



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

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Module: Long Term Care

Unit 3: Medication (medication, addictions and alcohol)

Introduction

Many older people may be taking medicines for different conditions and so there can also be concerns around the interactions of such polymedication, which can have various side effects, particularly increasing fall risk, but also resulting in decreased libido (Hill and Wee). Moreover, as with any other group in society, older people can be at risk of developing addictions. For example, is not uncommon for older people to start to abuse alcohol and medication after the death of a spouse or after divorce, retirement or other major change in their lives. Indeed, the first signs of dependence may not arise before the ages of 70-79 years (14% men and 28% women addicted to alcohol). For many individuals retirement means a negative experience, the deterioration of social status, lower incomes and standard of living. In addition, older people can experience empty nest syndrome, health problems, loss of cognitive function, and decreased sexual desire, which can contribute to increased drinking in the elderly, although there may be no history of such behaviour in earlier years.

When it comes to alcoholism in older people there is a lack of comparable studies. Most studies have been performed in the United States for instance. But addiction is not the only problem the elderly face when dealing with intimacy issues. For example, people often attribute a lack of libido with advanced age, when in reality it can be contributed to many different factors, including drugs prescribed by a doctor that are used appropriately. Camacho and Reyes-Ortiz (2005) point out that, although aging and functional decline may affect sexual function, when sexual dysfunction is diagnosed, physicians should rule out disease or side effects of medications first.

The odds of being polymedicated also increase with advanced age and common medication interactions tend to occur more often in the oldest old. More importantly perhaps, patients may believe any new symptoms are a result of old age and may not report the occurrence to their physician. Unless the health and social care practitioner enquires, common side effects of any given medication, may be overlooked. As such, health and social care practitioners should keep in mind that new symptoms such as decreased libido, lack of lubrication or ED may result from medication use (Camacho & Reyes-Ortiz 2005).



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Decreased libido is not the only problem. Older patients may complain to their physician about a new symptom, which is actually a side effect of their medicines. If they visit another specialist, who is not acquainted with the exact medication the patient is receiving, they may prescribe new medicine, which can create a dangerous cycle.

As the report of the European Monitoring Centre for Drugs and Drug Addiction states, a particularly vulnerable group when it comes to the issue of drug abuse, are elderly people. Older adults are frequent users of prescription and over the counter drugs, which is due to the fact that the aging process is often associated with social, psychological and health problems.

Key messages

- Older people can often require different medications and these can have negative effects, particularly falls.
- Upheavals that can accompany ageing, such as loss of a spouse, retirement or empty nest syndrome can lead older people into becoming addicted to drugs or alcohol.
- Both medicines and alcohol have impacts on libido and this needs to be considered by health and social care practitioners when dealing with older people.

Learning Outcomes

At the end of this unit students are expected to:

1. Be aware of the complications that can surround medication use for older people.
2. Appreciate that upheavals can make older people vulnerable to addiction to drugs or alcohol.
3. Be aware that medication and alcohol can impact physically and psychologically on older people in relation to intimacy and sexual health.

Content

Case Study

“Ruth” has been known as an exceptional beauty in her younger years. People have been complimenting her looks since she could remember. But with age the compliments got fewer and when she retired she fell into depression. Because of the nature of her depression her relationship with her husband became brittle as she was upset with her own body and thus unable to share intimacy. She began taking antidepressants, but they did not help, with every day her depression got worse and the medication prescribed by specialists got



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stronger. The medication decreased her libido further and impacted negatively on her interactions and intimacy with her partner. In the end her family physician proposed visiting an Alcoholics Anonymous group as no other support group was available in her town. She and her husband, who was supporting her every step of the way, joined the support group. With the step by step programme that helped people cope with addictions, she got rid of her depression and is now able to lead the life she led before her retirement.

Reflective discussion

1. Older people are often polymedicated by different specialists. Do you think that as different prescription drugs have different side effects, a pharmacist should be included in the decision making?
2. How would you animate an older person to openly speak with the medical staff about the lack of libido associated with prescription medicine (especially barbiturates and drugs for high blood pressure)?
3. Ruth found a way out of her depression by using a step by step programme. What kind of other activities could you suggest people use in such situations before resorting to stronger medication?

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