

# AgePage

## Sexuality in Later Life

People seem to want and need to be close to others. We want to share our thoughts and feelings with others and to touch and be touched. Just being physically near is important, but many of us also want to continue an active, satisfying sex life as we grow older. However, over time most people may find that it takes them longer to become sexually aroused. This is part of the normal aging process.

### What Are Normal Changes?

Normal aging brings physical changes in both men and women. These changes sometimes affect one's ability to have and enjoy sex with another person.

Some women enjoy sex more as they grow older. After menopause or a hysterectomy, they may no longer fear an unwanted pregnancy. They may feel freer to enjoy sex. Some women do not think things like gray hair and wrinkles make

them less attractive to their sexual partner. But if a woman believes that looking young or being able to give birth makes her more feminine, she may begin to worry about how desirable she is no matter what her age is. That might make sex less enjoyable for her.

A woman may notice changes in her vagina. As she ages, her vagina shortens and narrows. The walls become thinner and also a little stiffer. These changes do not mean she can't enjoy having sex. However, most women will also have less vaginal lubrication. This could affect sexual pleasure.

As men get older, impotence becomes more common. Impotence is the loss of ability to have and keep an erection hard enough for sexual intercourse. By age 65, about 15 to 25% of men have this problem at least one out of every four times they are having sex. This may happen in men with heart disease, high blood pressure, or diabetes—either because of the disease or the medicines used to treat it.

A man may find it takes longer to get an erection. His erection may not be as firm or as large as it used to be. The amount of ejaculate may be smaller. The loss of erection after

orgasm may happen more quickly, or it may take longer before an erection is again possible. Some men may find they need more foreplay.

## What Causes Sexual Problems?

Illness, disability, or the drugs you take to treat a health problem can affect your ability to have and enjoy sex. But, even the most serious health problems usually don't have to stop you from having a satisfying sex life.

**Arthritis.** Joint pain due to arthritis can make sexual contact uncomfortable. Joint replacement surgery and drugs may relieve this pain. Exercise, rest, warm baths, and changing the position or timing of sexual activity can be helpful.


**Chronic pain.** In addition to arthritis, pain that continues for more than a month or comes back on and off over time can be caused by other bone and muscle conditions, shingles, poor blood circulation, or blood vessel problems. This discomfort can, in turn, lead to sleep problems, depression, isolation, and difficulty moving around. These can interfere with intimacy between older people. Chronic pain does not have to be part of growing older and can often be treated.

**Diabetes.** Many men with diabetes do not have sexual problems, but this is one of the few illnesses that can cause impotence. In most cases medical treatment can help.

**Heart disease.** Narrowing and hardening of the arteries known as atherosclerosis can change blood vessels so that blood does not flow freely. This can lead to trouble with erections in men, as can high blood pressure (hypertension).

Some people who have had a heart attack are afraid that having sex will cause another attack. The chance of this is very low. Most people can start having sex again 3 to 6 weeks after their condition becomes stable following an attack, if their doctor agrees. Always follow your doctor's advice.

**Incontinence.** Loss of bladder control or leaking of urine is more common as we grow older, especially in women. Stress incontinence happens during exercise, coughing, sneezing, or lifting, for example. Because of the extra pressure on your abdomen during sex, incontinence might cause some people to avoid sex. The good news is that this can usually be treated.



**Stroke.** The ability to have sex is rarely damaged by a stroke, but problems with erections are possible. It is unlikely that having sex will cause another stroke. Someone with weakness or paralysis caused by a stroke might try using different positions or medical devices to help them continue having sex.

## What About Surgery and Drugs?

**Surgery.** Many of us worry about having any kind of surgery—it is especially troubling when the genital area is involved. Happily, most people do return to the kind of sex life they enjoyed before having surgery.

*Hysterectomy* is surgery to remove the uterus. It does not interfere with sexual functioning. If a hysterectomy seems to take away from a woman's ability to enjoy sex, a counselor may be helpful. Men who feel their partners are "less feminine" after a hysterectomy may also be helped by counseling.

*Mastectomy* is surgery to remove all or part of a woman's breast. Your body is as capable of sexual response as ever, but you may lose your sexual desire or sense of being desired. Sometimes it is useful to talk with other women who have had this

surgery. Programs like the American Cancer Society's (ACS) "Reach to Recovery" can be helpful for both women and men. Rebuilding of the breast (reconstruction) is also a possibility to discuss with your surgeon.

About 1500 American men develop breast cancer each year. In them the disease can make their bodies make extra "female" hormones. These can greatly lower their sex drive.

*Prostatectomy* is surgery that removes all or part of a man's prostate. Sometimes this procedure is done because of an enlarged prostate. It may cause urinary incontinence or impotence. If removal of the prostate gland (radical prostatectomy) is needed, doctors can often save the nerves going to the penis. An erection may still be possible. Talk to your doctor before surgery to make sure you will be able to lead a fully satisfying sex life.

