INVITED ARTICLE

FORBIDDEN FRUIT IN THE GOLDEN YEARS : GERIATRIC SEXUALITY

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"Old age has its pleasures, which, though different, are not less than the pleasures of youth."
-Somerset Maugham
(The Summing up, 1938)

The prevailing notion in our society is that old age is a sexless time. This is often reinforced by the glaring contrast of images projected by the media which usually link sex, love and romance with the young. Another unspoken, taken-for-granted premise is that it is not quite acceptable for older people to have sexual needs or to indulge in the act. No wonder, with such wide spread and deep rooted denial of the validity of sexual expressions in the 'golden years' of life, sex remains indeed 'a forbidden fruit', for many, being a source of confusion and frustration as age advances, with a sense of impending gloom and doom!

Sexual satisfaction has always been an integral part of the sacred contract of wedding, in almost all religions and traditions. The Romans and Greeks celebrated their sexuality. An Indian contribution in this regard is the famous "Kamasutra" (Aphorisms of love) by Vatsyayana that includes the three pillars of the Hindu religion, namely "*Dharma*", "*Artha*" and "Kama" representing religious duty, materialistic welfare and sensual aspects of life, respectively. [1] The term 'erotic' implies the thinking and behavior that arouse sexual desire for love with a strong sexual undertone. In all the cultures across the world, erotic themes have been a popular focus, as evidenced by historical artifacts.

Although Freud's theories are often harshly criticized for the alleged overemphasis on sex, his concepts of 'sexuality' encompass much more than 'genitality'. He believed that sexual feeling could arise from stimulation of many parts of the body, which he termed 'Erogenous zones' that included mouth and anus, in addition to genitals. (On a lighter side, When 'Erogenous zones' become 'Erroneous zones' for whatever reasons, it may be the time to summon the assistance of sex therapists!). According to Freud, 'libido' operates on the principle of 'pleasure', the desire to seek sensual pleasures and to avoid 'pain'.

Some key ingredients like romance, affection and intimacy continued into the golden years of life, result in rich harvests of enjoyment and nurturance. Relationships mature and change over time. The pleasures and priorities turn into interests and hobbies in a spirit of accomadation. Exploring many shard interests together is an important step to start as well as strengthen relationships. Some of the characteristics of high quality relationships include companionship, supportive communication, sexual expression, empathy and compassion. [2]

Psychologist Allport suggests the key features of matured adults as follows:

- Ability and willingness to extend sense of self
- Warm relating of self to his/her environment
- Emotional security including self acceptance
- Realistic perceptions, skills, assignments and expectations
- Objective view of self
- The unifying philosophy of life- finding a feasible, personal theory of life's meaning.[2]

Factors affecting sexual arousal and response in the elderly:

Physical

- Atmosphere of comfort and psychological safety

Psychological

- Moods, fantasies, expectations, performance demand
- Sexual experience and responsiveness
- Habituation

Biological

- Hormones

Menopause is an important developmental stage in a

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woman's life. Many have the misconception that menopause is an abrupt cessation of menstruation and a sudden end of fertility, while it is not. And many become concerned at midlife about the weight they have gained, the body image and the sedentary life they have led. This period of reflection can motivate people to adopt healthy life styles. The changes accompanying menopause include physiological, anatomical and hormonal, mainly, lowered levels of estrogen. Whether a woman has had PMS or not earlier, mood swings become more common at this time. Sometimes depression and/or anxiety may also be seen, often without a precipitating cause in the psychosocial milieu. Anger and/or irritability may lace the relationships when there is apparently little or no reason. Difficulty in concentration, changes in sleep pattern, appetite and regularity in the menstruation cycle may also be observed. Occurrences of diminished vaginal secretion and hot flashes can be some of the changes quite disconcerting, causing discomfort to various degrees. There may be health risks too, including osteoporosis. To counteract these changes, Harmone Replacement Therapy (HRT) is one approach. However, it is one of the most controversial. It does have certain benefits but sometimes the risks associated with HRT outweigh benefits.

