Should I Ask?
Assessing Intimacy and Risky Behaviors in Older Adults

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Learning Objectives

1) Compare and contrast potential barriers related to healthcare providers’ assessment of intimacy and risky sexual behavior in older adults.

2) Outline patient assessment issues related to risky behaviors.

3) List aspects of aging that affect intimacy.
List some beliefs that may be facts or myths about intimacy, sexuality, and sexually transmitted infections.
Myths

- Intimacy means intercourse
- Older adults have low risk for STIs, especially HIV
- Older adults who are HIV positive got the disease from a transfusion
Defining Intimacy

- Emotional response to being loved and cared for
- Physical and emotional intimacy
- More than just sexual intercourse
  - Cuddling, petting, genital stimulation, emotional or physical touch of another human
- Influenced by internal & external factors
  - Cognitive, biological, psychosocial
- Positive predictor of health, well-being, and QOL
Partner Availability

- Loss of spouse/partner after long-term monogamous relationship
- Men over age 65
  - 71% married, 14% widowed, 7% divorced
- Women over age 65 years
  - 41% married, 44% widowed, 9% divorced.
- Adults living together apart
- Factors
  - Internet availability of partners
  - Low cost/ease of erectile dysfunction meds
Facts About Sexual Activity

- Frequency does decline with age
- BUT...
  - Men in their 60s, 70s, and 80s report sexual more activity (71%, 57%, and 25%, respectively)
  - Than women (51%, 30%, 20%, respectively)
- Cultural influences
- In people without significant physical functional and/or stamina limitation may occur at a higher rates
Why Should We Care?

- Graying of America
  - 20 years of life left after age 65
- Intimacy
  - Wellness and QOL issue
  - Sexual revolution
- Intimacy may lead to sexual behaviors
  - Unprotected intercourse (no pregnancy worries)
  - Risk of transmission underestimated
- HIV is now a chronic disease
- Hepatitis C
Hepatitis C

- For every 100 persons infected with HCV
  - 75–85 will develop chronic infection
  - 60–70 will develop chronic liver disease
  - 5–20 will develop cirrhosis over the next 20–30 years
  - 1–5 will die from liver cancer or cirrhosis related to chronic infection
Natural History of HIV/AIDS

• Initial infection with HIV
  • Blood and body fluids
  • Seroconversion
  • Progression to acquired immunodeficiency syndrome (AIDS)

• Definition of AIDS
  • HIV positive with failure of the immune system
  • CD4 count (immune helper cells) below 200
  • AIDS defining illness (opportunistic infections, or certain cancers)
Historical Aspects: Affected Populations

- Bi-coastal distribution
- MSM
- Sex workers
- Heterosexual transmission
- People of color
- Older adults
Initially HIV/AIDS was a death sentence
  • Treatment with few antiretroviral meds
Then came HAART
  • Live years after initial diagnosis of HIV
  • Don’t progress to AIDS for many years
  • Unfortunately ...
    • Older adults are more likely to develop AIDS within 12 months of HIV dx
Significance

• Unpredictable how many will progress to AIDS

• HIV positive more likely to be younger end of older adult spectrum
  • Cognitively intact, in good health, in a relationship, using sildenafil

• 1/3 of HIV positive older adults who are sexually active:
  • Don’t use condoms
  • Less likely to adopt safer sex practices
  • Don’t perceive transmission risk
What’s Your Guess?

• Given that
  • Increased long-term survival
  • Coupled with increasing occurrence of new HIV disease among elders
  • Shift in the demographic profile of older adults and in persons living with HIV/AIDS

• What do you think the incidence of HIV/AIDS is in older adults?
• What about prevalence?
United States HIV Incidence

- Incidence of HIV among older adults is rising
  - Annually 10.8 – 16.5 % new infections
- Greatest increase in new HIV/AIDS cases
  - 65 years and older (27%)
  - Out of proportion to younger people
United States HIV Prevalence

- 2009, persons over age 50 years comprised 33% of people with HIV/AIDS patients
  - Now 315,000 (36%) over age 50

- By 2020 at least half of people living with HIV/AIDS will be more than 50 years old
Demographic Considerations

- Changing demographics by race/ethnicity
  - HIV incidence is higher in people of color
- More likely to be male, African American, men who have sex with men, and concentrated in large urban areas
- Rate of new HIV disease among African Americans over age 50 13 times higher when compared to Caucasians
- Hispanics are 5 times higher than for Caucasians
So what keeps us from asking or them from telling?

Name some barriers to assessment of intimacy and risky sexually behaviors.
Myths & Barriers: Personal Discomfort

- But- I’m not old
  - Perception of being old does not occur at the same rate, nor age
- Healthcare professionals fear insulting patient
- Discomfort talking about sexual behaviors
  - Socialization/culture
  - Lack of training, gender/age disparity between patient/professional
Health Seeking Behaviors

- Older adults are more likely to seek healthcare
  - 248 million visits annually
  - 7 visits per person per year
- 1 in 5 report sexual activity
  - BUT-- healthcare providers do not ask and patients are reluctant to talk
- Only 38% of men and 22% of women discussed sex with provider after age 50
Considerations

- Seven visit per year
  - But sexually history rarely assessed
- Time allotted for current primary c/o
- Alteration in presentation of HIV
  - Normal disease processes
  - Concomitant multisystem disease processes
  - Adverse drug effects
- New changes may be ascribed to other causes
Barriers: Societal Perceptions

- Ageism
- Diminished cognition in partner
- LGBTQ
  - Fear discrimination, closeted, live alone
- Inaccessible or restricted partners
- Living together apart
Barrier: People Don’t Tell

