

Do older women still have sex?



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'I'd like to have a sexual health check.' This is a fairly standard request at a sexual health clinic, but the woman making the request on this occasion was a little older than our usual clients...

Cheryl was an attractive woman 'of a certain age', and her marriage had broken up some months earlier when her husband took off with a younger woman. Cheryl was now dating again, for the first time in over 30 years.

'Oh, and can you teach me about condoms? I've never used one!'

Being a sexual health physician, I spend a lot of my time with adolescents and young adults, and teaching the skills associated with safer sex is a common enough task. I have the impression, though, that we are definitely seeing more and more older women – women whose primary relationship may have ended due to a failed marriage or perhaps through the death of her spouse. These women, perhaps unlike those of times long past, expect to resume one or more sexual relationships, but often feel ill-equipped to do so.

Most information about sex is aimed at women in their teens and 20s, with advice about avoiding pregnancy being of primary importance. This may not be of much interest to women who are no longer in their reproductive years, but dealing with intimacy again (often after a period of many years with rather infrequent or no sexual intercourse at all) throws up its challenges. Along with body image worries (none of us looks like we did when we were 20!), there are the effects of menopause, with vaginal dryness and atrophy certainly not assisting a return to vigorous sexual activities.

STIs

Older women are likely to be at an increased risk of contracting various sexually transmitted infections (STIs) because of the physiological changes that occur naturally as part of the ageing process. Thinning of the vaginal mucosa and increased friability of cervical tissues due to oestrogen deficiencies may increase susceptibility to STIs, including HIV. In addition, ageing also produces a decline in cellular and humoral immunity.

Furthermore, women in this age group generally do not have a lot of knowledge about STIs and may be somewhat embarrassed about asking for information, especially from their adolescent daughters or sons! There is not much in the published literature about older women and STIs, but as this group becomes more sexually active, we may see more papers in the future.

Interestingly, however, there is good epidemiological data regarding the various ages of diagnoses of many of the STIs. In the USA, some

18 per cent of HIV cases occurring in women occur in those aged over 50.¹ This number has increased nearly five-fold over the last ten years. In Australia, the overwhelming majority of new cases of HIV still occur in homosexually-active men, but older women are by no means immune. Gynaecologists should always bear this in mind, particularly when dealing with a woman with recurrent vaginal candidiasis for which no other cause can be found.

Genital herpes

Last year, Cunningham and colleagues published the first Australia-wide survey of the seroprevalence of HSV-1 and 2.² Using serum and seroepidemiological data collected between 1999 and 2000, they determined the overall seroprevalence of HSV-2 in the adult Australian population to be 12 per cent. The rate in women (16 per cent) was twice that in men (eight per cent), and the highest rate was found for women aged 35 to 44 (19 per cent). Older women, though, still had quite high rates, so recurrent genital herpes should always be considered in the differential diagnosis of vulval conditions for women in older age groups.

'Older women are likely to be at an increased risk of contracting various sexually transmitted infections'

First-episode genital herpes should also be kept in mind for older women, especially those who have started new sexual relationships. Those in long-term relationships, however, may also be vulnerable, either through the activities of their spouse, who may have engaged in extra-marital sex, or through the activities of the woman herself, who may have done the same thing! A diagnosis of genital herpes can be quite devastating and is made more so by the often-negative portrayal of herpes in the media. At this time, women (and their partners) need sound information and fortunately there are now good websites and written literature for people diagnosed with genital herpes. The ability to discuss the problem, find sound evidence-based information and to be prescribed a suitable anti-herpes medication can do wonders in allowing the woman to come to terms with a diagnosis of genital herpes.

Trichomoniasis

The other STI that is more common in older women is trichomoniasis. This often-overlooked protozoal infection is actually more common in older women than in younger, probably because

it is long-lasting, and also because it may have few symptoms. The famous 'strawberry cervix' is, in practice, only rarely seen. In addition, we doctors may not test for it and until recently, the testing that was available had a poor sensitivity and specificity. Pap smears and wet peeps are not an especially good means of diagnosis of *Trichomonas vaginalis*. Newer PCR tests are much more accurate but are not yet widely available. However, they should be used wherever possible. Indigenous women, in particular, should be tested for trichomoniasis whenever it is clinically indicated, as the rates in Indigenous women are much higher than in the non-Indigenous (in whom this infection has all but disappeared). Always remember to treat the sexual partner(s) as well!

Older women and sex

After the harsh reality of the talk about STIs, it is refreshing to read a recently-published Australian article that seems to suggest that at least some older women are still having sex and are even enjoying their sex lives! In 2004, researchers surveyed 474 Australian women with a variety of sexual health and relationship questionnaires and found the percentage of women with partners ranged from 83.3 per cent in the 40 to 49 age group to 46.4 per cent women in the 70 to 79 age group.³ The erectile ability of partners diminished markedly with age, with only 4.8 per cent of the partners using medication to enable erections. It is possible that this figure would have increased since then given the rapid uptake of the PDE5 inhibitor class of drugs (sildenafil, vardenafil and tadalafil).

'Trichomoniasis is actually more common in older women than in younger'

Only 2.5 per cent of women reported low relationship satisfaction. The incidence of sexual distress was also low, being reported by only 5.7 per cent of women. Younger women and women with partners had higher levels of distress than older women. Indifference to sexual frequency rose from 26.7 per cent in women aged 40 to 49 to 72.3 per cent in the 70 to 79 age group.

An American study of women aged 18 to 94, dialled at random and published in 2003, again showed that the frequency and occurrence of sexual activity decreased with age.⁴ Of the 2000 women surveyed, 1074 reported engaging in sexual activity in the three months prior to the interview. Married women in all age groups were more likely to have engaged in recent sexual activity. The use of condoms decreased with age, whereas lubricant use was found to increase.

With regards to my patient, Cheryl, her STI check came back with no evidence of her having acquired any infections. What then can I tell her in terms of sexual health advice? Well, condoms are a great idea (and as Spike Milligan sagely pointed out, they should be used at every conceivable opportunity!), as is lubricant, especially for the older woman. I duly gave her a demonstration using one of the clinic's numerous dildoes, along with condoms and lubes. She promised to go home and practice with various pieces of fruit!

Perhaps I should have also advised her that if she wishes to continue to remain sexually active as she ages, she should find another regular, long-term sexual partner. This is perhaps easier said than done, given the dearth of suitable candidates (at least this seems to be the case according to many of my single female friends!). If the male experiences difficulty maintaining erections and intercourse is

desired, then pharmaceutical agents are now readily available to assist the male.

Soon enough, agents to assist a lowered or absent libido in women will be available, but therein lies a whole other discussion...

References

1. Levy J A, Ory M G, Crystal S. HIV/AIDS interventions for midlife and older adults: Current status and challenges. *JAIDS*. 2003; 33: S59-S67.
2. Cunningham A L, Taylor R, Taylor J, Marks C, Shaw J, Mindel A. Prevalence of infection with herpes simplex virus types 1 and 2 in Australia: A nationwide population based survey. *Sex Transm Infect*. 2006; 82: 164-168.
3. Howard J R, O'Neill S, Travers C. Factors affecting sexuality in older Australian women: Sexual interest, sexual arousal, relationships and sexual distress in older Australian women. *Climacteric*. 2006; 9(5): 355-67.
4. Patel D, Gillespie B, Foxman B. Sexual behavior of older women: Results of a random-digit-dialling survey of 2000 women in the United States. *Sex Transm Dis*. 2003; 30(3): 216-220.

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