

# Maintaining a Healthy Sexual Life Throughout Your Lifespan

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## Disclosures

- 1. I am aging (79 years old—80 in August).
- 2. I am a sexual being.
- 3. No relationships to industry

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## Objectives

- The participant will be able to describe how sexual function changes with aging
- The participant will be able to manage the most common sexual dysfunctions in their aging patients
- After going through data, I will demonstrate some cases

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## Ageism

- You are old. Therefore you are:
  1. a burden on the rest of us.
  2. useless.
  3. expendable.
  4. out of date.
  5. so cute.
  6. sexless.
- Pat Samples Strib 1/28/21

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## Sexuality in Nursing Homes

- Please refer to the Sexuality Workgroup at the Hebrew Home at Riverdale in NY.
- Decades ahead of time.
- Updated every few years (original 1995)

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## Sexual Dysfunction in Your Aging Patients

- Characterized by disturbance in desire and physiologic changes in aging
- Causes personal distress
- May signal underlying disease

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## Sex in Mature Men and Women

1. Sexual Activity declines with age
  - 57-64 yo 73%
  - 65-74 yo 53%
  - 75-85 yo 26%
2. Half report a sexual concern(s)
  - Men: erectile dysfunction
  - Women: low desire, poor lubrication, orgasm
3. Only 22-38% talk to a practitioner

Lindau NEJM 2007, 357(8) 762

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## Sexual Dysfunction

- Highly prevalent in men and women
- Men: 31-75%
- Women: 43-68%

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## Sexual Frequency Across the Life Cycle

- 30-40 tri weekly
- 40-50 try weekly
- 50-60 try weakly
- 60-70 try
- 70-80 try something else

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## Review Most Common Female Sexual Dysfunctions DSM5

- 1. Hypoactive desire disorder
- 2. Female orgasmic disorder
- 3. Genito-pelvic pain/penetration disorder

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## Changes in Sexual Function in Aging Women

- Change in libido
- Genitourinary Syndrome of Menopause (GSM)
- Body changes
- Change in sexual self image
- Illness—patient or partner
- Medications

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## HERS Study Patient

- 79 year old woman
- Second marriage
- 3<sup>rd</sup> year in study
- Wanted to know if “it” was normal

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## Sex and the Older Woman

- Survey of 127 women over age 60
- Sexual satisfaction correlated with life satisfaction
- Most wanted to remain sexually active
- Biggest complaint: boredom, same old, same old
- Want increased communication with partner

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## Sleep and Sexual Function in Menopausal Women

- 2,487 sexually active women
- 75% poor sleep quality
- 54% met criteria for female sexual dysfunction
- Sexually active women more apt to report good sleep quality ( $p=0.004$ ) than women who were not sexually active

JKling et al, Menopause, 4/19/21

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## Review Most Common Male Sexual Dysfunctions DSM5

- 1. Erectile disorder
- 2. Male hypoactive sexual desire disorder
- 3. Delayed ejaculation

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## Changes in Sexual Response in the Aging Male

- Erections take longer to attain and more difficult to re-attain.
- More direct stimulation needed
- Orgasms take longer to achieve.
- Decreased size of erection
- Sense of ejaculatory inevitability disappears
- Fewer contractions of penis (and rectum)
- More rapid resolution phase
- Increased refractory period

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## Refractory Periods as Men Age

- 20's---few minutes
- 30's---20-30 minutes
- 40's---1-2 hours
- 60's---24 or more hours
  
- (Above varies with circumstance)

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## Desire Discrepancy

- Not a DSM5 sexual dysfunction
- Present in many relationships
- Can cause significant difficulties in relationship
- Compromise

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## Other Sexual Behaviors

- Massage
- Oral sex
- Sensual baths
- Other non-coital behaviors
- Masturbation
- SCHEDULE

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## Why Address Sexual Health in Your Older Patients

- Be aware people of any age may be sexually active. Interest and capacity may persist into the 9<sup>th</sup> decade who have moderately good physical and psychological health.
- Previous interest, frequency, enjoyment are the best predictors
- Don't assume heterosexual
- Be open
- They will almost certainly be undergoing age related changes

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## How to Open the Subject

- “You know, many people your age have a problem with sexual function as they age. Are you or your partner having any sexual difficulties?”
- Introduce it during ROS when asking about genito-urinary symptoms.

