Promoting Awareness of Sexuality & Sexual Health in the Elderly

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Sexuality

- All humans, regardless of age, have a need for love, intimacy, & companionship
- Sexuality is a complex and multidimensional concept covering desires for sex, the sexual act, & values and beliefs about sex
- Sexuality involves the whole experience of a person’s sense of self & includes their ability to form relationships with others, & the impacts of physiological changes of aging on sexual functioning

Sexuality (cont)

- Sexuality encompasses a person’s level of self-esteem, types of clothing worn, sexual activity, & nature of the sexual act
- Sexuality brings love, intimacy, & closeness that improves general well-being
- Sexuality is an indispensable part of human existence, part of living
- “We must love or we grow ill.” (Sigmund Freud)
Sexuality in Seniors

Aging population statistics (AOA 2008):

- Female life expectancy: 84.8
- Male life expectancy: 82.1
- 65+ population: 38.9 million & projected to increase to >80 million by 2050
- Approximately 1 in 8 persons is an older person

Aging Population Statistics (cont)

- Older women outnumber men 22.4 million to 16.5 million
- 72% of older men were married opposed to 42% women
- 50% older women live alone
- 4.1% of 65+ yr olds live in institutional setting
- 30% of all non-institutionalized older persons lived alone & 54% lived with a spouse
Aging Population Statistics (cont)

• Sexuality activity occurs in 73% 57-64 yr olds, 53% 65-74, & 26% 75+, approx 2-3 X per month
• Sexual activity is a critical component of good relationship in 60% older persons
• Only 22% women & 38% men have discussed sex with PCP since age 50

Case Study #1

• Mr. C., a 90 yr old male with mild dementia and history of 2 strokes, resides in a LTC facility. Staff reports that patient has been fondling another female patient. When asked for more detail, staff reports that Mr. C. massages Mrs. B.’s feet & tries to hold her hand. Mrs. B. becomes frightened & screams & cries.
• How would you respond or intervene?

Sexuality in Seniors (cont)

Females
• Decreased circulating hormones
• Decreased vaginal lubrication
• Fewer orgasmic contractions
• Labia loses firmness
• Wall of vagina becomes less elastic
• Clitoris can become very sensitive
• Breasts become pendulous
Sexuality in Seniors (cont)

Males
• Erection slower, less full, & disappears quickly after orgasm
• Decreased sperm volume
• Possible semen seepage or retrograde ejaculation
• Shorter, less forceful orgasm
• Increased interval between orgasm (up to 1 wk)

Barriers to Sexual Activity
• Arthritis/pain
• Menopause
• Depression
• Pulmonary disease
• Hormonal imbalance
• Diabetes
• Coronary Artery Disease
• Incontinence

Barriers to Sexual Activity – cont.
• Absence of opportunity or partner
• Prior surgeries that alter self-image
• Interpersonal relationships
• Staff/family issues
• Social attitudes
• Access to privacy
• Long term care facility rules
Conditions That May Increase Sexual Behavior

- Alcohol
- Stroke
- Frontal dementias

Medications That Can Decrease Sexual Interest

- Antidepressants-Decreased libido and/or ability to achieve orgasm
- Antihistamines-decreased vaginal lubrication
- Diuretics-decreased libido
- Corticosteroids-erectile dysfunction
- Antihypertensives-may affect ability to achieve or maintain erection

Medications That Can Increase Sexual Interest

- Viagra, cialis, leoitin
- Testosterone cream/injections
- Parkinson medications
Intimacy

- Has more to do with shared moments than sexual interactions, involves knowledge, caring, interdependence, mutuality, trust, commitment
- Includes caressing, touching, holding, laying side by side, sexual acts

Sexual Myths

- Sexuality is only for the youthful society
- Older persons no longer look attractive, don’t have sexual needs, & if they do, they should suppress them
- Older persons are asexual beings
- Elderly should deny true sexual feelings for fear of being labeled as disgusting dirty old men & bringing disgrace on self
- Women’s sex lives end in menopause
Sexual Myths (cont)

- Sex is for the cognitively intact
- The elderly have little interest in sex. After age 65 interest in sexuality disappears.
- Institutions should not encourage or support sexual activity
- Male & female residents in LTC should be on separate floors
- LTC facilities have no obligation to provide adequate privacy for residents (alone or couples)
- The need for love and sexual intimacy decrease with age
Sexual Myths (cont)

Myths are integrated through generations in social, political, religious, & cultural values.

