



Health and Social Care Promotion Materials that Focus on Intimacy and Sexuality in the Third Age

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Module: Sexuality and the third age

Unit 4: Changes in sexual practice

Introduction

As people get older, they may experience changes in their sex lives. These include having less sex, having more sex, having sex in a different way than before, or with a different partner. Those in long-term relationships tend to report a reduction in sexual activities as they get older. Those in new relationships tend to report an increase.

Reasons for changes in sexual practice in our 60s and older relate to a number of factors: the diagnosis or management of a long-term condition; medications that we take for long-term conditions; body image issues; psychological well-being including depression; the quality of our intimate relationships; and specific sexual problems such as erectile dysfunction or sexual desire loss.

Younger people may be affected by these issues too. But some sexual problems are associated with increasing age. These include, for men a longer refractory period (the recovery period after orgasm) as well as a decreased ability to delay ejaculation and an increased time to achieve an erection. The changes women can experience include shorter and less intense orgasms, an increased time taken to become sexually aroused, and difficulties connected with reduced vaginal lubrication which can make penetrative sex painful. Lower levels of sexual desire can also affect women and men as they get older.

Health conditions can affect a person's interest in sex and their ability to engage in sexual acts. For example, stroke can cause physical and cognitive changes that impact directly on sexual function by causing discomfort when lying in certain positions, or through communication difficulties which affect sexual expression.

Caring for someone affected by stroke or other long-term conditions can impact the relationship overall as well as the sexual relationship. For example, the carer may be tired – which has a known effect on sexual desire – or the caring relationship may change so much so s/he no longer views their partner as a sexual being.

A number of commonly prescribed medications can impact sex too. These include:

- SSRIs and other antidepressants can lower sexual desire or prevent people from having an orgasm
- Anti-hypertensives can cause erection and ejaculation problems
- Omeprazole can cause erection problems
- Heart drugs can impair sexual desire

(<http://www.netdoctor.co.uk/sexandrelationships/medicinessex.htm>)



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Satisfaction with sex life has been found to decrease with increasing age, and reasons include sexual problems experienced. Sexual problems can have a negative impact on relationships, for example a lack of intimacy may ensue and distance may occur. It is therefore important to address sexual difficulties in later life if an individual and her/his partner experiences distress about them.

It also is important to remember that not everyone will experience sexual problems as a result of getting older.

Key messages

- Sexual activity may change as people get older due to a number of (biological, psychological, social and cultural) factors
- Some specific sexual problems have a relationship with increasing age

Learning outcomes

At the end of this unit students are expected to:

- Be aware of the many factors that can contribute to sexual difficulties in later life
- Understand that some people will experience distress at the changes in sexual activity they experience
- Acknowledge that some people in later life chose not to be sexually active

Content

Case study

Geoff is single but he longs to be in a close relationship again. Since Geoff's long-term partner John died two years ago, Geoff has had difficulty keeping an erection. He can no longer masturbate. He first noticed the symptoms where his erection would come, but soon fade, and now he cannot get one at all.

Geoff is 62 years old and does not want to live the rest of his life on his own. He has considered signing up for an online dating website but he wonders whether or not it would be worthwhile. He is worried that if he met someone they might not understand his problem; that he can't get an erection and have sex in that way. Geoff knows that sex isn't just about erections - there are other activities they could do - but he also knows that having an erection indicates to a partner that they are desired, that he is aroused by them.

He went on a date with a guy 6 months ago. They both seemed to enjoy it, and Geoff felt a spark. But when they kissed at the end of the night Geoff knew that he would not be able to see him again. How could he explain his erection problems? And who would want to be with someone like him?



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Discussion points – use the internet to find answers to the following questions:

1. What is the incidence of erection problems in men aged 60 and older in your country?
2. What causes erectile dysfunction?
3. Are there any medical treatments available for Geoff to help with his erection problems?
4. Are there any alternative treatment options that Geoff can try?
5. What does Geoff's concern about his erectile dysfunction and his belief that he would not be able to form a new relationship tell us about sex and masculinity?

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