

Understanding and Management of Sexual Problems in Old Age

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- *Human being are never too old to enjoy sex!*



- Aging brings life transitions that can create opportunities for older adults to redefine what sexuality and intimacy mean to them.
- Some older adults strive for both a sexual and intimate relationship, some are content with one without the other, and still others may choose to avoid these types of connections.
- However, older age groups are having less interest in sex, had actually sex less often and sexual functioning was less.



Lindau ST, Schumm P, Laumann E, Levinson W, O'Muircheartaigh C, Waite L. A study of sexuality and health among older adults in the USA, *N Engl J Med*, 2007, vol. 357 (pg. 762-74)

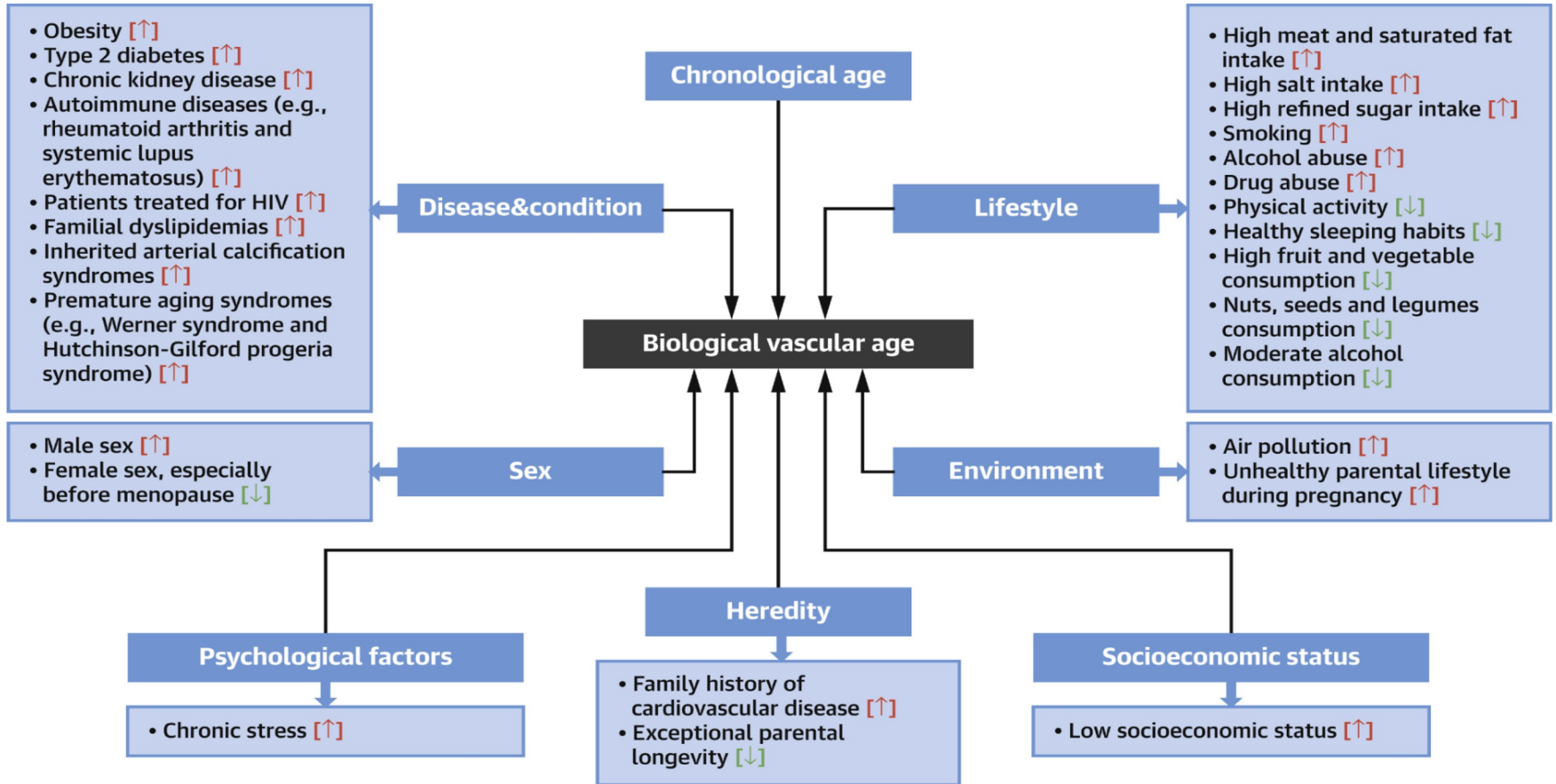
Normal aging can interfere with the ability to have and enjoy sex.

- Bodily changes, including our weight, skin, and muscle tone.
- Menopause and Andropause
- They may worry that their partner will no longer find them attractive. Health conditions can cause physical problems, along with stress and worry, that can get in the way of intimacy or enjoying a fulfilling sex life.

Organ changes that immeasurably happens with aging

- Vagina
- Penis and the testes

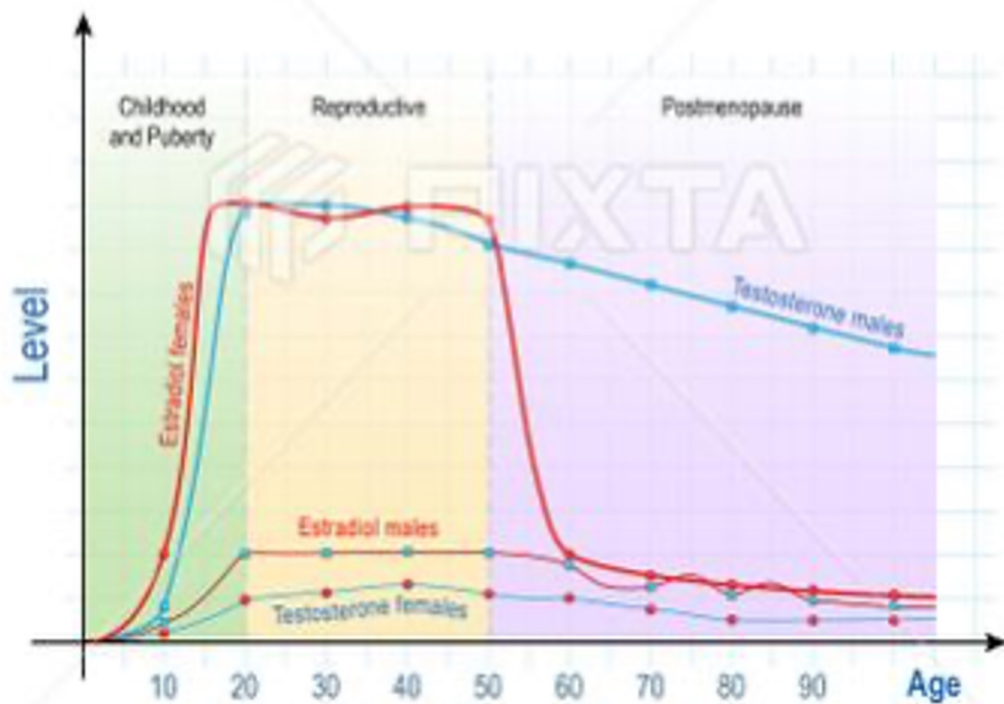
Factors Influencing Biological Aging of the Vascular System



Biological Changes in Aging

- Hormonal changes
- Andropause
- Menopause
- Other hormonal problems
- Circulatory issues
- Neurological changes

Sex hormone



Psychological Factors affecting sexual functions in old age

- Mental health and aging
- Depression and its poorly planned treatment
- Other chronic mental and neurological illnesses
- Chronic ongoing stress
- Grief
- Cognitive impairment
- Relationship dynamics
- Body image and self-esteem



Importance of Communication in the assessment

Open communication with partners and healthcare providers about sexual issues is important. Questions for clinicians to consider

1. Are you experiencing any problems in your sexual life?
2. Some people on these medications notice sexual problems. Is that something that has affected you at all?
3. Sometimes when people feel very low and depressed they lose all interest in sex. Do you think that is an issue for you?
4. Often women around the time of the menopause can suffer not only with the hot flushes you have described but also with sexual problems such as vaginal dryness. Is that something you have experienced?

Common Sexual Problems in Old Age

- Erectile dysfunction/Excitatory dysfunctions
- Ejaculatory dysfunctions
- Orgasmic dysfunctions
- Reduced libido
- Pain during intercourse
- Menopause-related issues
- Psychological factors

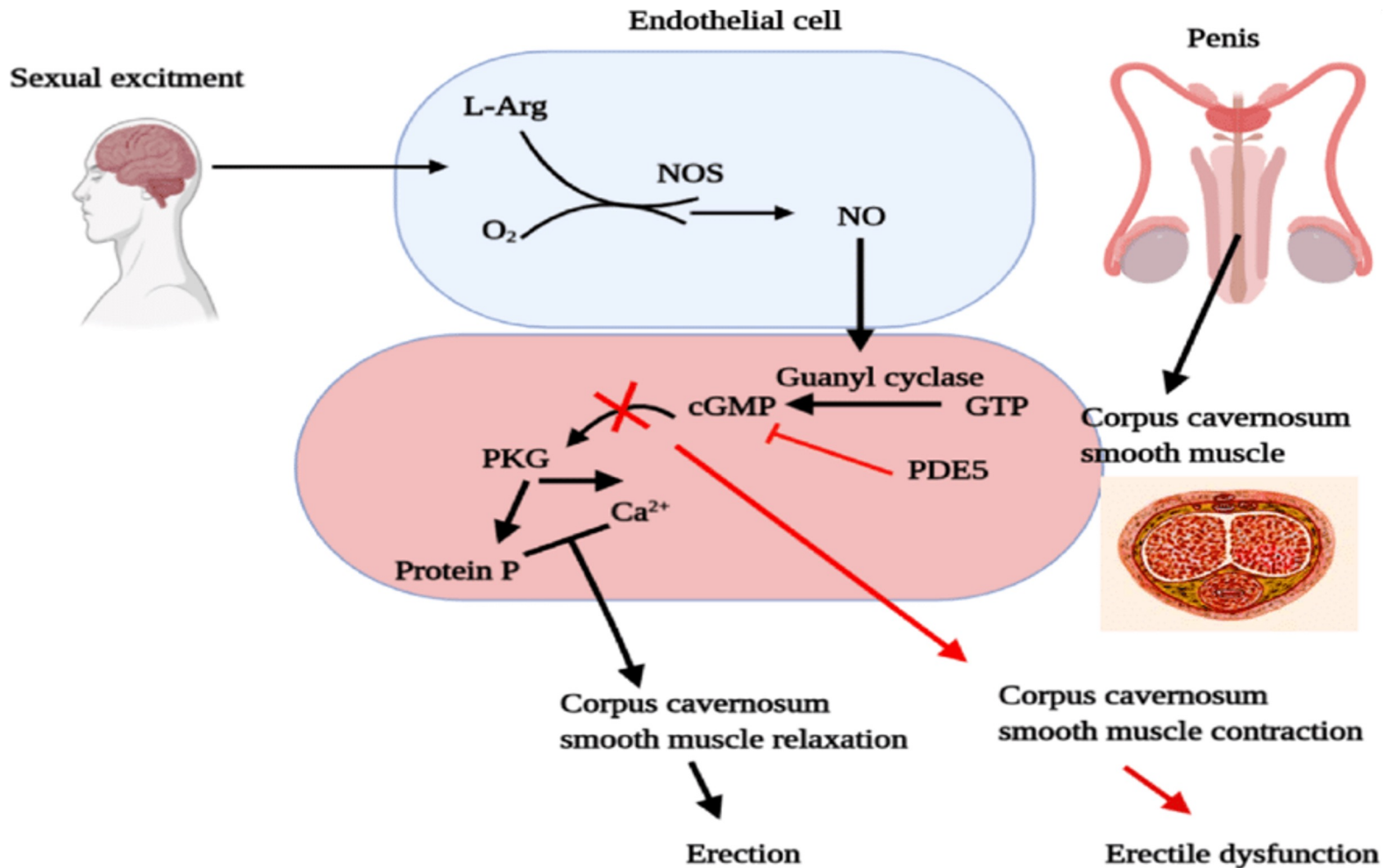


Recommend essentials in Management

- Assess sexual problems in a private environment and allow adequate time.
- Be sensitive to patient preferences regarding gender of HCP.
- Educate patients on lifestyle choices.
- Be aware of own prejudices and subconscious feelings; do not make assumptions.

- Sexual functioning is a complex combination of bio-psycho-social process which is coordinated by neurological, vascular and endocrine systems and any approach to manage only in one dimension is counter-productive.
- Sexual functioning are influenced by factors representing three domains: biologic (the drive), psychological (the will), social context (the wish), and interactions between them.

T.S. Sathyanarayana Rao,A, bhinav Tandon, Shivanand Manohar a,nd Supriya Mathur, Clinical Practice Guidelines for management of Sexual Disorders in Elderly, Indian Journal of Psychiatry, 2018.



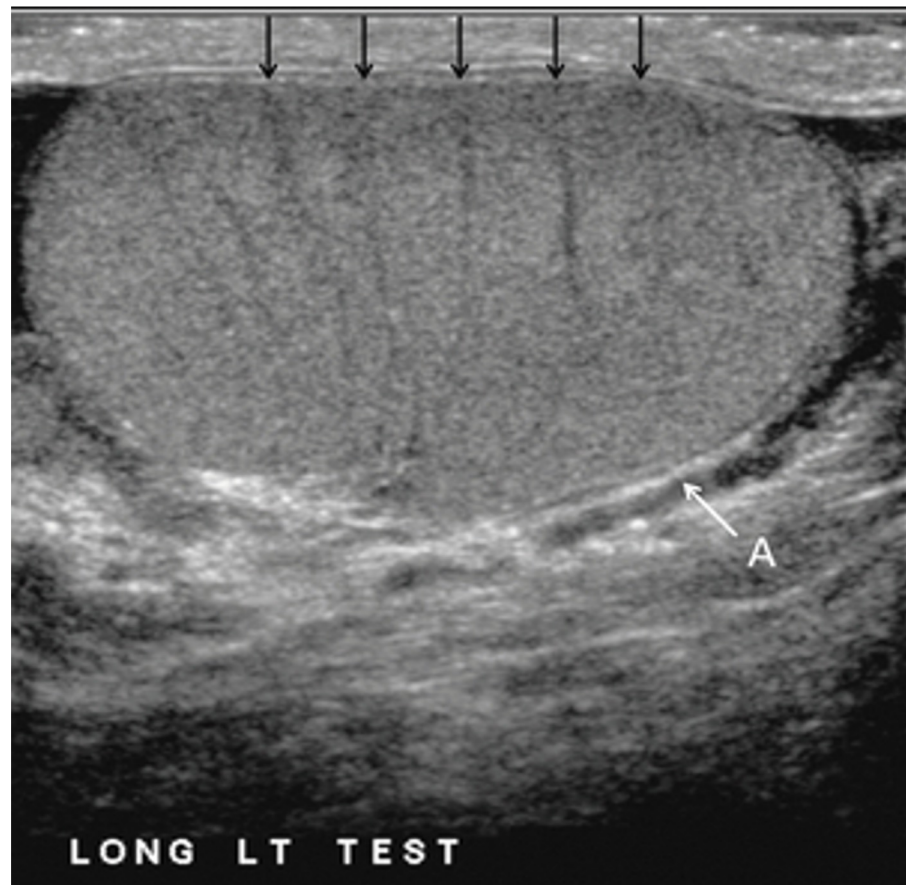
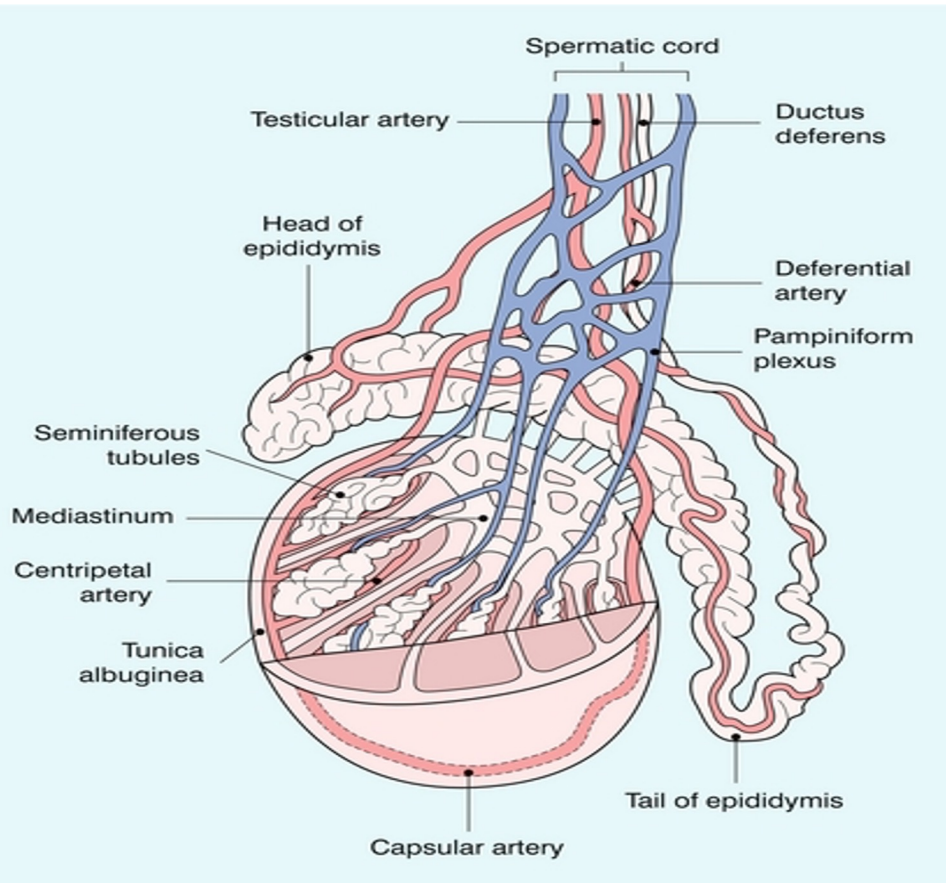
Examination

- Perform a physical examination to check for any physical issues, such as vascular problems, neurological issues, or anatomical abnormalities contributing to sexual dysfunction.
- Assess cardiac fitness and physical fitness to resume a sexually active life
- Also exclude STD's when indicated

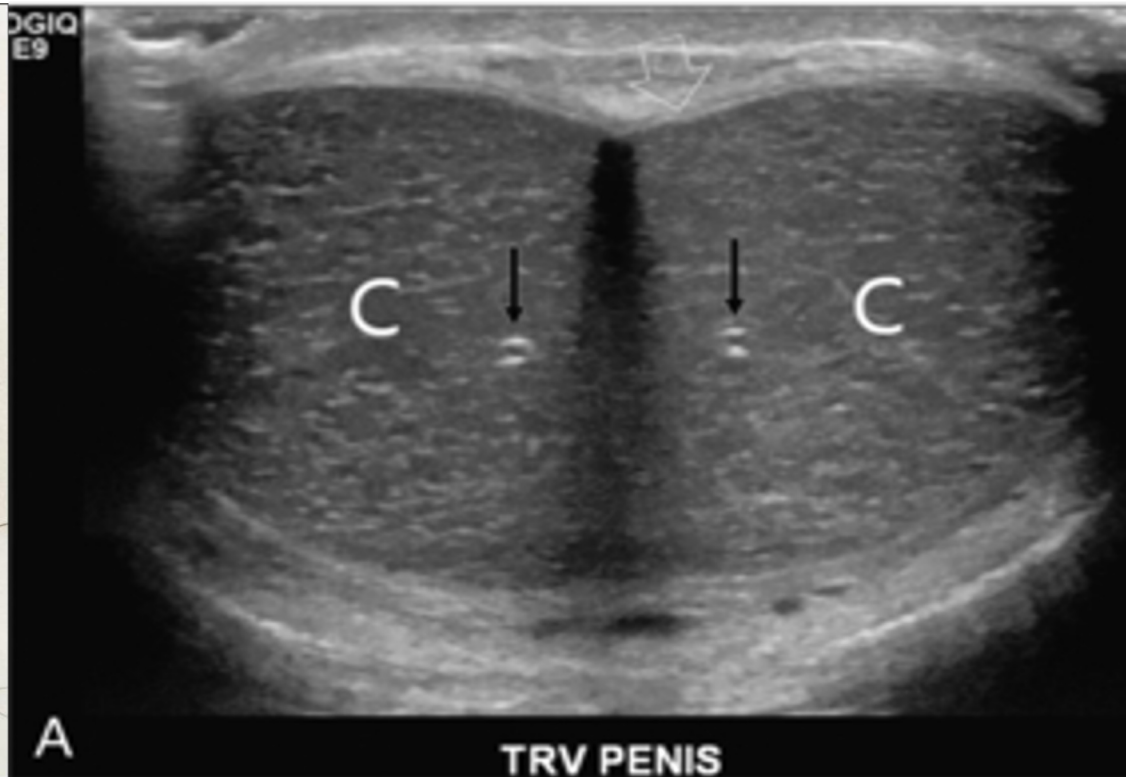
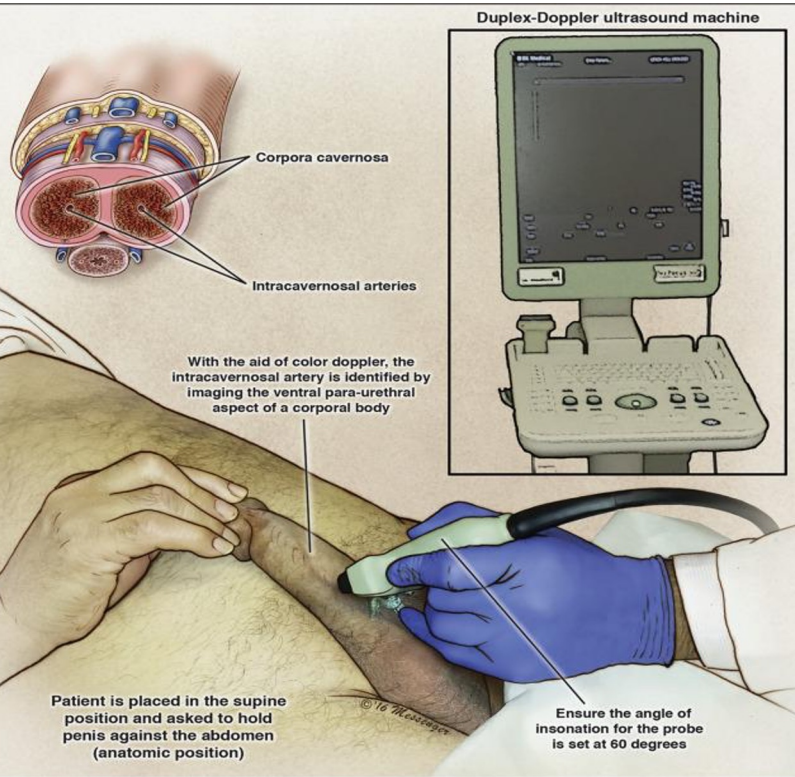
Investigations

