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BMJ Practice Pointer

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How to support the sexual well-being of older patients

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6 Sharron Hinchliff[1]

7 Professor of Psychology and Health

8 Rebecca L Mawson[2,4]

9 GP & Academic Training Fellow

10 Sue Malta[3]

11 Senior Researcher

12 Gilli Cliff[5]

13 PMHCT Employment Coach and Patient advocate

14

15

16 1. Division of Nursing and Midwifery, Health Sciences School, The University of
17 Sheffield, Sheffield, S10 2HQ, UK
18 2. The Academic Unit of Primary Medical Care, The University of Sheffield,
19 Samuel Fox House, Sheffield, S5 7AU, UK
20 3. Sexual Health Unit, Melbourne School of Population and Global Health, The
21 University of Melbourne, Parkville, VIC 3050, Australia
22 4. GPwER SRH, Valley Medical Centre, Stocksbridge, Sheffield S36 1BX, UK
23 5. South Yorkshire Housing Association Limited, UK

24

25 Correspondence to:
26 Professor Sharron Hinchliff
27 Division of Nursing and Midwifery, Health Sciences School, The University of Sheffield,
28 Sheffield, S10 2HQ, UK
29 Email: s.hinchliff@sheffield.ac.uk
30 Phone: 0114 2222045

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32 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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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.

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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

127

128 **Barriers to discussing sexual well-being in consultations**

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

134

135 **Person-related:** Sexual well-being is often assigned a lower priority than other issues,
136 especially if the patient has multiple health concerns.[14] This is mirrored by HCPs who may
137 view sexual wellness as a luxury rather than a necessity. Patients and HCPs might be unaware
138 of services or options to improve sexual well-being. Sexual problems are often viewed as a
139 normal part of ageing or part of being in a long-term relationship.[12,13] Taboo and stigma are
140 more predominant in communities where sex is not openly discussed, including older
141 generations, some faith-based communities, and older LGBT people who may have
142 experienced shame and fear during their lives.[7]

143

144 **Consultation-related**: Often, a 'dance of shame' can happen in the consult where both parties
145 want to raise the subject of sex but fear causing embarrassment or offence for the other
146 person or sexualising the consult. The language of sex can cause discomfort, including correct
147 names for body parts and labels for relationships and sexuality, particularly for those who are
148 older.[15] The language used in medical training focuses on gender-specific dysfunction rather
149 than well-being and is lacking in many curriculums. This leads to a deficit in skills to raise
150 sensitive topics and discuss intimate issues.

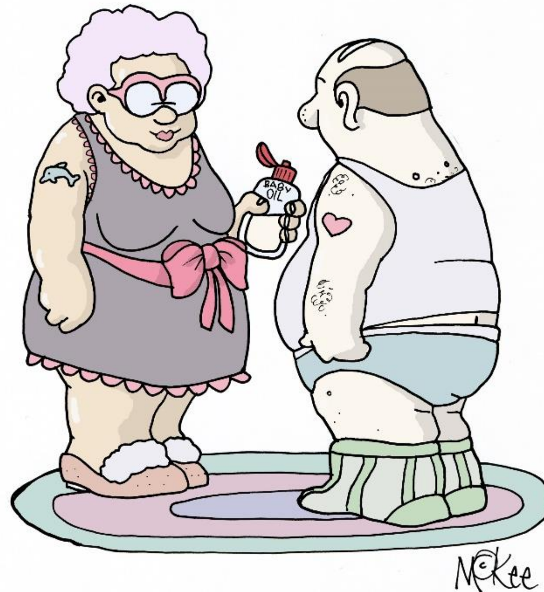
151

152 **Health system-related:** In most health systems, sexual problems are not considered severe
153 enough to require prioritisation. Funding systems are driven by targets such as blood
154 pressure control and cholesterol-lowering rather than quality of life. Sexual health is equated
155 to a young person's problem and not prioritised when managing other more 'serious
156 conditions' in older adults. Time constraints due to systemic workload pressures make it
157 more difficult to develop rapport and raise sensitive subjects. Not only that, GP receptionists

can act as gatekeepers to the service and require specific information as to why the patient is seeking a consultation, which can add an unintended obstacle for the patient.