Psychological aspects of menopause include effective management of emotions. In a large study carried out on 2000 women between 45-55 years of age in Australia, [3] large percentage of the participants used very positive adjectives to describe how they felt 'most of the time'. Kaufert observed that a large number of factors in a woman's wider psychosocial atmosphere also influence whether she is prone to depression during menopause. [4] Studies by Mc Coy indicate that vaginal dryness and diminished lubrication usually begin about 2 years before a woman's last menstrual cycle with declining sexual interest and diminished frequency of intercourse occurring within a year.[5]

Andropause (the supposed male counterpart of menopause) differs significantly from menopause in various aspects. In particular, there is no clear end point to most men's fertility nor any abrupt fall in male hormone levels. Lower androgen levels begin to manifest in ways such as lessened muscle mass and muscular strength, decreased bone mass, diminished pubic hair, low sex drive and plummeting frequency of sexual intercourse.

A mention of aphrodisiacs is appropriate here. With its roots in "Aphrodite", the Greek goddess of sensuality and love, an aphrodisiac is a substance used in the belief that it enhances sexual desire. Some of the common foods appearing in this category are avocado, chilli, chocolate, celery, fig, drumstick, nutmeg, fennel, garlic, licorice, honey etc.

Alcohol is known to lessen inhibitions including sexual ones. Indiscriminate use of drugs or alcohol, in an attempt to enhance sexual desire or performance, can sometimes have undesirable consequences, especially in the elderly.

Although sex is a biological drive, its 'direction and form' are usually dictated by society. The concept of 'privacy' and 'permissible' may hold different meanings to different individuals based on their cultural upbringing and societal conditioning.

- Sensory cues such as vision, smell and touch play a key role in erotic delights and sensual pleasures. The role of pheromones which serve as invisible sex signals which act as attractants, is well established.

The sexual issues and problems people encounter change during their sojourn, from childhood through adolescence and adulthood to old age. Thanks to growing awareness about balanced diet and health enhancing life style changes. Older people are accounting for a progressively larger segment of the population in almost all nations. Sexual cha(lle)nges in the golden years are closely related to that occur during normal aging. According to Segraves and Segraves, sexual function is influenced by the availability of a partner, the relationship with that partner and the partner's general health. [6]

How people feel about themselves and what they may (or may not) have achieved in life often reflects the ease with which they share true emotional and/or sexual intimacy. Sexual feelings and their expressions are, more often than not, echoes of one's wider social inclinations and the significant figures in it.

A study suggested that for the older man, sexual performance and attractiveness to the other sex appeared to be crucial for engendering feelings of well-being. For the older women, feeling sexually attractive to the other sex was more important. [7]

It has been an established fact that one's level of sexual intimacy in later life is an echo of one's sexual behavior in earlier years. [8]

Developing awareness about normal and sexual aging may help older people avoid falling into the trap of 'unrealistic expectations'. The extent to which a person understand the physical changes that accompany sexual aging is a measure of that person's resilience flexibility in adapting to these sometimes disturbing changes. And they need not be shrouded in the myth that decreased sexual intimacy is inevitable as people grow older. Butler and Lewis summarized the same succinctly as follows: The many significant positive angles to sexual expression in the later years-

