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PRACTICE POINTER

How to support the sexual wellbeing of older patients

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What you need to know

- Create a culture of openness by using open and inclusive language so that older patients are given permission to discuss sexual issues
- Consider asking about sexual wellbeing when a patient consults about a chronic condition
- Mention the potential sexual side effects of drugs during medication reviews or when prescribing new medications

At your age? That is the response many older adults think they might receive after plucking up the courage to ask their GP for help with a sexual issue. Patients often need support with their sexual wellbeing as they age, but seeking help for a sexual problem is not always easy: the journey is mired in uncertainty (“can anything be done?”), embarrassment (“the GP is the same age as my daughter”), and fear of being judged negatively because of ageism (“what if they think I’m past it?”). GPs too can experience their own barriers to providing help.

In this article we offer some pointers for how to support the sexual wellbeing of older patients, with a focus on the consultation. A typical case might be a patient aged 55 whose vaginal soreness is leading to a loss of sex drive, and despite waiting to see if it gets better on its own, has found no improvement. Within months the problem has got worse, her relationship has started to suffer, and she is fearful of the underlying cause. The impact on sexual wellbeing is palpable and the distress drives her to seek help from her GP.

Sexual wellbeing and ageing

Sexual wellbeing refers to the quality of, and satisfaction with, our sexual relationships with others and ourselves.¹ Many older adults view sexual wellbeing as a quality-of-life component and are more likely than previous generations to expect their healthcare professional to support them in this area.^{2,3} However, with age related bodily changes and limitations caused by the onset of conditions such as diabetes, hypertension, and rheumatoid arthritis, older adults often experience changes to their sexual lives and adopt a broader repertoire of sexual activities, or reluctantly stop being sexually active altogether.^{4,5}

Sexual activity and intimacy are associated with mental and physical health benefits in older age, including decreased sensitivity to pain, lower levels of depression, higher levels of relaxation, better quality of sleep, better cardiovascular health, and higher relationship satisfaction.^{6,7} As well as being

positively associated with lower levels of illness, sexual wellbeing is associated with increased capacity to cope with chronic disease.⁷ Given the increase in diagnoses of chronic diseases in the UK and globally, this is an important area to support: the World Health Organization asserted that health systems must provide opportunities for older adults with chronic diseases to access professional counselling and treatment for their sexual and reproductive health concerns.⁸

Types and causes of sexual problems

Sexual problems can cause distress through their impact on psychological wellbeing and relationship satisfaction. This is particularly the case when sexual activity is important to the patient and their partner, but also when the person is single and wants to be in an intimate relationship. Older adults can face numerous challenges in wanting to be sexually active. The most common sexual problems with ageing include erectile dysfunction, loss of sexual desire, vaginal dryness and thinning of tissues, and difficulty achieving orgasm.^{9,10}

Sexual problems have different causes, including:

- Physical health factors—menopause and andropause, arthritis, cancer, continence, diabetes, Peyronie’s disease, prolapse, chronic pain, pain during sex
- Mental health factors—depression, anxiety, psychiatric disorders, experience of sexual trauma (eg, sexual assault)
- Social and interpersonal factors—loss of partner, caring responsibilities, relationship quality and satisfaction, including how the sexual issue is dealt with in the relationship
- Medication and surgery—body altering surgery, primary and secondary prevention medications (eg, antihypertensives, antidepressants)¹¹
- Sexual health literacy—lack of knowledge about sexual function, misinformation about sexual issues, lack of confidence to raise the issue, especially if the patient has grown up in an environment where sex is a taboo subject.

Barriers to discussing sexual wellbeing in consultations

Older adults with a sexual problem often delay seeking help, but when they decide to look for professional help the GP is usually their first port of call.¹² Although positive changes have occurred in societal attitudes toward sexuality and ageing, sex remains a stigmatised subject which can lead to embarrassment and shame on the part of the patient

and the healthcare professional.¹³ Barriers to seeking and receiving care include:

Person related—Sexual wellbeing is often assigned a lower priority than other issues, especially if the patient has multiple health concerns.¹⁴ This is mirrored by healthcare professionals, who may view sexual wellness as a luxury rather than a necessity. Patients and healthcare professionals might be unaware of services or options to improve sexual wellbeing. Sexual problems are often viewed as a normal part of ageing or part of being in a long term relationship.^{12 13} Taboo and stigma are more predominant in communities where sex is not openly discussed, including older generations, some faith based communities, and older LGBT people, who may have experienced shame and fear during their lives.⁷

Consultation related—Often, a “dance of shame” can happen in the consultation, where both parties want to raise the subject of sex but fear causing embarrassment or offence to the other person or sexualising the consultation. The language of sex can cause discomfort, including use of the correct names for body parts and labels for relationships and sexuality, particularly for those who are older.¹⁵ The language used in medical training focuses on sex specific dysfunction rather than wellbeing and is lacking in many curriculums. This leads to a deficit in skills to raise sensitive topics and discuss intimate issues.

Health system related—In most health systems, sexual problems are not considered severe enough to require prioritisation. Funding systems are driven by targets such as blood pressure control and cholesterol lowering rather than quality of life. Sexual health is often thought of as a young person’s problem and not prioritised when managing other more “serious” conditions in older adults. Time constraints owing to systemic workload pressures make it more difficult for healthcare professionals to develop rapport and raise sensitive subjects. Furthermore, different models of accessing care can make it harder for older patients to seek help: for instance, when patients are asked by GP receptionists to explain why they are seeking a consultation, this can add an unintended obstacle for the patient.

What healthcare professionals can do to improve the sexual wellbeing of patients

Supporting the sexual wellbeing of older adults is part of holistic patient care. If problems are identified, a medication review may be required or referral to specialist services such as a psychosexual clinic, although often reassurance is all that is needed.

Continuity

Healthcare professionals can facilitate conversations about sexual wellbeing with patients.¹⁶ Simply being aware that this is an important part of many older adults’ lives can make all the difference.¹⁷ As with all areas of medicine, longitudinal relationships and continuity of care enable patients to assert their health needs.¹⁸

Language

Open and inclusive language can help facilitate discussion about sexual issues. Sensitivity may be needed with regard to the gender of the person’s partner, as well as the person’s sexual orientation, gender identity, racial or ethnic background, or whether they regard sex is a taboo topic. Healthcare professionals are not immune from societal views and stereotypes about sex and ageing; our own personal belief systems, past experiences, and biases can make talking about sex uncomfortable, especially with older patients.

Check understanding

Medical training often focuses on sex in terms of procreation and the biology of sexual dysfunction. Research shows an apparent discrepancy between what healthcare professionals believed was a sexual problem and what their patients did.¹⁹ Preconceptions about “natural” or “normal” sex may lead to miscommunication and assumptions about “penis in vagina” sex.¹⁵ When discussing sexual issues with all patients, especially older adults, use clear language and check the patient’s understanding to avoid any mismatch between the issue the patient wants help with and the perceived issue the healthcare professional thinks is the problem. These misunderstandings of what sex means to people can lead to inappropriate investigation and diagnosis.²⁰

Validate sex as a real health issue

Research shows that older patients want their healthcare providers to ask them about sexual issues, whereas healthcare providers want their patients to raise the issue themselves.²¹ This “catch 22” situation can be overcome. Practical ways to give permission to patients to discuss the topic of sex and normalise it within the consultation are given below. It is easier for the patient if the healthcare professional starts the conversation, as this validates sexual issues as “real” health issues and gives the patient a starting point rather than having to make an embarrassing attempt at raising a difficult topic. The importance of being pro-active becomes clear when we consider how older adults tend to delay seeking help for sexual issues: they often try self-fixes such as lifestyle changes before plucking up the courage to ask their GP.²²

The “Three Ps” for raising sexual wellbeing in consultations

Conversations about sexual wellbeing could be made during medicine reviews, general health and wellbeing checks, or when the chance arises—for example, when a patient consults about menopause symptoms, chronic urinary tract infections, or depression. Practical advice on talking to patients about sex, including conversation openers, are described in the “Three Ps” approach: Privacy, ensure that the conversation takes place in a private setting and reassure the patient about confidentiality; Permission, let the patient know that it is okay to talk about sexual matters (generic questions help here, see below); and Practice, use friendly and open non-verbal behaviours to make the consultation more informal and help the patient to feel at ease.²³

- Generic questions include:
 - “People I see in clinic sometimes have sexual difficulties. Have you noticed anything?”
 - “Just a few more questions, if that’s okay. At this point I normally ask some questions about your sexual health.”
- Specific questions:
 - “These medications are known to cause sexual difficulties for some people, is that something you have experienced?”
 - “Women can experience sexual difficulties around the time of menopause, have you been affected in this way?”

Consider using topic cards

Another approach is to use topic cards or a checklist, which includes sexual wellbeing, to discuss when patients attend a consultation. Healthcare professionals, including GPs, believe this approach can be suitable for older patients.²⁴ Checklists could be made available in the waiting room or offered during the consultation so they are

specifically targeted to the patient and their health condition. A similar approach has proved effective in increasing the number of patients who receive information about contraception from GPs.²⁵ It can be helpful to signpost patients to resources to further explore the subject (box 1), as it is often difficult to fully cover the topic during the consultation. Research evidence shows that when healthcare professionals are pro-active and ask patients about their sexual wellbeing, the patient is more likely to consult later when they have a problem.¹⁰

Box 1: Patient resources

- Age, Sex and You: Promoting better sexual health in older adults. <https://www.agesexandyou.com/>
- British Menopause Society. <https://thebms.org.uk/>
- Faculty of Sexual and Reproductive Health. <https://www.fsrh.org/home/>
- Jean Hailes for Women's Health. <https://www.jean-hailes.org.au/health-a-z/sex-sexual-health>
- Joan Price: author, speaker, and advocate for ageless sexuality. <https://joanprice.com/>
- National Institute on Ageing: Sexuality and intimacy in older adults. <https://www.nia.nih.gov/health/sexuality-and-intimacy-older-adults>

Education into practice

- How do you feel when you need to raise the subject of sex or intimacy in a consultation with an older adult? If uncomfortable, why does it make you feel that way?
- When a patient talks about sex, what assumptions do you make about the sexual activities they are discussing?
- In what ways can you normalise discussion about sex and make it less awkward?

How patients were involved in the creation of this article

Our author group includes a patient and expert by experience. GC reviewed a draft of the article and provided additional input about being inclusive of single older adults and about how GPs can raise the topic with patients during the consultation.

How this article was created

The article was conceptualised by SH and RM, who drafted an initial outline. SM joined the authorship team and we collaboratively decided which sections we each would write. As a team, including the patient author described above, we reviewed the first draft and made the required changes. All authors have a longstanding interest and experience of working in the area of health inequalities, including around ageing and ageism and sexual health and sexual wellbeing.

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