Benefits of Sexual Activity

• Improved mood
• Improved vascular system
• Increased endorphins (natural analgesic, prevents depression, boosts self-esteem)
• Stronger immune system
• Longevity
• Decreased risk of coronary artery disease

Benefits of Sexual Activity (cont)

• Aerobic benefits
• Alleviates loneliness/provides social support
• Enhances quality of life
• Vital for emotional & mental health
Sexual Expression (cont)

- Women enjoy social intimacy, strive for love, & companionship, content with touching, caressing, with less emphasis on sexual/physical acts
- Although sexual activities bring gratification, & improved self-esteem, expressions of physical intimacy (masturbation, intercourse) are often viewed as abnormal or inappropriate

Attitudes Regarding Sexual Expression in the Elderly

- Is it okay for older adults to be sexual with one another, themselves? Under what circumstances?
- Is it OK for persons with dementias to be sexual with one another, themselves? Under what circumstances?
Attitudes (cont)

• When you were in your teens, what did you think your sex life would look like at middle age?
• What will it look like at age 75?
• On a consistent basis staff are distressed about sexual behavior even when appropriate (usually due to cultural issues).
Attitudes (cont)

- We are not trying to challenge or change staffs personal beliefs or offend them but are simply asking them to uphold the rights of the residents by not denying them appropriate sexual pleasure.
- Staff may consider sexual behavior aberrant or perverted but legally residents of LTC facilities are entitled to express themselves as long sexual expression is not public display, is consensual between residents, & does not harm the resident or others. (Patient Bill Of Rights).

Staff Attitudes (cont)

- Health professionals should create an atmosphere that encourages residents to fulfill their wishes & needs while taking care of their dignity & rights.
- Ability to move from acceptable behavior (caressing/touching) to greater physical intimacy was often prohibited & discouraged by staff who would intervene when they perceived behavior to be unacceptable or inappropriate and elders often punished with restraints or segregation.
- Sexual behavior only encouraged if privately expressed, considered culturally safe, and not difficult to manage by staff.

Case Study #2

- Mr. B. is an 80 yrs old male with multi-infarct dementia and a history of a stroke. He sits in the hall in his wheelchair and masturbates throughout much of the day.
- Is this a concern?
- Should staff intervene and if so how?
Inappropriate Sexual Behavior

Physical/Neurological Causes

• Cognitive impairment-disorganized behavior or confusion rather than sexually inappropriate
• Is an individual the victim of staff/peer misidentification - thinks staff member is spouse; misinterprets situation, i.e. 1:1 bathing?

Inappropriate Sexual Behavior (cont)

Types of Dementia:

• Frontal lobe dementia/infarcts-increased sexuality, grandiosity, impulsivity, disinhibition
• Alzheimer’s disease-personality changes due to brain injury from dementing illness

Explain effect of dementia to families to gain their understanding & support. Inappropriate behaviors are more difficult to manage if related to AD or life long pattern.

Inappropriate Sexual Behaviors

• Psychological problems:
  Bipolar disorder
  Psychotic
• Sexual history
• Gender
• PE/Labs-UTI may grab genitals
• Medication review i.e.: Parkinson meds-may cause to become hypersexual
Interventions for Inappropriate Sexual Behavior

- Use non-pharmacological/behavioral interventions
- Consider replacing young female staff member with older/opposite sex staff to deliver personal care
- Change our behavior not the patients as poor judgment & poor short term memory prevent teaching patient

Alzheimer’s Disease & Sexual Expression

Touching can be the best means of communication in Alzheimer’s disease

Alzheimer’s Disease & Intimacy

Problems can occur when the person with Alzheimer’s disease:
- Forgets the relationship
- Has difficulty recognizing the right time and place to express affection
- Experiences increased or decreased libido
Problems for AD resident/patient