Figure 1: Baby Oil

By Pete McKee and Sharron Hinchliff for their exhibition the Age of Love



What healthcare professionals can do to improve the sexual well-being of patients

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

178 Medical training often focuses on sex in terms of procreation and the biology of sexual
179 dysfunction. It is important to dispel preconceptions about 'natural' or 'normal' sex, which
180 lead to miscommunication and assumptions about 'penis in vagina' sex.[15] Research shows an
181 apparent discrepancy between what HCPs believed was a sexual problem and what their
182 patients did.[19] When discussing sexual issues with all patients, especially older adults, there
183 needs to be a clear understanding of what is being discussed otherwise it can end up with a
184 mismatch between the issue the patient wants help with and the perceived issue the HCP
185 feels is the problem. These misunderstandings of what sex means to people can lead to
186 inappropriate investigation and diagnosis.[20]
187
188 Research is clear that older patients want their HCPs to ask them about sexual issues whereas
189 HCPs want their patients to raise it.[21] This 'catch 22' situation can be overcome. For example,
190 there are practical ways to give permission to patients to discuss the topic of sex and
191 normalise it within the consult (see below). It is much easier for the patient if the HCP starts
192 the conversation as this validates sexual issues as "real health issues" and gives the patient a
193 starting point rather than having to make an embarrassing attempt at raising a difficult topic.
194 Just as GPs ask about smoking, exercise, and diet, they should be able to ask about sexual
195 well-being. The importance of being proactive becomes clear when we consider how older
196 adults tend to delay help-seeking for sexual issues: they often try self-fixes such as lifestyle
197 changes before plucking-up the courage to ask the GP.[22]
198
199 Conversations about sexual well-being could be made during medicine reviews, general
200 health and well-being check-ups, or when the chance arises, for example, when a patient
201 consults about menopause symptoms, chronic UTIs, or depression. Practical advice on talking
202 to patients about sex, including conversation openers, are described in the 'Three Ps'
203 approach: Privacy, Permission, and Practice.[23] These include:
204
205 Generic questions such as
206 • *"People I see in clinic sometimes have sexual problems. Have you noticed any*
207 *difficulties?"*
208 • *"Just a few more questions, if that's okay. At this point I normally ask some*
209 *questions about your sexual health."*

210 Specific questions such as

211 - *"These medications are known to cause sexual difficulties for some people, is*
212 *that something you have experienced?"*
213 - *"Women can experience sexual difficulties around the time of menopause, have*
214 *you been affected in this way?"*

215

216

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

224

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

226

227 Age, Sex and You: Promoting better sexual health in older adults
228 http://www.agesexandyou.com/

229

230 British Menopause Society
231 https://thebms.org.uk/

232

233 Faculty of Sexual and Reproductive Health
234 https://www.fsrh.org/home/

235

236 Jean Hailes for Women's Health
237 https://www.jeanhailes.org.au/health-a-z/sex-sexual-health

238

239 Joan Price: author, speaker, and advocate for ageless sexuality
240 https://joanprice.com/

241

242 National Institute on Ageing: Sexuality and intimacy in older adults

243 https://www.nia.nih.gov/health/sexuality-and-intimacy-older-adults
244
245
246 What you need to know
247 • Consider asking about sexual well-being when a patient consults about a
248 chronic condition
249 • Mention the potential sexual side-effects of drugs during medication reviews
250 or when prescribing new meds
251 • Display a poster in consultation and waiting rooms to let patients know that
252 sexual well-being is a legitimate topic in the consultation
253
254 Reflection on practice
255 • How do you feel when you need to raise the subject of sex or intimacy in a
256 consult with an older adult? If uncomfortable, why does it make you feel that
257 way?
258 • When a patient talks about sex, do you make assumptions about what sexual
259 activities they are talking about?
260 • In what ways can you normalise discussion about sex and make it less
261 awkward?
262
263 The sexual well-being of older adults should be supported as part of holistic patient care. If
264 problems are identified, a meds review may be required or referral to specialist services like a
265 psychosexual clinic, although oftentimes reassurance is all that is needed.
266
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