- Depending on the specific symptoms and clinical findings, you may order blood tests and other investigations to support the diagnostic formulation.
- Basic investigation should always include FBS, HB1Ac% and lipid profile.
- Relevant hormone levels.
- Investigations to identify vascular etiology. E.g Colour Doppler study
- Reassess cardiac fitness when indicated.

Scrotal Ultrasound Doppler Scanning



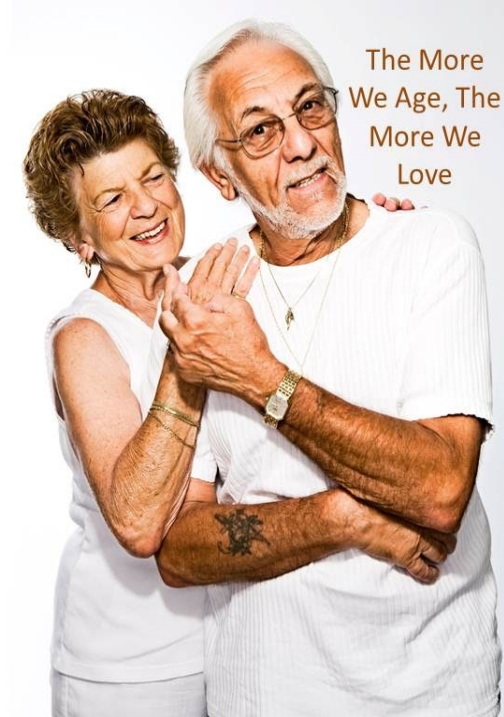
Penile Doppler Ultrasound Scan



Education and Communication:

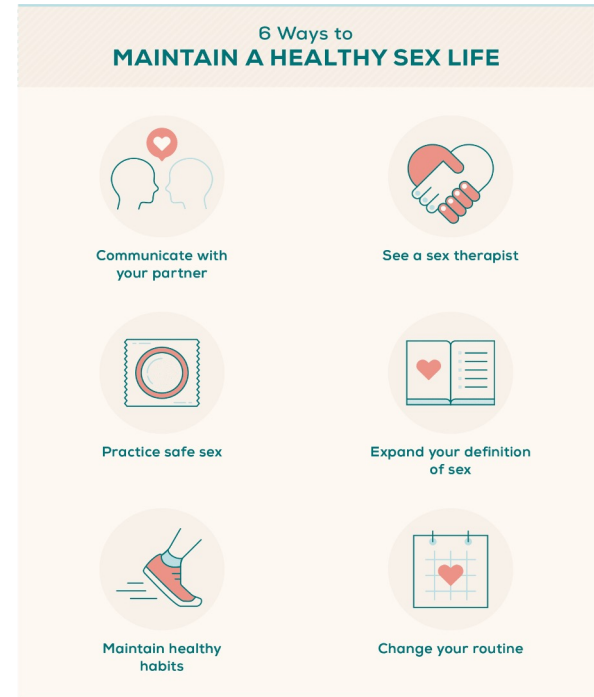
Basic sex education is a key in most of the cases