- May not remember how to make love
- Sexual feelings may change (especially for spouse) when husband/wife relationship turns to caregiving
- Person with AD fears spouse may leave or is having an affair

Common Concerns For Families

- Role confusion: it may be difficult for children to discuss parent’s sexuality
- Guilt
- Frustration
- Fear
- Resentment
- Embarrassment/Confusion: cultural, moral, religious beliefs may differ from residents
- Hygiene/Sanitation

I know I love her but who the heck is she?
Common Concerns For Staff

- Residents rights
- Family preferences
- Protecting the resident
- Embarrassment/confusion
- Personal values-cultural, generational, gender biases
- Rules & regulations

Considerations

- Inappropriate undressing may be related to: time of day (bedtime), clothes too tight, need to use toilet
- Fondling-may forget social etiquette & fondle self in public
- Sexual displays or inappropriate advances may be related to: loss of inhibition, insatiable desire (from brain disease), misunderstood circumstances, forgetfulness, boredom

Compassionate Approach

- Be matter of fact, offer reassurance
- Do not overreact or express shock
- Avoid anger or argument
- Do not shame or ridicule
- Gently remind person when behavior inappropriate
- Acknowledge that masturbation feels good before distracting person or gently relocating to private area
Approaches (cont)
• Distract/redirect into meaningful favorite activity
• Be aware of situations that may provoke excessive sexual activity
• Firmly set clear limits for behavior
• Provide reality check-if mistakes daughter for wife, have daughter greet by saying “Hi Dad”

Case Study #3
• Clare is a 78 yr old female with history of AD, who resides in a LTC facility. Married for 55 years to Carl who visits approximately 3 times a week. Three grown children visit weekly at most. Clare has developed a relationship with a fellow resident, Ernie & is often seen holding hands or kissing him.
• Is this a concern? Why/why not?
• Does staff need to intervene? How?

Staff Conflicts
• While some HC professionals agrees AD residents have a right to sexual expression, cultural values, personal beliefs, & inadequate training result in obstacles to consistent practice. Some team members object based on personal values & religious beliefs while others support & encourage relationships between elder residents with dementia.
• Staff with increased educational level & intervention experiences with older people, specific professional education & training were more accepting & supportive
Creating a Positive Environment For Sexual Expression
FOR STAFF:
• Promote open, comfortable, safe discussion of sexual concerns.
• Confront & review personal beliefs about sexual concerns by encouraging staff to talk about disturbing experiences.
• PC staff to take an active role in promoting holistic, personal, & autonomous sexual health of older people to create home environment that supports older people openly & comfortably discussing sexual concerns.

Creating Positive Environment For Staff (cont)
• Need for sex educational training on issues involving everything from acknowledging it & providing accommodations , to addressing concerns about inappropriate touching, capacity to consent, possible abuse, & spread of STD
• Know how to recognize & intervene when problems arise
• Separate own feelings & beliefs from the relationship
• Use state ombudsman or such to provide education to staff, family, & HCP

Creating Positive Environment For HCP
• Incorporate sexual health & wellness into physical assessment
• Ask senior if they are sexually active or want to discuss a relationship
• If sexually active, discuss safe sex & risks of STD
Creating a Positive Environment For Residents

- Make provisions for privacy & sex (semi-private room, unlocked doors)
- Encourage expressions of intimacy & sexuality
- Educate about successful adaptation to aging bodies & sex
- Suggest ways to engage in safe sex
- Discuss other options for sexual outlets-self pleasure, videos, magazines
- Incorporate senior sexuality article, books, in library

Consenting to an Intimate Relationship

Risk management Interventions

- Recognize the individual’s sexual needs
- Develop a community or facility policy on sexuality
- Assess the relationship & the individuals involved-awareness & ability to avoid exploitation
- Discuss the relationship with the individuals & encourage them to discuss info about it with family as indicated
- Discuss relationship with individual’s Conservator, Guardian, or other appointed decision maker