**Medications.** Some drugs can cause sexual problems. These include some blood pressure medicines, antihistamines, antidepressants, tranquilizers, appetite suppressants, diabetes drugs, and some ulcer drugs like ranitidine. Some can lead to impotence or make it hard for men to ejaculate. Some drugs can reduce a woman's sexual desire. Check with your doctor. She or he can often prescribe a different drug without this side effect.

**Alcohol.** Too much alcohol can cause erection problems in men and delay orgasm in women.

## Am I Too Old To Worry About Safe Sex?

Having safe sex is important for people at any age. As a woman gets closer to menopause, her periods may be irregular. But, she can still get pregnant. In fact, pregnancy is still possible until your doctor says you are past menopause—you have not had a menstrual period for 12 months.

Age does not protect you from sexually transmitted diseases. Young people are most at risk for diseases such as syphilis, gonorrhea, chlamydial infection, genital herpes, hepatitis B, genital warts, and trichomoniasis. But these diseases can and do happen in sexually active older people.

Almost anyone who is sexually active is also at risk for being infected with HIV, the virus that causes AIDS. The number of older people with HIV/AIDS is growing. One out of every 10 people diagnosed with AIDS in the United States is over age 50. You are at risk if you have more than one sexual partner or are recently divorced or widowed and have

started dating and having unprotected sex again. Always use a latex condom during sex, and talk to your doctor about ways to protect yourself from all sexually transmitted diseases. You are never too old to be at risk.

## Can Emotions Play a Part?

Sexuality is often a delicate balance of emotional and physical issues. How you feel may affect what you are able to do. For example, men may fear that impotence will become a more common problem as they age. But, if you are too concerned with that possibility, you can cause enough stress to trigger impotence. A woman who is worried about how her looks are changing as she ages may think her partner will no longer find her attractive. This focus on youthful physical beauty may get in the way of her enjoyment of sex.

Older couples face the same daily stresses that affect people of any age. But they may also have the added concerns of age, illness, and retirement and other lifestyle changes. These worries can cause sexual difficulties. Talk openly with your doctor, or see a counselor. These health professionals can often help.

Don't blame yourself for any sexual difficulties you and your partner are having. You might want to talk with a therapist about them. If your male partner is troubled by impotence or your female partner seems less interested in sex, don't assume they don't find you attractive anymore. There can be many physical causes for their problems.

## What Can I Do?

There are several things you can do on your own to keep an active sexual life. Remember that sex does not have to include intercourse. Make your partner a high priority. Pay attention to his or her needs and wants. Take time to understand the changes you both are facing. Try different positions and new times, like having sex in the morning when you both may have more energy. Don't hurry—you or your partner may need to spend more time touching to become fully aroused. Masturbation is a sexual activity that some older people, especially unmarried, widowed, or divorced people and those whose partners are ill or away, may find satisfying.

Some older people, especially women, may have trouble finding a partner with whom they can share any type of intimacy. Women live

longer than men, so there are more of them. In 2000 women over age 65 outnumbered older men by 100 to 70. Doing activities that other seniors enjoy or going places where older people gather are ways to meet new people. Some ideas include mall walking, senior centers, adult education classes at a community college, or day trips sponsored by your city or county recreation department.

If you do seem to have a problem that affects your sex life, talk to your doctor. He or she can suggest a treatment depending on the type of problem and its cause. For example, the most common sexual difficulty of older women is dyspareunia, painful intercourse caused by poor vaginal lubrication. Your doctor or a pharmacist can suggest over-the-counter, water-based vaginal lubricants to use. Or, your doctor might suggest estrogen supplements or an estrogen vaginal insert.

If impotence is the problem, it can often be managed and perhaps even reversed. There is a pill that can help. It is called sildenafil and should not be taken by men taking medicines containing nitrates, such as nitroglycerin. This pill does have possible side effects. Other available treatments include vacuum devices, self-injection of a drug

(either papaverine or prostaglandin E1), or penile implants.

There is a lot you can do to continue an active sex life. Follow a healthy lifestyle—exercise, eat good food, drink plenty of fluids like water or juices, don't smoke, and avoid alcohol. Try to reduce the stress in your life. See your doctor regularly. And keep a positive outlook on life.

## Resources

The following organizations and government agencies have information that may be of help.

### **American Cancer Society**

1599 Clifton Road, NE  
Atlanta, GA 30329  
1-800-ACS-2345  
<http://www.cancer.org>

### **American Foundation for Urologic Disease, Inc.**

1128 North Charles Street  
Baltimore, MD 21201  
1-800-242-2383  
<http://www.impotence.org>

## **National Kidney and Urologic Diseases Information Clearinghouse**

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)  
3 Information Way  
Bethesda, MD 20892-3580  
1-800-891-5390  
<http://www.niddk.nih.gov>

For a list of publications from the **National Institute on Aging (NIA)** including information on HIV/AIDS, contact:

### **NIA Information Center**

PO Box 8057  
Gaithersburg, MD 20892-8057  
1-800-222-2225  
1-800-222-4225 (TTY)  
<http://www.nia.nih.gov>



**National Institute on Aging**

U.S. Department of Health and Human Services  
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