Sexuality and the Older Adult

HRSA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM Funded by HRSA Grant #U1QHP2870

Acknowledgements

Author: Valerie Gruss, PhD, APN, CNP-BC

Editor: Memoona Hasnain, MD, MHPE, PhD

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

Learning Objectives

Upon completion of this module, learners will be able to:

1. Identify societal attitudes and cultural factors affecting older adult sexuality and sexual functioning
2. Discuss the multidimensional needs of aging sexual minorities (lesbian, gay, bisexual, and transgender persons)
3. Describe the role of clinicians in educating, screening, assessing, and managing sexual concerns and dysfunctions among older adults
4. Identify risk factors and screening strategies related to the development of sexually transmitted infections (STIs) among older adults

Background

Key Definitions

World Health Organization:

- Sexuality is defined as a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction

Sexual health: "…a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity."

http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

(World Health Organization, 2017)

Sexuality Among Older Adults: Myths vs. Reality

Misconception: sexual desire diminishes as we age; research supports that this is not the case

Misconception: sexual problems are part of the normal aging process and therefore do not warrant serious attention

(Kazer, 2013; Muliira & Muliira, 2013; Nusbaum et al., 2004)

Sexuality Among Older Adults: Myths vs. Reality

Reality:

- Older women have a similar number of sexual concerns as younger women but are less likely to have the topic of sexual health raised during health care visits
- Many seniors continue to enjoy their sexuality into their 80s and beyond, although expressions of sexuality may differ from younger years
- A healthy sex life is fulfilling and good for other aspects of life, including physical health and self-esteem
- Sexual interest is not significantly impacted by aging

(Kazer, 2013; Muliira & Muliira, 2013; Nusbaum et al., 2004)

Prevalence of Sexual Activity by Age

In the past year, men > 70 years old:

- 46.4% reported masturbating
- 42.9% reported vaginal intercourse

In the past year, women > 70 years old:

- 32.8% reported masturbating vs. compared to 54.1% aged 50-59
- 21.6% reported vaginal intercourse compared with 51.4% aged 50-59

(Herbenick et al., 2010)

Factors Affecting Older Adult Sexuality

- Societal expectations
- Cultural context
- Emotional issues
- Biological changes
- Sexual orientation and gender identity

(Kazer, 2013)

Societal Expectations

Societal Attitudes and Cultural Factors

Age bias and sexuality bias:

- Ageism is the last acceptable prejudice, and sexuality among older adults is the "last taboo"
- Sexuality is not the problem; discrimination and prejudice against what is acceptable behavior among older adults is the problem
- There is ageism among medical providers, particularly against the very old and those in long-term residential care institutions such as nursing homes

(Applewhite, 2016; Gunderson et al., 2005)

Societal Expectations

The era in which people are born influences their attitudes about sexuality.

Social attitudes affecting older adult sexuality include:

- For the "G.I. generation" (1901-1924), sexuality was not generally openly discussed and was considered inappropriate outside of marriage
- Baby Boomers hold more open-minded views on sexuality and were influenced by the availability of oral contraception
- Baby Boomers experienced social changes such as the gay rights movement, and there is increased visibility of the LGBT community and social acceptance of different sexual orientations and gender identities

Assessment Question 1

Select the true statement:

The era in which people are born influences their attitudes about sexuality. Social attitudes affecting older adult sexuality include:

1. Baby Boomers experienced social changes such as the gay rights movement
2. For the "G.I. Generation" (1901-1924), sexuality was generally openly discussed and was considered appropriate outside of marriage
3. Baby Boomers hold more close-minded views on sexuality
4. The "G.I." Generation (1901-1924) held open-minded views on sexuality and were influenced by the availability of oral contraception

Assessment Question 1: Answer

The era in which people are born influences their attitudes about sexuality. Social attitudes affecting older adult sexuality include: (select the true statement)

1. **Baby Boomers experienced social changes such as the gay rights movement (Correct Answer)**
2. For the "G.I. Generation" (1901-1924), sexuality was generally openly discussed and was considered appropriate outside of marriage
3. Baby Boomers hold more close-minded views on sexuality
4. The "G.I." Generation (1901-1924) held open-minded views on sexuality and were influenced by the availability of oral contraception

Cultural Context

Cultural Context

- “Culture also permeates sexual identity, shaping behavior and communication and affecting adjustment to change and sexual problems; therefore, professionals must consider a client's cultural context in counseling around sexual concerns.” (Muzacz & Akinsulure-Smith, 2013)
- Sexual behavior may be considered aberrant behavior in some older adults depending on their culture