- Discomfort with sexual conversations
  - Fear of being talked about, privacy issues, upbringing
- Few request testing
  - Less than 4% tested asked for testing because of exposure concerns
  - 68% requested testing just to be sure they were negative
Barriers to Provider Assessment

- Don’t ask, don’t tell
- Societal perceptions
  - Ageism
- Personal discomfort
- Time for other primary care issues
- Reimbursement
Barriers: Personal Discomfort

- Uncomfortable conversing about sexual behaviors
  - Lack of training, gender/age disparity between patient/provider
- Provider fears insulting patient
- Perception of being old does not occur at the same rate, nor age
Time Needed to Assess

- Productivity of provider
  - Number of patients
  - Complexity of older adult
- Need to address chief complaint or reason for well visit
- Time needed to establish provider-patient relationship
Concerns regarding reimbursement of time for counseling needed to assess relays back to productivity. Regardless of rationale, the end result is unmet assessment.
Outcome of Limited Screening

- Delay in diagnosis
- Lower helper cell counts (CD4) at first presentation
- Greater number have AIDS defining illness at initial diagnosis or within three months of positive HIV testing
Effect of Ageing on Intimacy: Social
Ageism

- Societal norms
  - Old people don’t have sex
  - Desirable women are young
  - Sexually attractive men are middle-aged (occasionally older)
- Advertising shapes beliefs
  - Sex is for young, attractive people
- Even marketing of erectile dysfunction is not represented by believable older adults
  - More likely to be fit, late middle-aged, not appearing older than 70
Living Arrangements

• Independent living (or with minimal assist)
  • Caregiver discomfort with intimacy needs
• Institutional living: facilitating intimacy
  • Facility policies
  • Considerations
    • Children/family
    • Privacy
    • Autonomy
    • Safety
Does Aging Really Matter?

Effects of Ageing on Intimacy: Hormonal
Women

- Decreased testosterone and estrogen
  - Decreased or absent orgasm
- Irritation and dryness of external genitalia
- Greater bladder and urethral irritation
- Thinning of the vaginal walls
  - Shorter, narrower vagina
  - Atrophic vaginitis irritation, pain, bleeding
- Less rapid, less extreme vascular response (lubrication)
  - Microabrasions
Men

- Decreased testosterone
- More time & stimulation needed
  - Less firm erection
- More time to reach a less intensive orgasm
  - Premature ejaculation, inability to ejaculate
- Loss of erection faster
- Longer refractory time
- Perceived erectile dysfunction
  - Use of erectile dysfunction meds
Assessment Issues

- Risk factors
  - Low index of suspicion
  - Time allowed for visit
- Confounding variables
  - Natural ageing
  - Concomitant disease
  - Medications
  - Personal perception of symptoms
Increase Your Index of Suspicion
Don’t be Fooled

- Alteration in presentation
- It’s just normal aging
- Old people don’t have sex
- If it was a problem they would say something
Consider This

- Only 53% of providers correctly rank order
- Older adults ranking of 4 most common
  - (1) Men having sex with men
  - (2) Injection drug use
    - Previous use
    - Current needle sharing to decrease cost
Behavioral Risk Factors

- (3) Unprotected heterosexual intercourse
  - Half of 50 year-olds, and 1/3 of people over 80 years old report sexual intercourse
  - Condoms not used
    - 90% sex with casual partners
    - 80% sex with friends
    - 70% sex with people they just met
- (4) Blood transfusions
Confounding Variables: Natural Ageing

- Increase risk of transmission
- Aging immune system
  - "Older adults get infections more often anyway"
- Skin changes
- Physiological changes
Confounding Variables: Concomitant Disease

- 69% over age 65 report chronic health conditions
- Medical conditions accelerate ageing changes
- Provider assumptions that change is d/t other disease process
- Disability from disease impacts sexual intimacy
  - Belief that decreased activity tolerance =s not having sex
Confounding Variables: Medications

- Suspected adverse reactions
  - Rash
- Expected drug actions
  - Immunosuppressant
Confounders Variables: Personal Perception of Symptoms

- Ascribe other meanings to symptoms
- Relate what they perceive to be happening to known medical conditions
- Cultural meaning of symptoms
- Consideration of testing for HIV disease delayed
  - Beliefs regarding supernatural causes of illness
  - Conviction that social circumstances explain symptoms
Facilitators to Assessment

- Examine own attitudes/values
- Make sexual history & assessment routine
- Practice leads towards perfection
- Physical comfort of patient
- Non-threatening environment
- Privacy
- Eye-level discussion
- Language
Call to Action For Prevention

Develop and provide older adult specific

- Education programs about transmission
- Lay workshops about basic HIV/AIDS information
- Safer sex practices
- Education for healthcare professionals
- Media exposure
- Social marketing campaigns
- Research funding
Conclusion

- Graying of America
  - Future changes in the overall demographics
- Combined with increase in incidence and prevalence of HIV/AIDS requires providers to
  - Develop awareness and a comfort level related to assessing behavioral and non-behavioral HIV risk factors
- The delay in discovery and treatment result in sicker older adults at discovery
  - Reduces quality of life and shortens survival
Thank You

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• Althoff KN, Gebo KA, Gange SJ, et al. CD4 count at presentation for HIV care in the United States and Canada: are those over 50 years more likely to have a delayed presentation? AIDS Res Ther. 2010;7:45.


• Hughes AK. HIV knowledge and attitudes among providers in aging: Results from a national survey. AIDS Patient Care and STDs. 2011;26(9):539-545. Doi:10.1089/apc.2011.0026