- Open communication: Encouraging open and honest communication with partners about sexual needs and desires is essential.
- Education: Providing education about the normal aging process and addressing common misconceptions about sexual health in the elderly can help reduce anxiety and improve sexual satisfaction



Recommended Lifestyle Changes

- Exercise and physical fitness: Regular physical activity can improve overall health, increase blood flow, and enhance sexual functioning
- Diet: A balanced diet can positively impact sexual health by promoting cardiovascular health and providing essential nutrients.
- Smoking cessation and alcohol moderation: Quitting smoking and moderating alcohol consumption can have a positive effect on sexual function.
- Pleasure and relaxation activities



Psychotherapy and Counseling

- Sex therapy, couple-therapy can provide counseling and education on sexual issues, offer strategies for coping with age-related changes, and help individuals and couples work through psychological factors that may be contributing to sexual dysfunction.
- Counselling and Cognitive-behavioral therapy (CBT) can be helpful in addressing performance anxiety, negative thoughts, and emotional issues related to sexual dysfunction.

Medications commonly used to address sexual dysfunctions

First omit or substitute any medications causing the sexual dysfunction

- Phosphodiesterase Type 5 (PDE5) Inhibitors
- Hormone Replacement Therapy
- Alprostadil
- Oxytocin
- Supplements

Phosphodiesterase Type 5 (PDE5) Inhibitors:

- *Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra), Avanafil (Stendra)*
- PDE5 inhibitors are primarily used to treat erectile dysfunction (ED) in men

Common side effects of PDE5 inhibitors include:⁹

- Headache
- Dizziness
- Flushing
- Upset stomach
- Nasal congestion
- Muscle aches
- Nausea (mainly with Viagra and Levitra)
- Back pain (mainly with Cialis, Staxyn, and Stendra)
- Bluish visual disturbances (mainly with Viagra)

Serious side effects? Rare

- Priapism
- Eye and ear problems



PDE5 inhibitors may need to be adjusted...

- **Sildenafil:** Decrease to 25 mg if taking alpha-blockers, and increase only under the direction of a practitioner.²
- **Tadalafil:** Limit the daily intake to 10 mg for mild liver impairment, and 5 mg if on kidney dialysis.
- **Tadalafil (daily):** Limit to 5 mg per day if you have benign prostatic hyperplasia.³
- **Vardenafil:** Decrease to 5 mg for males over age 65, and increase only under the direction of a healthcare provider. Decrease to 5 mg daily, never to exceed 10 mg daily if you have mild liver impairment.⁴
- **Avenafil:** Decrease to 50 mg if taking alpha-blockers, and increase only under the direction of a practitioner

Hormone Replacement Therapy:

- **Testosterone Replacement Therapy:**

Low testosterone levels can contribute to sexual dysfunction in men, including reduced libido and erectile problems. Always carefully weigh the potential benefits and risks of hormone therapy.

- **Estrogen Therapy:**

Estrogen creams or tablets: Estrogen therapy may be recommended for postmenopausal women experiencing vaginal dryness, pain during intercourse.

Alprostadil (Caverject, Muse):

- Alprostadil is available in both injection and suppository forms and is used to treat erectile dysfunction
- Not the first choice for many individuals due to its method of administration

Oxytocin Nasal Spray:

- Oxytocin plays a role in social bonding and sexual response. However, more studies are needed to fully understand its effectiveness

Supplements?

- Now experts and research groups are frequently discussing the role of the supplements in the context of sexual dysfunction, their efficacy can vary, and more research is needed to establish their effectiveness definitively.



Other treatment modalities:

- Surgical interventions
- Complementary treatments
- Traditional treatment like Chinese medicine
- Other options

**THANK YOU FOR YOUR TIME
AND ATTENTION**