Cultural Context

Latino and Hispanic older adults

- Privacy problems with living in multigenerational families
- Difficulties discussing sexual problems with family
- Prefer structured approaches to concrete goals
- Religious views may influence attitudes toward sexuality

Asian American older adults

- Holistic view of mind and body
- Families are patriarchal and hierarchical

(Muzacz & Akinsulure-Smith, 2013)

Cultural Context

African American older adults

- Older adults revered and respected
- Multigenerational families living together with less privacy
- Religious institutions may serve important function and may affect attitudes toward sexuality

(Muzacz & Akinsulure-Smith, 2013)

LGBT Older Adults

- More than 39 million people aged 65 years or older, **2.4 million** of whom identify as LGBT
- History of marginalization, discrimination, and victimization
  - LGBT are an "at-risk population" and experience health disparities (CDC, 2014)
  - 1/3 to 1/2 of older gay and bisexual men live alone without adequate support
  - In addition to ageism stereotypes and attitudes, older LGBT adults face bias and/or discrimination based on their sexual orientation or gender identity

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

(Fredriksen-Goldsen et al., 2013; Wallace et al., 2011; APA, n.d.)

Assessment Question 2

All of the following statements about the unique needs of older LGBT adults are true EXCEPT:

1. LGBT older adults are an at-risk population
2. LGBT older adults experience health disparities
3. LGBT older adults face bias and discrimination for their sexual orientation
4. LGBT older adults are small in number and their needs are not unique

Assessment Question 2: Answer

All of the following statements about the unique needs of older LGBT adults are true EXCEPT:

1. LGBT older adults are an at-risk population
2. LGBT older adults experience health disparities
3. LGBT older adults face bias and discrimination for their sexual orientation
4. **LGBT older adults are small in number and their needs are not unique (Correct Answer)**

Emotional Issues

Emotional Issues

Greater Satisfaction	Less Satisfaction
Fewer distractions	Stressed by chronic illness
More time and privacy	Financial stress
No concerns about pregnancy	Depression

(Mayo Clinic Staff, 2016)

Biological Changes

Biological Changes

Biologic changes with age may affect sexual behavior

- **Male:**
  - Erectile dysfunction (ED) occurs in nearly 70% of men aged 70 years and older
  - Benign prostatic hyperplasia (BPH)
- **Female:**
  - Sexual dysfunction
  - Vaginal atrophy

National Institute on Aging, https://www.nia.nih.gov/health/sexuality-later-life
Cleveland Clinic, Erectile Dysfunction, http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/endocrinology/erectile-dysfunction/

Biological Changes

Sexual activity is closely tied to overall heath, and people whose health is rated as "excellent" or "very good" were nearly twice as likely to be sexually active as those who rated their health as poor

Chronic conditions that may affect sexually activity:

- Arthritis
- Chronic Pain
- Diabetes
- Dementia
- Heart Disease/Stroke
- Incontinence
- Post-Prostatectomy Complications

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

(Lindau et al., 2007)

Medications and Substance Use/Abuse

- Chronic conditions and many medications, such as blood pressure medications, antihistamines, antidepressants, and acid-blocking drugs, can affect sexual function (Lindau et al., 2007)

- Substance abuse negatively impacts sexual functioning and may lead to sexual disorders (Grover et al., 2014; McCabe et al., 2015)

Sexuality in Nursing Homes

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

Sexuality in Nursing Homes

Older adults in nursing homes

- 1 in 3 people turning 65 will require nursing home care at some point during their life http://www.kff.org/infographic/medicaids-role-in-nursing-home-care/
- In 2015, 1.4 million people were in nursing homes. Among the nursing home population, 4 of 5 people were over 65 years of age http://www.kff.org/infographic/medicaids-role-in-nursing-home-care/