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## NAMS Fix for a Stalled Sex Life

- Think about sex
- Schedule intimacy time
- Change course from intercourse
- Shop for sex
- Focus on body, not genitals
- Speak up
- Don't stop

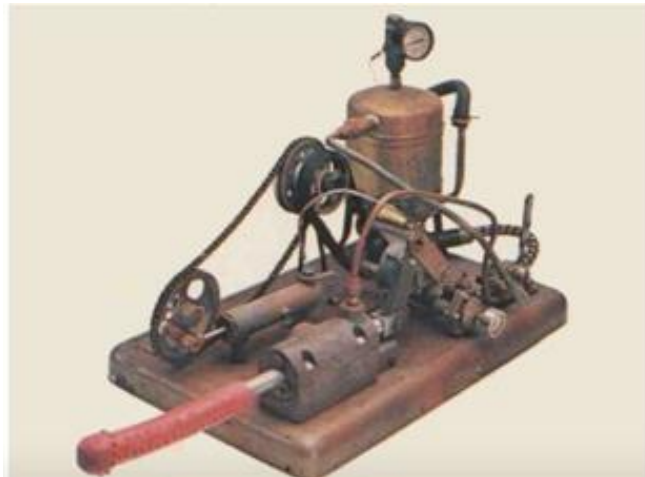
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## Sexual Toys

- Vibrators
- Dildos
- Erotic videos
- Erotic books/magazine
- Others

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For the Sake of Orgasmic Efficiency,  
Doctors Invented the vibrator



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## Case 1

- 47 year old woman, p2002, 2 C/S, MP 3 years, on no HT
- History breast cancer age 40, stage I, NED
- Dyspareunia past 2 years, now unable to have IC at all even if using Vaseline
- What issues need to be addressed here?

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## Issues Case I

- Exam: VV atrophy, very narrow introitus
- 2 C/S
- Breast Cancer
- Vaseline
- Consult with oncologist
- Consider low dose vaginal estrogen ...when?
- Moisturizer, appropriate lubricant
- Anything else?

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## Case II

- 42 yo, PMP 3 years, on no HT (mother had breast cancer age 72, afraid of HT), no pain with sex, uses water based lubricant.
- Had zero libido
- Has great relationship with partner
- Has two children ages 2 and 7
- Works full time as paralegal
- Attending law school at night
- Partner works as PA 100 miles away, gone M-F

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## AUDIENCE POLL

- What are significant issues?
  - 1. Fear of breast cancer
  - 2. No libido
  - 3. Family issues
  - 4. 1 & 2
  - 5. 2 & 3
  - 6. All of the above

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## Case II

- Issues
- Education
- Risks/benefits of HT
- Vibrator/erotic videos
- Needs to make life decisions
- Counseling?

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## Case III

- 64 yo female p3012, s/p vaginal hysterectomy/BSO 20 years ago, 10 year history type II diabetes. On low dose transdermal estrogen for persistent night sweats and hot flashes.
- Has wonderful relationship with husband.
- Difficulty achieving orgasm, low libido past year

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## AUDIENCE POLL

- What are the significant issues here?
- 1. History of type II diabetes
- 2. Low libido
- 3. Difficulty having orgasm
- 4. 1 & 2
- 5. 2 & 3
- 6. 1 & 3
- 7. 1,2&3

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## Issues

- Long term diabetes
- Difficulty with orgasm
- Low libido
- Discussion about changes with age
- Discuss technique
- What can you prescribe eg Flibanserin and Bremelanotide, testosterone?
- Consider EROS, clitoral suction devise, FDA approved

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## Meds for hypoactive desire disorder

- Flibanserin FDA approved 2015
- Bremelanotide FDA approved 2019
- Testosterone (not FDA approved)
- Spielmans JSexRes 3/7/21

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## Case IV

- 65 year old man with difficulty attaining, maintaining erection
- PMHx: HTN on furosemide, zestril and a Beta Blocker
- Married 45 years
- Has had satisfactory sex life previously
- What more info do you need?

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## Case IV

- When did this begin?
- Associated with anything?
- Wife with any sexual problems?
- Any other sexual relationship?
- General/situational?
- Cause? Psychological, physical
- Exam
- Treatment (choice of 14 medications)
- [Mayo Clinic Website](#)

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## Conclusion

- Sexual health is a right
- Most physicians and other practitioners don't ask
- Sexual function changes with aging
- Sexual dysfunction is VERY common
- Patients need to practice the BIG C—not climax, COMMUNICATION

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