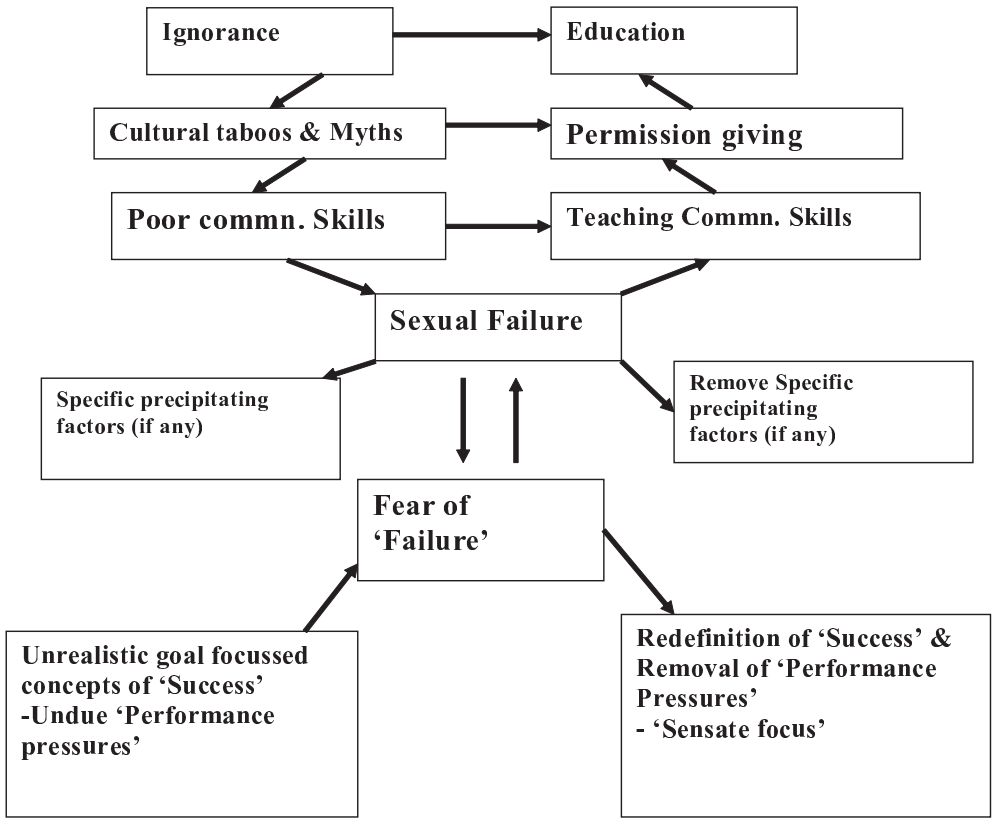
- The (missed)chance (when younger) for the expression for passion, affection, admiration, loyalty and other positive emotions
- The affirmation of and respect for one's body and its functions-reassurance that our bodies are still capable of working well and giving pleasure
- A certainly possible way of maintaining a strong sense of identity, increasing self-esteem, and feeling valued as a person
- A means of self assertion- a channel for expressing oneself when other outlets for doing so have been unavailable
- Immunity against anxiety as 'the closeness and intimacy of sexual union bring security and significance' to peoples' lives, especially when the outer world seems harsh and threatening punctuated by losses and dangers. [9]

Some tips on defying stereotypes of aging include:

- Becoming consciously aware of the pleasure of being touched and caressed
- Rekindling a sense of romance
- Remembering to 'SAY YES TO LIFE' that has been worthwhile because of the quality of intimate relationships that have been developed
- Participating in the continued sensual growth and experience

Schlesinger lists some of the facts about the quality and quantity of sexual pairing and sharing among

Diagram 1 : CAUSES & MANAGEMENT OF SEXUAL PROBLEMS



the elderly, as indicated below:

- People of 65 years or older have as much sex or more than people aged 18-26
- Among people who are in their 60's, half of the men and about forty percent of women masturbate. About 66% of women in this age group are sexually active and 50% or more have sex at least once a week.
- In later years, ignorance of the facts related to sex is the biggest single obstacle to the active enjoyment of sexuality. [10]

Sexual Dysfunctions

Sexual dysfunctions are common in old age. It has been observed that in many cases, the major contributory factors are the misconceptions, beliefs and attitudes held by the individuals. It pays to remember that "YOU ARE AS OLD (OR YOUNG) AS YOU FEEL!"

Some of the common sexual dysfunctions seen in old age are:

Male:

a. Desire disorders: Hypoactive / Hyperactive
b. Erectile dysfunctions
c. Premature ejaculation
d. Inhibited / retrograde ejaculation

Female:

a. Desire disorders: Hypoactive / inhibited
b. Arousal disorders
c. Orgasmic disorders – Anorgasmia
d. Dyspareunia
e. Vaginismus

Other sexual disorders:

Findings from studies on homosexuality among the aging and the elderly shed light on the fact that most aging gay men remained sexually active and highly prioritized sexual enjoyment in their lives. [11] Kehoe Reported that as lesbians aged, they expressed that the sexual aspects of their relationships grow progressively less important, but that feelings of camaraderie and connectedness become more significant. [12]

Treatment

The comprehensive treatment is covered diagrammatically in diagram 1[16,17].

The treatment involves:

Specific therapy:

1. Prevention: Providing adequate information on aging and sex.
2. Relation therapy: Supportive counseling, communicative skills, re-establishment of bonds.
3. Sexual assignments: Self – pleasuring, sensate focus and genital stimulation.
4. Avoidance of fatigue
5. Improving body image : Diet, exercise, hairstyle, clothes, cosmetics, personal hygiene.
6. Social support: for single individuals, privacy for intimate relationship, at home and in nursing homes or institutions.
7. Emotional problems: managing anger, rejection, performance anxiety, fear of hurting and vulnerability.