Intimacy in nursing homes

- Affection, romance, companionship, personal grooming, touch

Sexual activity in nursing homes

- Hand-holding, kissing, petting, and masturbation

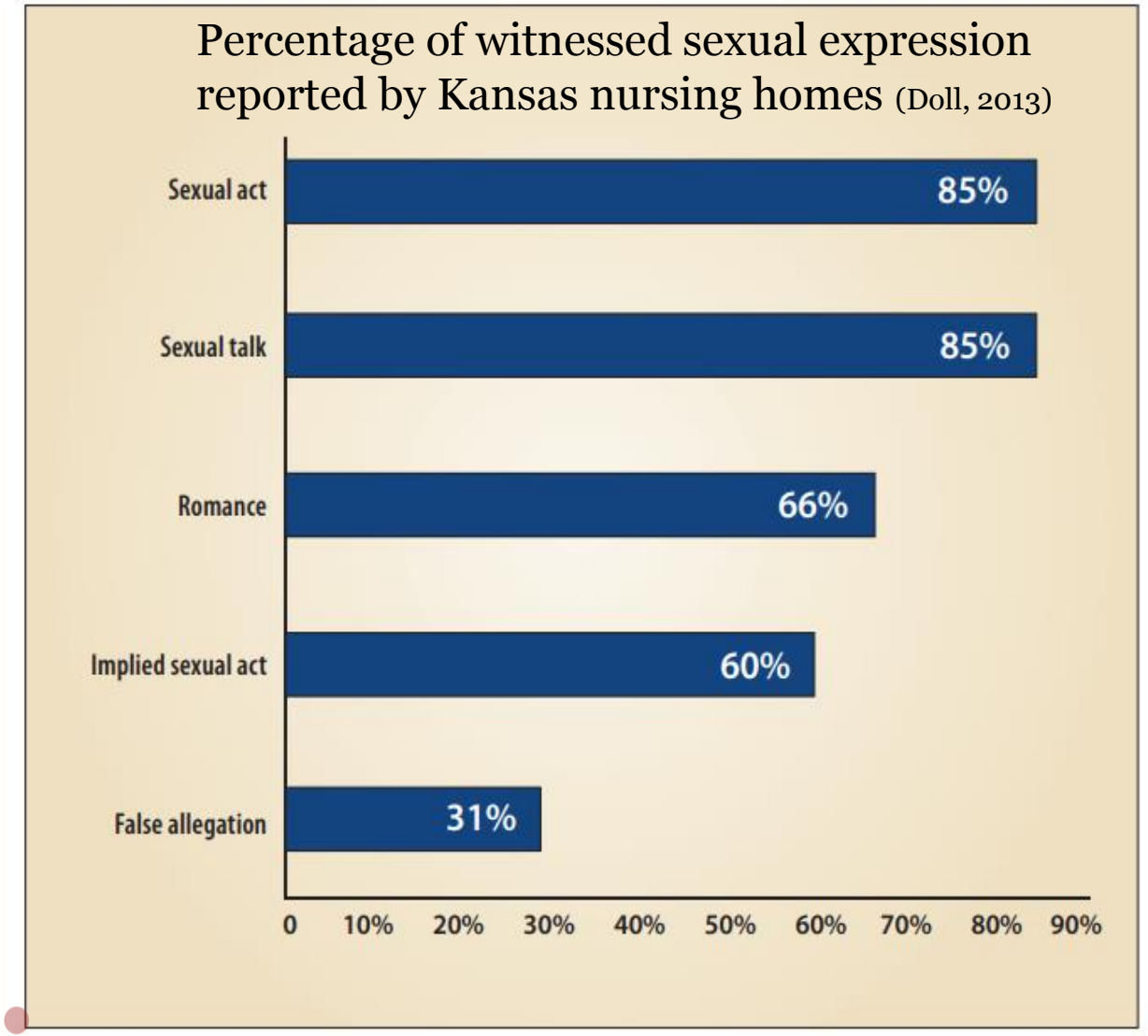
(Doll, 2013)

Sexual Health and Nursing Homes

Expressions of sexuality in a nursing home are usually referred to in terms of "inappropriate sexual behavior" (Kuhn, 2006)

- Study of all nursing homes in Kansas (Doll, 2013)
  - 85% of respondents (administrators, social workers) reported that residents engaged in sexual talk
  - 85% of respondents said that sexual acts had been exhibited
  - 66% reported romantic relationships between residents
- Only about a quarter of nursing home facilities have policies on intimacy and sexual behavior (Doll, 2013)

Sexual Health and Nursing Homes



(Doll, 2013)

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

Sexuality and Persons with Dementia

Issues of sexual health in patients with dementia are difficult to navigate due to changes in memory, personality, and behavior

- It can be challenging for the family to understand older adults' sexual acts, needs, and sexual rights

Residents' sexual rights

- "Residents with dementia whose ability to consent to sexual expression is questionable have the right to have a designated representative (e.g., spouse, adult child, guardian, etc.) involved in decisions involving sexual expression"

