & Mental QOL**

- Negatively associated with chronic problems & discrimination

- (Mental Health QOL – with sexual identity disclosure)

- **POSITIVE** associated with: physical & leisure activities, income, social support, social network size, being male, employment & + sense of sexual identity

- Knowing the above we can better facilitate successful aging
Not Commonly Discussed issues

STD’s

- On rise for all ages
- Significant # of older adults
- Chlamydia has nearly double 2012-2016 (55-64)
- Why ^ STD’s?
ED

- **Lack of education:**
- Review med: S. E.’s (AntiHtn, Psychotropic medication)
- & diseases as causes (DM’s, Dyslipidemia, HTN)
- Assess ^ prolactin and Low testosterone
- PD pts if take meds for ED (May take longer than ?1 hr (maybe 2-3 hrs secondary to delayed in gastric emptying)
ED Con’t

- **Educate:**
  - D/C smoking
  - Nutritional Counseling
  - Behavioral modification
  - Treat with oral PDE5 inhibitors prn if safe
  - Vacuum constriction
  - Intracorporeal Injection
  - Intraurethral suppositories
  - Surgical penile prosthesis
Older Adults Must Deal More with Changes:

- Accept
- Adjust
- Adapt
Health Benefits of Sexuality (Touch) & Intimacy

- Decreases stress
- Decreases anxiety
- Boost mood
- Decreases pain
- Orgasm strengthens Immune System
- Good muscular exercise within many areas of the body including the genitals (stimulates nerves & helps maintain fitness)

^ HR and Respiratory rates (Center of Aging, Kanas)
Ways to Adapt

► Know times of day when feeling more interested in intimacy and or have energy
► Be flexible regarding positions
► Consider medications prior to intercourse, Ex) decrease pain or S/S of PD
► Consider vibrators or other sex toys, meds for Ed and/or lubrication
► Assess SE’s of meds
What can we do?

- **Educate** providers, other health care personnel, patients and their significant others: (HCP’s felt unprepared but interested)
  
  - A) Nature, Normal, Okay (that sexuality is a part of health)
  
  - B) Ways to improve any issues

- **Communicate:** A) Providers ask about sex life & make this routine B) Patients & significant others need to be able to ask questions & discuss problems

- **Need more research**
Geriatric Sexual Assessment Tool

- Can you tell me how you express your sexuality?
- What concerns or questions do you have about fulfilling your continuing sexual needs?
- In what ways has your sexual relationship with your partner changed as you have aged?
- What interventions or information can I provide to help you to fulfill your sexuality?

From Hartford Institute
http://www.ConsultGeriRN.org There is also a video at this same link. Article explains tool:

- Assessment of Sexual Health in Older Adults, Wallace, M, AJN, July 2008, Vol 108, No. 7
Why don’t people discuss their sexuality with their providers more often?

- Both parties may be uncomfortable
- Insecure regarding ability to discuss sexuality with older adults
- May not want to offend the other
- Cultural issues
- Lack education how to address sexuality issues
Issues for Older Adults

- Communication: themselves, providers and others
- ED
- Dryness
- Decrease libido
- Difficulty in reaching organism (anorgasmia)
- Feeling like the goal must be an orgasm
Summary

- Sexuality continues to be important within the older population and it must be recognized as a significant portion of their overall care.
- These needs are here to stay!
- AARP
Goals:

1) To improve provider education (including cultural aspects),
2) Act as appropriate role models creating opportunities to facilitate the older individual’s ability to openly discuss their sexual concerns and
3) To have sexual education more appropriate to better meet various types of sexual identities in particular identifying the risks & resources that are specific for the individual older adult.
Summary Con’t

- Using: sensitivity, awareness, comfort & confidence within this area and therefore improve attitudes within this area. (For ex) ^ comfort and information regarding the needs of non heterosexual individuals + attitudes have ^ QOL (Sisk, 2006)

- As well as accepting the need for people who are living in institutions
More research is needed within all areas of sexuality regarding older adults

Don’t most of us want the option of having a healthy sexual life as we age?

Remember it is the journey not the destination

(Enjoy the sensations & pleasures on the way!)
How are sexuality, comfort & nursing care connected?

Sexuality can be addressed in such a way to promote comfort, ease, relief and transcend the older adult through their journey toward health.
References


References Con’t

- Center for Disease Control, Department of Health and Human Services, 2017. “Sexually transmitted disease surveillance 2016.”


References


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