Editorial

Sexuality in senior adults – a neglected area in geriatric mental health

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There are many dimensions to geriatric healthcare. While patients deal with age-related changes in virtually every organ system, physicians must face the complex task of disentangling the physiology of ageing from disease and balancing multiple ongoing treatments.

Sexuality, including sexual feelings, sexual orientation, gender identity, intimacy and eroticism, is known to be strongly correlated with an individual's personality [1-4]. It only logically follows then that sexuality, and therefore sexual activity, should continue throughout life and play a role in health and disease at all life stages.

However, older sexuality remains conveniently neglected and largely taboo in today's psychiatric clinics and research. Literature searches yield a mere handful of studies from the Indian subcontinent and when refined for gender, sexual and other minorities, virtually no results come up.

Social stigma that enshrouds sex in general coupled with ageism and the lack of time and space allocated to sexuality, and especially geriatric sexuality, in medical school and residency programs sets the scene for consistently bashful patients, unsure clinicians, and an overall neglect of geriatric sexual health. Other compounding issues include the many myths surrounding older sexuality, the discouragement of older sex by power-wielding entities like residential homes or caregivers, stereotyped media portrayals of older sex, a total absence of acknowledgement of older LGBTQ adults as sexual beings and the archaic view of sex solely as heterosexual intercourse or a means of reproduction.

Prejudicial beliefs lead practitioners to look at sexual dysfunction in younger people as "treatable" while in older people the same is viewed as "normal" or part and parcel of the aging process. Additionally, there is no construct for the range of normal sexuality in the older adult available to clinicians owing to scant research on the subject. Clinicians are thus faced with the task of segregating sexual dysfunction from the physiology of aging, and with accurately diagnosing and treating its cause in a milieu of multiple comorbidities and ongoing treatments. Clinicians must also simultaneously be mindful of the psychosocially significant aspects unique to the geriatric demographic such as retirement, economic dependence, chronic disease, loneliness and the demise of their peers and partners. This works out to be an extremely complicated and time-consuming job in a setting of sparse training and lack of research-backed guidelines.

Suggested general guidelines to approach geriatric sexual health are detailed below [5]:

1. Obtain a detailed medical, sexual, and psychosocial history, and a detailed physical exam.
2. Obtain all relevant investigations in an effort to detail the etiology of sexual dysfunction.
3. Treat or refer appropriately, depending on the suspected etiology, whether organic or psychosocial.
4. Psychosocial factors must be looked into and managed even if an organic cause is found.
5. Regular follow-up and consistent efforts to de-stigmatize and normalize the idea of sexual wellness in the geriatric age group are paramount.

Essentially, geriatric sexuality in psychiatric practice remains a mostly unchartered sea and currently, those who venture out are map-less pioneers.

What this all comes down to is a to-do list for the complete overhaul of geriatric psychiatry:

1. Foremost, we need to set aside age old myths and begin to acknowledge older adults as sexual beings.
2. Only in depth research into geriatric sexuality across various age, gender, sexual preference, disability and ethnic groups can provide a strong foundation for teaching and treatment guidelines.
3. We need to encourage open dialogue on the subject in classrooms and in the clinic.

Clinicians across specialties must incorporate inquiry into geriatric sexual health as a part of the routine patient interview.

In general, there is a dearth of research on the sexual issues in the elderly and even more so in India, although there has been a recent trend of research being boosted in this area. There is also a tendency to view the age of 60 and older as a single group. The effect of chronic medical illnesses on the sexual life of elders is under studied and there is a lack of drug trials for sexual dysfunction in older men and women. There is a lack of research on older LGBT populations and other sexual minorities. Sexuality is a life-long phenomenon and its expression a basic human right across all ages. Healthcare is currently nascent in its understanding and acceptance of geriatric sexuality and its related problems. Medical training, treatment guidelines, awareness among medical and mental health professionals and geriatric care staff need to be disseminated their openness in outlook towards geriatric sexuality needs cultivation. Physicians of all specialties must routinely inquire in histories about the sexual concerns of older patients, while being non-judgmental and understanding.

RECOMMENDED READING AND REFERENCES

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