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

(Kuhn, 2006)

Screening and Assessment

Screening and Assessment

- Clinicians should explore sexual activity with older adults as they do with teenagers and younger adults as part of routine clinical history and examination
- Older adults should receive education about sexuality and STIs
  - Safer sexual practices, such as use of condoms and dental dams
  - How to recognize signs and symptoms of STIs
  - How STIs can complicate other existing chronic medical conditions
- STI prevention, detection, screening, and treatment information needs to be well publicized where older adults live and congregate
  - Distribute free condoms in places where seniors live and congregate
- Medicare provides free STI screenings and low-cost treatments

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

Screening and Assessment

Providers should assess sexual history with older adults as they would with younger adult patients as part of routine clinical history and examination

- Sexual interest and activity level
- Risk factors
- Limited opportunities
- Medications, substance use/abuse, alcohol, smoking
- Sexual orientation, gender identity

(Hughes & Wittmann, 2015)

Screening and Assessment

SEXUAL HISTORY

- Can you tell me how you express your sexuality?
- When was the last time you engaged in sexual activity?
- In the past, have you been sexual with men, women, or both?
- With approximately how many people have you been sexually active in the past year?
- How are things going for you sexually?
- In what ways has your sexual relationship with your partner changed as you have aged?
- What questions or concerns do you have about your sexuality at this time?

(Ross et al., 2000)

Special Considerations for LGBT Older Adults

Key competencies and strategies to provide competent care to older LGBT adults:

- Clinicians should assess their own attitudes and beliefs toward aging, sexual orientation, and gender identity by assessing their own biases
- Self-assessment tools: Multicultural Counseling Inventory (Green et al., 2005)
- Project Implicit https://implicit.harvard.edu/implicit/

Screening and Assessment

PLISSIT Model

P	Obtaining **P**ermission from the client to initiate sexual discussion
LI	Providing the **L**imited **I**nformation needed to function sexually
SS	Giving **S**pecific **S**uggestions for the individual to proceed with sexual relations
IT	Providing **I**ntensive **T**herapy surrounding the issues of sexuality for that client

(Annon, 1976)

Taking a Sexual History

Among geriatricians (n = 120)

- 57.7% OCCASIONALLY took a sexual history
- 42.7% NEVER took a sexual history
- NONE ROUTINELY took a sexual history

However, 96.7% agreed that older adults with sexual problems should be managed further

(Balami, 2011)

Patient Barriers to Discussing Sex with Clinicians

Among unmarried middle-aged and older women (Politi et al., 2009)

- Not all women think primary care providers should ask about sexual history
- Unmarried women reported feeling more comfortable talking to female clinicians than male clinicians about sexual health

Ages 40-80 sexually active men and women (n = 27,500) (Moreira et al., 2005)

- Almost half had at least one sexual problem, but less than 19% of them (18% men, 18.8% women) had gone to seek medical help for their problems

Patient Barriers to Discussing Sex with Clinicians

Persons with Dementia

- Limited research on how to have safe sex with persons with dementia and how to talk to patients about their sexual activity
- Most research focuses on how to redirect the focus away from sexual activity in a safe manner

(Higgins et al., 2004; International Longevity Center - UK, 2011)

Behavior Approaches for Providers

Behavioral Approach for Providers in long-term care facilities:

- Remain calm even if a patient is showing sexual behavior, set boundaries, and consider what the person is actually trying to communicate through their sexual acts
  - Remind the patient of the location of their own room and bed if they are getting into the bed of another resident; think of this as the possible need to "snuggle" or be close to another human being

(Higgins et al., 2004; International Longevity Center - UK, 2011)

Assessment Question 3

To screen and assess the sexual health of older adults, clinicians should: (Select One)

1. Ask about sexual behaviors during routine clinical history and examination
2. Refrain from distributing condoms to older adults
3. Only ask about sexual history if the patient brings it up
4. There is no need to provide “safe sex” education to older adults

Assessment Question 3: Answer

To screen and assess the sexual health of older adults, clinicians should: (Select One)

1. **Ask about sexual behaviors during routine clinical history and examination (Correct Answer)**
2. Refrain from distributing condoms to older adults
3. Only ask about sexual history if the patient brings it up
4. There is no need to provide “safe sex” education to older adults

