PURPOSE:
To provide an opportunity for nurses to solicit information and provide support for disruptions in sexual health related to normal and pathologic changes in the older adult.

CONSIDERATIONS:
1. Sexuality is important to older adults as for many, it is an expression of passion, affection, esteem and loyalty.
2. Of Americans between the age of 57 and 64 years, 73% were sexually active.
3. Of Americans between the age of 65 and 74 years, 53% were sexually active.
4. Of Americans between the age of 75 and 85 years, 26% were sexually active.
5. Cognitively impaired adults still retain sexual desire however, they may exhibit sexually inappropriate behavior as an expression of interest.
6. As women age, a loss of estrogen at menopause may decrease vaginal lubrication.
7. As men age, they experience less frequent and weaker ejacutions.
8. Ethnic and cultural background need to be considered prior to asking sexual health questions.
10. Medications can affect sexual function and at times, compliance with taking medications may be impacted by the unwanted side affects, including decreased libido and erectile dysfunction. Common medications that impact sexual functioning include:
   a. Antihypertensives, including angiotensin - converting enzyme inhibitors, [alpha]-blockers, [beta]-blockers, calcium channel blockers and thiazide diuretics.
   b. Antidepressants, including selective serotonin reuptake inhibitors, tricyclic antidepressants and monoamine oxidase inhibitors.
   c. Cholesterol-lowering medications - statins and fibrac acid derivatives.
   d. Antipsychotics (phenothiazines and the atypical antipsychotics risperidone.
   e. Seizure medications (carbamazepine) and H2 blockers (cimetidine).

EQUIPMENT:
Quiet private area in the home
Environment of open communication
Nonjudgmental attitude
PLISSIT model

PROCEDURE:
1. Permission (P) – ask permission to discuss sexual health.
2. Ask open ended questions and let the patient describe issues and/or concerns.
3. Involve partner if patient gives permission and wants to discuss unmet needs.
4. Provide limited information (LI) – after identifying concerns, provide information related to normal and pathologic age-related changes in sexual health/function and how it relates to the patient.
5. Offer specific suggestions (SS) – help identify potential medication and treatment regimen, changes, environmental changes or privacy issues as well as alternative forms of sexual expression which promote sexual health and fulfillment.
6. Intensive Therapy (IT) – warranted for those requiring more intensive services beyond nursing care, e.g., those that are sexually inappropriate, hyperactive or aggressive or with abuse history should be referred to other healthcare specialist who specialize in these areas.

AFTER CARE:
1. Follow-up with primary care practitioner to identify potential specialists, if referrals are needed, and address medication or treatment regimen changes needed which are impacting sexual function.
2. Follow-up with primary care practitioner for medication or devices to address erectile dysfunction or other conditions.
3. Follow-up with primary care practitioner for medication or lubrication to address vaginal dryness and pain during intercourse or other conditions.
4. If patient is in a home shared with caregivers, discuss the importance of privacy and need for healthy sexual activity of patient.
5. Document in patient's record:
   a. Assessment and response to PLISSIT approach.
   b. Patient education and instructions given to patient regarding normal and pathogenic changes, medication and disease which impact sexual function and interventions to address sexual health needs.
   c. Contact to primary care practitioner and his/her response regarding patient’s sexual health concerns.

REFERENCES: