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BMJ Practice Pointer

How to support the sexual well-being of older patients

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How this article was created

The article was conceptualised by SH and RM who drafted an initial outline. We invited SM and GC to join the authorship team and collaboratively decided which sections we would each write. We then as a team reviewed the first draft and made the required changes. All authors have a long-standing interest and experience of working in the health inequalities area, including around ageing and ageism and sexual health and sexual well-being.

Contributorship and the guarantor

SH and RM conceived the article and are guarantors. All authors wrote and reviewed the article and created the boxes. GC also provided patient co-authorship.

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We would like to thank Pete McKee who created the image Baby Oil for the Age of Love exhibition (Hinchliff and McKee, 2018) for agreeing to let us republish the artwork here. Pete is an artist from Sheffield https://www.petemckee.com/

How patients were involved in the creation of this article

Our author group includes a patient and expert by experience. GC was invited to join as a co-author to enhance the patient perspective.

Conflicts of Interest

Competing Interest: None declared.

How to support the sexual well-being of older patients

Introduction

At your age? That is the response many older adults receive after plucking-up the courage to ask their GP for help with a sexual issue. Seeking help for a sexual issue is not always easy: the journey is mired by uncertainty on the part of the patient ("can anything be done?"), embarrassment ("the GP is the same age as my daughter"), and fear of being judged negatively due to ageism ("what if they think I'm past it?"). While GPs can experience their own barriers to providing help, it is imperative that patients are supported with their sexual well-being as they age.

In this article we offer an evidence-based approach to the management of sexual problems. While sexual problems vary, a typical case might be a patient aged 60 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 well-being is palpable and the distress drives her to seek help from her GP.

Sexual well-being and ageing

Sexual well-being refers to the quality of, and satisfaction with, our sexual relationships with others and ourselves.[1] Many older adults view sexual well-being as a quality of life component and are more likely than previous generations to expect their healthcare professional (HCP) to support them in this area.[2,3] However, with age-related bodily changes and limitations such as the onset of conditions like diabetes, hypertension, and rheumatoid arthritis, older adults often experience changes to their sexual lives and adopt a broader repertoire of sexual activities, which may mean a prioritisation of intimacy.[4,5]

Sexual activity and intimacy are associated with mental and physical health benefits in older age including: decreased pain sensitivity; lower levels of depression; higher levels of relaxation; better sleep quality; better cardiovascular health; and higher relationship satisfaction. [6,7] As well as being positively associated with lower levels of illness, sexual well-being is also 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 well-being and relationship satisfaction. This is particularly the case when sexual activity is important to the patient and their relationship, 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, sexual desire loss, vaginal dryness and thinning of tissues, and difficulty achieving orgasm. [9,10]

Sexual problems have different aetiology but causes include:

- Physical health factors:
  Menopause and andropause, arthritis, cancer, continence, diabetes, Peyronie's Disease, chronic pain, pain during sex
- Mental health factors:
  Depression, anxiety, psychiatric disorders, experience of sexual trauma (e.g. 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 (e.g. antihypertensives, antidepressants; see Conaglen & Conaglen for an extensive list) [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 well-being in consultations

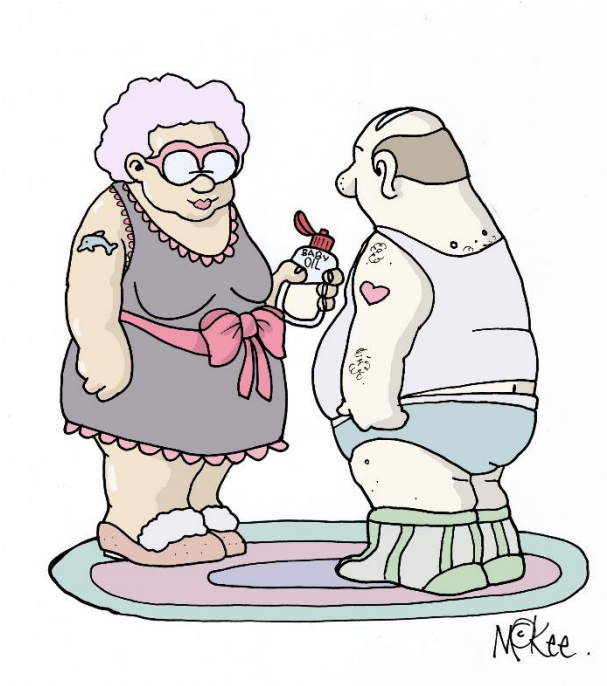
Older patients with a sexual problem often delay seeking help, but when they decide to seek professional help the GP is usually their first port of call.[12] Although there have been positive changes around sexuality and ageing in society, sex remains a stigmatised subject which can lead to embarrassment and shame on the part of the patient and the HCP.[13] Barriers to seeking and receiving care include:

Person-related: Sexual well-being is often assigned a lower priority than other issues, especially if the patient has multiple health concerns.[14] This is mirrored by HCPs who may view sexual wellness as a luxury rather than a necessity. Patients and HCPs might be unaware of services or options to improve sexual well-being. 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 consult where both parties want to raise the subject of sex but fear causing embarrassment or offence for the other person or sexualising the consult. The language of sex can cause discomfort, including 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 gender-specific dysfunction rather than well-being 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 equated to a young person's problem and not prioritised when managing other more 'serious conditions' in older adults. Time constraints due to systemic workload pressures make it more difficult to develop rapport and raise sensitive subjects. Not only that, GP receptionists

158 can act as gatekeepers to the service and require specific information as to why the patient is
159 seeking a consultation, which can add an unintended obstacle for the patient.
160
161 Figure 1: Baby Oil
162 By Pete McKee and Sharron Hinchliff for their exhibition the Age of Love



163
164
165 What healthcare professionals can do to improve the sexual well-being of patients
166 HCPs play a crucial role in facilitating conversations about sexual well-being with patients.[16]
167 Certain factors, such as patient preference for HCPs of a certain age group, may be a
168 challenge but thinking about this as part of holistic medicine can change the way HCPs
169 consult.[17] As with all areas of medicine, longitudinal relationships and continuity of care
170 enable patients to assert their health needs.[18] The use of open and inclusive language can
171 help facilitate discussion about sexual issues; sensitivity is needed with regard to gender of
172 the partner, sexual orientation, racial/ethnic background, and communities where sex is
173 more of a taboo topic. HCPs are not immune from societal views and stereotypes about sex
174 and ageing; it is therefore imperative that HCPs recognise their personal belief systems and
175 biases, which can make them uncomfortable talking about sex, especially with older
176 patients.
177

Medical training often focuses on sex in terms of procreation and the biology of sexual dysfunction. It is important to dispel preconceptions about 'natural' or 'normal' sex, which lead to miscommunication and assumptions about 'penis in vagina' sex.[15] Research shows an apparent discrepancy between what HCPs believed was a sexual problem and what their patients did.[19] When discussing sexual issues with all patients, especially older adults, there needs to be a clear understanding of what is being discussed otherwise it can end up with a mismatch between the issue the patient wants help with and the perceived issue the HCP feels is the problem. These misunderstandings of what sex means to people can lead to inappropriate investigation and diagnosis.[20]

Research is clear that older patients want their HCPs to ask them about sexual issues whereas HCPs want their patients to raise it.[21] This 'catch 22' situation can be overcome. For example, there are practical ways to give permission to patients to discuss the topic of sex and normalise it within the consult (see below). It is much easier for the patient if the HCP 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. Just as GPs ask about smoking, exercise, and diet, they should be able to ask about sexual well-being. The importance of being proactive becomes clear when we consider how older adults tend to delay help-seeking for sexual issues: they often try self-fixes such as lifestyle changes before plucking-up the courage to ask the GP.[22]

Conversations about sexual well-being could be made during medicine reviews, general health and well-being check-ups, or when the chance arises, for example, when a patient consults about menopause symptoms, chronic UTIs, or depression. Practical advice on talking to patients about sex, including conversation openers, are described in the 'Three Ps' approach: Privacy, Permission, and Practice.[23] These include:

Generic questions such as

- *"People I see in clinic sometimes have sexual problems. Have you noticed any difficulties?"*
- *"Just a few more questions, if that's okay. At this point I normally ask some questions about your sexual health."*

Specific questions such as

- *"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?"*

Another approach is to use topic cards or a checklist of issues, which includes sexual well-being, to discuss when patients attend a consult.[24] This approach has proved effective in increasing the number of patients who receive information about contraception from GPs.[25] It is helpful to signpost patients to resources to further explore the subject (Box 1), as it can be difficult to fully cover the topic during the consult. There is strong evidence that when HCPs are proactive and ask patients about their sexual well-being, the patient is more likely to consult later when they have a problem.[10]

Box 1: Patient resources: where can I signpost my patient to?

Age, Sex and You: Promoting better sexual health in older adults

http://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.jeanhailes.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

What you need to know

- Consider asking about sexual well-being when a patient consults about a chronic condition
- Mention the potential sexual side-effects of drugs during medication reviews or when prescribing new meds
- Display a poster in consultation and waiting rooms to let patients know that sexual well-being is a legitimate topic in the consultation

Reflection on practice

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

The sexual well-being of older adults should be supported as part of holistic patient care. If problems are identified, a meds review may be required or referral to specialist services like a psychosexual clinic, although oftentimes reassurance is all that is needed.

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