Assessment Question 4

The PLISSIT model gives a framework to providers to discuss sexual health with older adult clients. The PLISSIT model includes the following steps EXCEPT:

1. Discussing sexual health without needing to obtain permission
2. Providing the limited information needed to function sexually
3. Giving specific suggestions for the individual to proceed with sexual relations
4. Providing intensive therapy surrounding the issues of sexuality for that client

Assessment Question 4: Answer

The PLISSIT model gives a framework to providers to discuss sexual health with older adult clients. The PLISSIT model includes the following steps EXCEPT:

1. **Discussing sexual health without needing to obtain permission (Correct Answer)**
2. Providing the limited information needed to function sexually
3. Giving specific suggestions for the individual to proceed with sexual relations
4. Providing intensive therapy surrounding the issues of sexuality for that client

Sexually Transmitted Infections in Older Adults

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

Sexually Transmitted Infections: New Reality for Older Adults

Myth: *Older adults do not have to worry about contracting sexually transmitted infections and/or HIV/AIDS*

Reality: Persons 65 years and older, 2007 – 2011:

- Chlamydia increased by 31%
- Syphilis increased by 52%
- In 2011, 26% of people with HIV were aged 55 and older
- Approximately 11% of new HIV infections annually in the United States are among adults aged 50 and older

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

(Johnson, 2013; Syme et al., 2017)

Sexually Transmitted Infections: New Reality for Older Adults

Retirement communities have the **highest STI rates (2005-2009)**

- For example, one study showed an increase of STI rates in some retirement communities in Arizona and Florida:
  - **Increased 87%** in Arizona's Pima and Maricopa communities (syphilis and chlamydia)
  - **Increased 71%** in Central Florida
  - **Increased 60%** in South Florida

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

(Jameson, 2011)

Contributing Factors to High STI Rates in Older Adults

Older adult factors:

- Medications for erectile dysfunction have enabled more men to engage in sexual activity throughout their older years
- Safe sex and STI prevention education became prevalent in the 1980s and was directed primarily at a younger audience
- Postmenopausal women are not concerned with pregnancy and may not feel it necessary to engage in safe sex practices
- Couples over 65 were more than twice as likely to go through a divorce in 2014 than they were in the 1990s, so there is a potential for more sexual partners

(Derrow, 2016; http://www.benrose.org/Resources/article-stds-older-adults.cfm)

Contributing Factors to High STI Rates in Older Adults

Older adult factors (cont.):

- "Baby Boomers" came to maturity during the sexual revolution of the 1960s/1970s and are now reverting back to their previous risky sexual behavior
- Sexually active older adults have the lowest rate of condom use compared to all other age groups

Clinician factors:

- Clinicians do not think to test older adults for STIs as a standard protocol
- Older adults, because of embarrassment and stigma, are less likely to discuss sexual issues with their clinicians

(Derrow, 2016)

HIV/AIDS and Older Adults

- People over 50 are the fastest-growing population with AIDS
- People aged 50 and over account for an estimated 45% of Americans living with diagnosed HIV; nearly 62,000 persons older than 65 are living with diagnosed HIV
- These numbers will continue to increase
- The epidemic is most prevalent within ethnic minority groups:
  - About 49% of men and 70% of women over 50 living with AIDS are of African American or Hispanic descent (Ernst et al., 2013)
- With more effective treatments, people with HIV are living longer