8. Medical Management[18]:

a. Adjusting to sexual changes with adult aging

Medical treatment as appropriate for general illnesses.

b. **If conflict is present over sexual frequency:**

1. Treatment of underlying medical problem,
2. Relevant sexual education
3. Mutual couple therapy

e. Hypoactive sexual desire (low desire).

1. Medical treatment for any underlying causes of the sexual problem.
2. Hormonal replacement (testosterone, thyroid medication)
3. Judicious use of antidepressant pharmacological agents when HSD is assessed as caused by depression

b. Hyperactive sexual disorder

1. Evaluate to establish the cure.
2. Pharmacological treatment, notably drugs approved for obsessive compulsive disorder or some antidepressants and anxiolytics.

c. Female Sexual Dysfunction

1. Pharmacologic therapy

2. Physical devices - Vibrators.
3. Vaginal supplemental lubricants (e.g. K.Y. Jelly, etc)

d. Male sexual arousal disorder (erectile dysfunction)

Pharmacological therapy :

1. Oral therapies (e.g. PDE inhibitors: Sildenafil, vardanafil & tadalafil)
2. Central Initiator: Apomorphine SL,
3. Central Conditioner: Hormone replacement – Testosterone
4. Intracavernosal injection of Vasoactive drugs (ICIVAD) e.g. Papeverine, E1-prostaglandin.
5. Intraurethral therapies (e.g., MUSE (Medicated Urethral System for Erection).
6. Vacuum devices.
7. Penile Prosthetic implants (e.g., Mallcalbe prosthesis, hydraulic or inflatable prosthesis)
8. Arterial and venous vascular surgery wherever indicated.

e. Female orgasmic disorder (inhibited orgasm)

Pharmacological therapy such as sympathomemetic agents

f. Male orgasmic disorder (Inhibited or "retarded" ejaculation)

Pharmacological therapy (sympathomemetic agents, e.g., pseudoepinephrine hydrochloride)

g. Premature or rapid ejaculation

Pharmacological therapy:

1. Antidepressants, especially the SSRIs; also some tricyclics, monoamine oxidase inhibitors.
2. Anxiolytics may offer some ejaculatory delay.
3. Antipsychotics delay but have significant risks (use with caution)
4. Anesthetic creams (e.g. benzocaine, lidocaine)
5. Testicular restraint devices

h. Dyspareunia

Male: Address physical cause determined by comprehensive medical evaluation

Female: Address physical cause determined by comprehensive medical evaluation. If common post-menopausal feature use lubricant such as K.Y. Jelly, Astroglide etc.

i. Vaginismus

Assess and treat potential physical cause (e.g., dyspareunia)that could cause reflexive vaginismus.

Gradual dilator (device) therapy.

j. Substance – induced dysfunction

Removal of substance wherever appropriate.

If health benefit requires medication that has negative sexual side effect, change to other medication that meets the same health need but may not have sexual side effect.

k. Paraphilia

Medical treatment to address findings of comprehensive medical evaluation (e.g. neurologic disease).

Pharmacologic therapy to address any medical cause or to help manage detrimental sexual behavior.

Treatment : General issues

Good health is a prerequisite for continuation of sexual interest and activity for the elderly. Some of the conditions that are encountered particularly in older people, that may adversely affect sexual function are arteriosclerosis, arthritis, cerebrovascular and coronary artery disease, depression, diabetes, chronic use of drugs, endicrinopathy, gynecological problems, loss of hearing and sight, neurological disorders etc. [13]

Masters has commented that good health and an interested and interesting partner coupled with a loving relationship with mutuality of interests combined with regular sexual activity can result in a gratifying sex life even into the 80's. [14] Many sex therapists remark (with wisdom) that older is not only beautiful but better. Because, then, women are more physically responsive and men are more tender. Each has the time, patience, wisdom and experience (and expertise!?) to enjoy and celebrate each other fully.

Sexual interest and pleasure are not the prerogative of youngsters, say Byer and Shaingerg. [15] Painful conditions such as arthritis or advancing age are not necessarily hindrance to sexual activity or enjoyment in the elderly. When older couples are willing to try different sexual techniques or positions, they can usually find comfortable ways to achieve sexual pleasure.0

Here is a parting gift, a verse by a famous poet, that beautifully wraps up the elegance and charm of aging…

'Grow old along with me
The best is yet to be,
The last of life,
For which the first was made'.
-Robert Browning.

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