Sexuality, Intimacy and Quality of Life for Seniors

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Number of Americans Age 65 and Older (in millions), Years 1900–2000, and Projected 2010–2050
Today’s Geriatrics. . .
Today’s Geriatrics
According to the U.S. Department of Health and Human Services:

- Age 65 – 74: 19.5% live with fair - poor health
- Age 75+: 25% live with fair – poor health
Presumed Interests of the Geriatric Population

• Recognize that old perceptions of geriatrics no longer apply to aging population
• Can no longer generalize attributes of this group based on age
• Our culture has viewed the elderly as sexually neutered; sex is seen as being for the young
The Need for Affection

Old Age or cognitive impairment does not eliminate the need for:

- Affection
- Intimacy
- Relationships
- Warmth
- Touch
Decisions to be sexually active or not

Sexual rights protection and promotion should be part of the daily existence of all individuals;

Sexuality should be recognized as a positive aspect of life

International organizations have recognized and demanded sexual rights as universal rights based on inherent freedom, dignity and equality of all human beings (WHO, 2000; IPPF, 2006);
Respondent’s measured the following as being most important and enjoyable:

- Physical Being
- Psychological Being
- Spiritual Being
- Physical Belonging
The majority of older adults are engaged in some type of intimate relationship and consider sexuality an important part of life (Lindau, Schumm, Lauman, Levinson, O’Muircheartaigh & Waite 2007).

“Sexuality has been described as an important component of health and as an integral part of self-expression (Robinson & Molzahn, 2007).”
Importance of Sexual Relationship to Quality of Life by Age and Gender (AARP)

Total Men [n=523]    Total Women [n=580]
Recent studies from the New England Journal of Medicine reported that:

- 70% of the men and 49% of the women reported that sex was important in their lives
- 74% of married men and 57% of married women > 60 continued to be sexually active
- 13% of unmarried men and 5% of unmarried women > 60 continued to be sexually active
- more than 50% aged 57-75 stated that they gave or received oral sex in past month
- for those ages 75 - 85, 39% of men and 17% of women report having “sex” in the last 12 months

NEJM, 2007
Recent studies from AARP reported that couples over 50:

- 31% couples report having sex (including intercourse) several times a week
- 28% couples report having sex (including intercourse) once a week
- 16% couples report having sex (including intercourse) once a month

AARP, 2011
Recent studies from the University of Manchester:

- 54% of men and 31% of women over the age of 70 reported they were still sexually active
- 33% of these men and women reported having frequent sex (at least twice a month) according to data from the latest wave of the English Longitudinal Study of Ageing (ELSA), 2015
Literature on sexual functioning confirms that sexual desire is important.

Sexual desire is significantly associated with reported frequency of sexual touch and sexual intercourse for both men and women.

Desire is associated with frequency of masturbation.
Sexual desire/interest can be measured by:

1. Frequency of sexual thoughts
2. Frequency of enjoyment of sexual activity
3. Sexual arousal
Sexual Behavior

- Most common behaviors over 80: touching, masturbation, sexual intercourse
- No differences related to sexual orientation
- Preferences may change: less intercourse and more oral sex
- Factors related to sexual maintenance: age, physical health, medications, satisfaction in life, partner availability
Benefits of Sex and Intimacy in the Elderly

- Improves cognitive function
- Improves cardiovascular function
- Source of pleasure
- Enhances sense of self worth, validation
- Expression of love and affection
- Reduces depression, anxiety, loneliness
- Can enhance creativity and communication
AARP “SEX, ROMANCE, AND RELATIONSHIPS” SURVEY
DATA COLLECTED IN 1999, 2004, AND 2010

- Older adults, want health care providers to know that ‘sex was not just for the young’ and to promote an open, accepting environment in which sexual issues could be discussed.

- Of those older adults who are single and in a sexual relationship, only 12% of men and 32% of women reported using protection.

- Which leads to a discussion about RISK & STIs...
Frail Elderly

- With many frail elderly, sexuality is expressed not in the act of sexual intercourse but in the simple pleasure of touch.

- A study of 15 Skilled Nursing Facilities in Texas, with the mean age of 82 years, 81% of men and 75% of women reported sexual desire, but were currently sexually inactive because of lack of opportunity.

The Health Care Provider (HCP)

- How do our perceptions impact our practice as HCPs for the older adult patient?
By federal law, LTCF residents and ALF tenants are afforded multiple rights, many of which are relevant to sexuality. These rights include, but are not limited to, the right to privacy, confidentiality, dignity and respect; the right to make independent choices; and the right to choose visitors and meet them in a private location.

(Longtermcare.org)
Sexuality in LTC Communities

- Most still want to be sexually/intimately active
  - Over 60% of elderly residents express a desire for intimacy (Kettl, 2008)

- Barriers to intimacy exist
  - Lack of privacy
  - Staff, family attitudes
  - Informed consent issues
  - Lack of a partner
BARRIERS IN THE HEALTH CARE SETTING

- **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”
- Sexuality and sex are more than just genital activities
BARRIERS IN THE HEALTH CARE SETTING

Patient

- Discomfort and/or embarrassment
- Personal beliefs
- Lack of opportunity
- Lack of knowledge
  - Cohort effect
- Community vs. Long Term Care dwelling
Sex and Relationships in Assisted and Long Term Care Communities

- Factors to consider:
  - Dementia
  - Staff attitudes
  - Family attitudes
  - Partner issues (ie, SDO)
What can we do?

- Assess and examine our own values and feelings and be aware of how these influence the work that we do and environments we create in the “patient - HCP” relationship.

- How do we initiate the discussion? How do we respond when residents ask?

- EDUCATE!

- Incorporate sexual health history into assessment.
Can you tell me how you express your sexuality?

What concerns or questions do you have about fulfilling your sexual and intimacy needs?

Do you have a partner? In what ways has your sexual relationship changed?

What information or interventions can I provide to help you fulfill your sexuality?
WHAT DO CAN WE DO?

Safe Sex
- How would you feel about educating a 70 year old man on proper condom use? Dental dams? HIV testing? Insist on someone with identified STI/D using protection?

Better sex
- Are you able/comfortable with giving an 82 year old, woman advice on how to improve her sex life with her current partner? Positions for better orgasm?
- Types of lubrication, sex toys, positions/methods of sexual expression that accommodate less-abled physical status? Gay and lesbian relationships?
WHAT DO CAN WE DO?

- Regular Group Discussions on Dating, Sexuality, Healthy Relationships
- Provide Private Areas
- Remind Residents That Security Cameras Are Present
- “Do Not Disturb” signs
- Provide social opportunities
WHAT DO CAN WE DO?

- Regular Contact With Family

- Develop Clear Policies on Sexual Expression and Relationships (including issues of consent)

- Provide Staff Training on Geriatric Sexuality
Final Considerations

• Too often, views on sexuality and the elderly are a reflection *not* of the values of the resident, but rather, the values and attitudes of staff and the facility

• How do we balance caring and controlling; protection and privacy?

• Our places of employment are their homes…
Summary

- Intimacy is a basic need in us all
- Sexuality needs still exist in LTC/ALF/ILF communities
- Approach has to be reasoned, balancing autonomy needs with freedom-from-exploitation rights
- Residents’ values and beliefs about sex and intimacy are more important to them than yours
THANK YOU

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