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

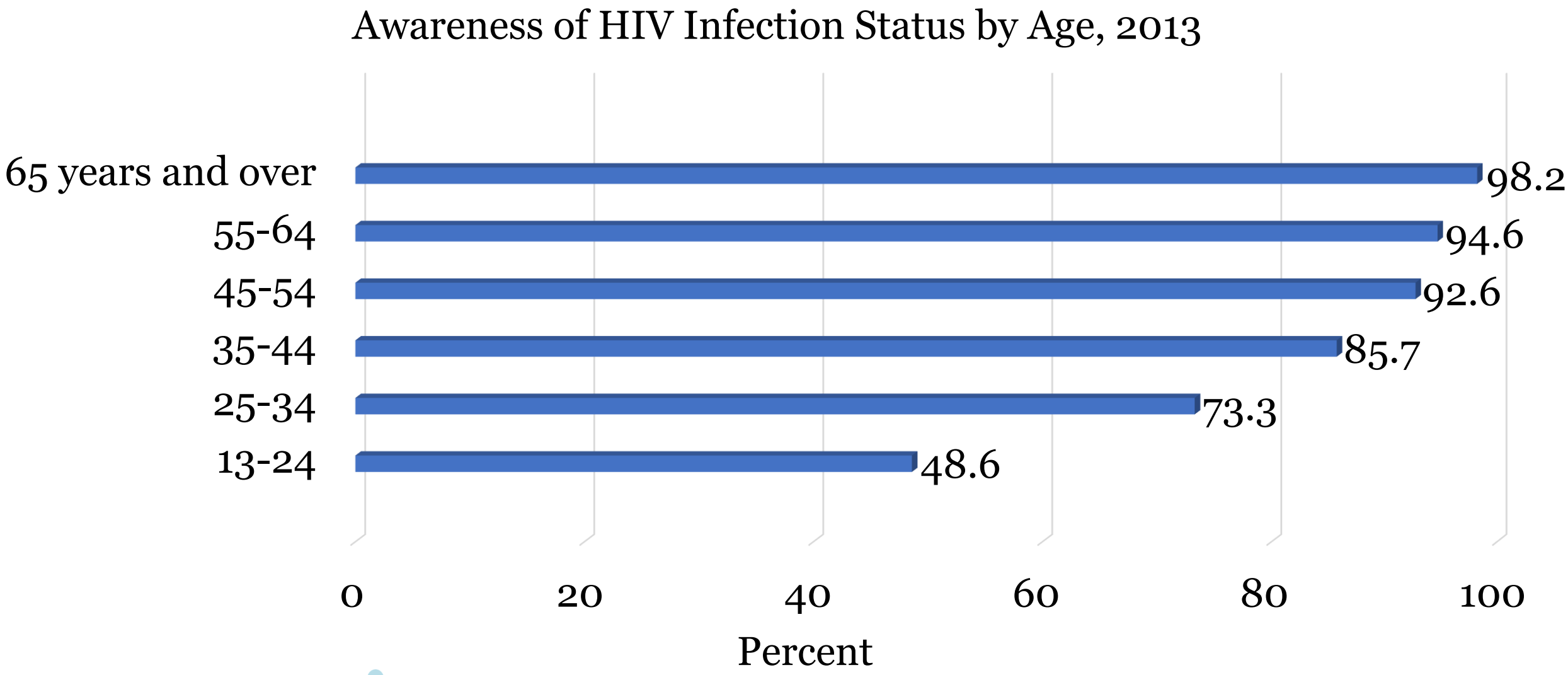
(Ernst et al., 2013; https://www.cdc.gov/hiv/group/age/olderamericans/index.html)

Unique Treatment Needs and Treatment Guidelines

- Older HIV-infected patients may suffer from aging-related comorbid illnesses that can complicate the management of HIV infection
- HIV disease may affect the biology of aging
- Reduced mucosal and immunologic defenses and changes in risk-related behaviors in older adults could lead to increased risk of acquisition and transmission
- Because older adults are generally perceived to be at low risk of HIV infection, screening for this population remains low
- Early anti-retroviral therapy (ART) treatment may be particularly important in older adults, in part because of decreased immune recovery and increased risk of serious non-AIDS events in this population

https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/277/hiv-and-the-older-patient

HIV Infection Increases by Age



UIC ENGAGE-IL
Enhancement of Geriatric Care for All

Stats Data source: HIV Surveillance System, CDC/NCHHSTP.
https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health/data

Treatment Interventions

Interventions for Sexual Dysfunction

Addressing risk factors:

- Patients and partners can experiment with ways to adapt to their limitations (i.e., if arthritis pain is a problem, try different sexual positions or try using heat to alleviate joint pain before or after sexual activity)
- Stay positive and focus on ways of being sexual and intimate that work for you and your partner
- Evaluate effectiveness of adaptations

(Mayo Clinic Staff, 2016)

Patient Education

- Older adults should receive the same basic “safe sex” education as young people
  - Learning about STIs and how to recognize the signs, how they can complicate other existing chronic medical conditions, and most importantly the importance and proper use of condoms
- Information about detection and treatment options needs to be well publicized (i.e., Medicare provides free STI screenings and low-cost treatments)
- Distribute free condoms in places where seniors live and congregate

(Hughes & Wittmann, 2015)

Safe Sex Tips for Older Adults

- Talk with your partner
- Visit your health provider
- See a sex therapist
- Expand your definition of sexual intimacy
- Adapt your routine
- Do not give up on romance
- Safe sex and STI prevention education is important

UIC ENGAGE-IL
Enhancement of Geriatric Care for All

(Mayo Clinic Staff, 2016)

Key Take-Home Points

- Ageism is the last acceptable prejudice, and sexuality among older adults is the "last taboo"
- Societal attitudes and cultural factors affect older adult sexual behaviors
- Clinicians should explore all older adult patients' sexual activity as part of their routine clinical history and examination
- The multidimensional needs of aging lesbian, gay, bisexual, and transgender persons must be respected and addressed

(Mayo Clinic Staff, 2016)

Key Take-Home Points (cont.)

Older adults should receive the same basic "safe sex" education as young people

- Learning about STIs and how to recognize the signs, how they can complicate other existing chronic medical conditions, and the importance and proper use of condoms
- Medicare provides free STD screenings and low-cost treatments

(Mayo Clinic Staff, 2016)

Resources

www.ncoa.org Accessed September 26, 2017

www.nihseniorhealth.gov Accessed September 26, 2017

https://www.nia.nih.gov/health/sexuality-later-life Accessed September 26, 2017

www.niddk.nih.gov Accessed September 26, 2017

www.urologyhealth.org Accessed September 26, 2017

www.nia.nih.gov/espanol Accessed September 26, 2017

http://www.nih.gov/nia/health/agepages/aids.htm Accessed September 26, 2017

http://www.apa.org/pi/lgbt/resources/aging.aspx Accessed September 26, 2017

https://implicit.harvard.edu/implicit/ Accessed September 26, 2017

References

American Psychological Association. (n.d.). Lesbian, Gay, Bisexual and Transgender Aging. Retrieved from https://www.apa.org/pi/lgbt/resources/aging.aspx. Accessed November 12, 2018

Annon JS. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. *J Sex Educ Ther, 2*(1), 1-15. doi:10.1080/01614576.1976.11074483

Applewhite A. (2016). *This chair rocks: A manifesto against ageism*. Waterville, ME: Thorndike Press.

Balami JS. (2011). Are geriatricians guilty of failure to take a sexual history? *Journal of Clinical Gerontology and Geriatrics, 2*(1), 17-20. doi:10.1016/j.jcgg.2011.02.003

Derrow P. (2016). *Seniors, sex and STDs*. Retrieved from http://www.berkeleywellness.com/self-care/sexual-health/article/seniors-sex-and-stds Accessed October 16, 2017

Doll GM. (2013). Sexuality in nursing homes: Practice and policy. *J Gerontol Nurs, 39*(7), 30-37; quiz 38-39. doi:10.3928/00989134-20130418-01

Ernst, J, Hufnagle, J, Karpiak, S, Shippy, A, Brennan-Ing, M, & Havlik, R. (2013). HIV and older adults. New York, NY: AIDS Community Research Initiative of America (ACRIA).

Fredriksen-Goldsen KI, Kim H-J, Barkan SE, Muraco A, & Hoy-Ellis CP. (2013). Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *Am J Public Health, 103*(10), 1802-1809. doi:10.2105/AJPH.2012.301110

Green RG, Kiernan-Stern M, Bailey K, Chambers K, Claridge R, Jones G, Kitson G, Leek S, Leisey M, Vadas K, & Walker K. (2005). The multicultural counseling inventory: A measure for evaluating social work student and practitioner self-perceptions of their multicultural competencies. *Journal of Social Work Education, 41*(2), 191-208. doi:10.5175/JSWE.2005.200300360

Grover S, Mattoo SK, Pendharkar S, & Kandappan V. (2014). Sexual dysfunction in patients with alcohol and opioid dependence. *Indian J Psychol Med, 36*(4), 355-365. doi:10.4103/0253-7176.140699

Gunderson A, Tomkowiak J, Menachemi N, & Brooks R. (2005). Rural physicians' attitudes toward the elderly: Evidence of ageism? *Qual Manag Health Care, 14*(3), 167-176.

Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, & Fortenberry JD. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14-94. *J Sex Med, 7 Suppl 5*, 255-265. doi:10.1111/j.1743-6109.2010.02012.x

Higgins A, Barker P, & Begley CM. (2004). Hypersexuality and dementia: Dealing with inappropriate sexual expression. *Br J Nurs, 13*(22), 1330-1334. doi:10.12968/bjon.2004.13.22.17271

Hughes AK, & Wittmann D. (2015). Aging sexuality: Knowledge and perceptions of preparation among U.S. primary care providers. *Journal of Sex & Marital Therapy, 41*(3), 304-313. doi:10.1080/0092623X.2014.889056

International Longevity Center – UK. (2011). *The last taboo: A guide to dementia, sexuality, intimacy and sexual behavior in care homes*. Retrieved from: http://www.ilcuk.org.uk/index.php/publications/publication_details/the_last_taboo_a_guide_to_dementia_sexuality_intimacy_and_sexual_behaviour

References

Jameson M. (2011). Seniors' sex lives are up — and so are std cases around the country. *Orlando Sentinel*. Retrieved from http://www.aarp.org/health/conditions-treatments/news-05-2011/seniors_sex_lives_are_up_and_so_are_std_cases.1.html

Johnson BK. (2013). Sexually transmitted infections and older adults. *J Gerontol Nurs, 39*(11), 53-60. doi:10.3928/00989134-20130918-01

Kazer MW. (2013). Sexuality in older adults: Changing misconceptions. *J Gerontol Nurs, 39*(11), 2-3. doi:10.3928/00989134-20130916-04

Kuhn D. (2006, November). Responding to intimacy and sexuality of residents with Alzheimer's disease. *Connections: A Newsletter Dedicated to the Social Service Professional Working in Today's Nursing Homes*.

Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, & Waite LJ. (2007). A study of sexuality and health among older adults in the United States. *N Engl J Med, 357*(8), 762-774. doi:10.1056/NEJMoa067423

Mayo Clinic Staff. (2016). *Sex and aging*. Retrieved from http://www.mayoclinic.org/healthy-lifestyle/sexual-health/basics/sex-and-aging/hlv-20049432. Accessed October 16, 2017

McCabe MP, Sharlip ID, Lewis R, Atalla E, Balon R, Fisher AD, Laumann E, Lee SW, & Segraves RT. (2015). Risk factors for sexual dysfunction among women and men: A consensus statement from the fourth international consultation on sexual medicine 2015. *J Sex Med, 13*(2), 153-167. doi:10.1016/j.jsxm.2015.12.015

Moreira ED, Jr., Brock G, Glasser DB, Nicolosi A, Laumann EO, Paik A, Wang T, & Gingell C. (2005). Help-seeking behaviour for sexual problems: The global study of sexual attitudes and behaviors. *Int J Clin Pract, 59*(1), 6-16. doi:10.1111/j.1742-1241.2005.00382.x

Muliira JK, & Muliira RS. (2013). Sexual health for older women: Implications for nurses and other healthcare providers. *Sultan Qaboos University Medical Journal, 13*(4), 469-476.

Muzacz A, & Akinsulure-Smith A. (2013). Older adults and sexuality: Implications for counseling ethnic and sexual minority clients. *Journal of Mental Health Counseling, 35*(1), 1-14. doi:10.17744/mehc.35.1.534385v3r0876235

National Institute on Aging. (2013). *Sexuality in later life*. Retrieved from https://www.nia.nih.gov/health/sexuality-later-life. Accessed October 16, 2017

Nusbaum MR, Singh AR, & Pyles AA. (2004). Sexual healthcare needs of women aged 65 and older. *J Am Geriatr Soc, 52*(1), 117-122.

Politi MC, Clark MA, Armstrong G, McGarry KA, & Sciamanna CN. (2009). Patient–provider communication about sexual health among unmarried middle-aged and older women. *J Gen Intern Med, 24*(4), 511-516. doi:10.1007/s11606-009-0930-z

Ross MW, Channon-Little LD, & Rosser BRS. (2000). *Sexual health concerns: Interviewing and history taking for health practitioners*. Philadelphia, PA: F.A. Davis Company.

Syme ML, Cohn TJ, & Barnack-Tavlaris J. (2017). A comparison of actual and perceived sexual risk among older adults. *J Sex Res, 54*(2), 149-160. doi:10.1080/00224499.2015.1124379

References

Wallace M. (2000). Intimacy and sexuality. In A. Lueckenotte (Ed.), *Gerontological nursing (revised ed.)*. St. Louis, MO: Mosby Year Book, Inc.

Wallace SP, Cochran SD, Durazo EM, & Ford CL. (2011). The health of aging lesbian, gay and bisexual adults in California. *Policy Brief UCLA Cent Health Policy Res,* (Pb2011-2), 1-8.

World Health Organization. (n.d.). *Defining sexual health*. Retrieved from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/ Accessed November 12, 2018.