Consenting to an Intimate Relationship (cont)

Establish ability to give consent to participate in an intimate relationship

Is MMSE score >14.
If yes perform assessment interview, if no - unable to consent

3 questions to ask:
1. Is resident able to avoid exploitation?
   If yes continue assess, if no- unable to consent.
2. Is resident aware of relationship? If yes continue to assess, if no-unable to consent.
3. Is resident aware of potential risk? If yes consider resident competent to participate in an intimate relationship.  
   (Lichtenberg 1977)
Consenting to an Intimate Relationship (cont)

• If both residents are able to consent, then both are free to make choices
• Legally residents entitled to express themselves sexually as long as not a public display, is consensual, & does not harm resident or others
• Consent cannot be given if the individual is physically or psychologically coerced or does not understand what they are consenting to
• Present consent does not imply future consent

Ethical and Legal Dilemmas

Who gets to make the decision for the institutionalized elder adult?
• Family values vs. facility rules
• Appropriate vs. inappropriate

What does competency mean?
• Ability to make a decision
• Ability to perform an act

How is competency determined?
• Psychological status
• Medical status (AD diagnosis)
• Functional status (ADL ability)
• Legal status (state laws/facility rules)
• Varied levels of impairment may need legal counsel involved
• Only a judge has the ability to declare someone incompetent
Competency (cont)

• Individuals might be declared incompetent & lose decision making rights but they do NOT lose the innate desire to express themselves sexually.
• Decision making capacity is not always black & white. An individual may not have capacity to make medical or financial decisions but can still decide what flavor of Jello they want. Decisions regarding sexual activity lie closer to the latter.

Assessment of Appropriate vs. Inappropriate Sexual Behavior


Determine purpose of event: Need for close relationship may be confused with sexual intercourse. Is resident getting enough affection; is resident competent to make decisions?

Get behavior history of resident: Criminal history of deviant behavior?

Always try least restrictive intervention if behavior is problematic.

Developing a Policy on Sexual Expression

• The manner in which intimacy, sexuality, & sexual behavior are interpreted & responded to varies greatly between individual members of the health care team.
• It is essential that LTC facilities develop a policy that provides consistency & fairness in management strategies as the values of residents, family, & staff may be in conflict.
Hebrew Home For the Aged

- Created a sexuality workgroup composed of facility staff, researchers, resident’s family members, & religious representatives to establish policies & procedures related to sexual expression & resident’s rights. The resulting policy stated that residents have a right to seek sexual expression in an appropriate manner, provided all activity was consensual & did not negatively affect the resident community.
- For more info contact Robin Dessel 718-581-1841

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Hebrew Home For the Aged (cont)

- The LTC Ombudsman Program of the Board on Aging concurred with this philosophy & was willing to assist residents, families, & facilities to develop policies & procedures to protect the rights of residents to express the full range of their humanness in a safe & appropriate way that respects rights of others residing or working in the facility.
- LTC Ombudsman Program 800-815-0015

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Hebrew Home

The Hebrew Home assisted by a grant from NY state Dept of Health, created a comprehensive staff training video called “Freedom of Sexual Expression: Dementia and Resident Rights in Long-Term Care facilities,” part of a training program that serves as the standard for all long-term care facilities across the state (New York) and the nation.
FYI

- The LTC facility is the resident’s home. Prisons permit conjugal visits.
- The Netherlands allow prostitutes in LTC facilities.
- 1st GLBT home in Berlin, Germany. Most GLBT seniors required to stay in the closet or return to it when move into senior living. This leads to loneliness & isolation.

In Conclusion

In order for residents to thrive in long-term care, we must look at every aspect of well-being, and that includes intimacy with other residents.

Case Study #4

- 2 female CNA’s complain that Mr. S. an 82 yr. old male with Stage 3 AD, frequently grabs and touches them during personal care and toileting.
- List 4 areas to be explored before a behavior plan can be implemented.
- List 4 interventions.
Steps to Developing a Working Policy on Sexual Expression


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