

"BEST SEX



IN YEARS:



Sex over 50"



Message from the AIDS Committee of Newfoundland & Labrador (ACNL)

Normalizing sexuality is one of the purposes of the ACNL. ACNL's HIV & Aging Working Group's vision of this resource is to help our aging population become more comfortable talking about their sexual health with their partners, their physicians and health professionals. The working group's main objective is to bring awareness to senior sexual health and to keep our seniors safe in light of the dramatic increase in HIV and other sexually transmitted diseases in our senior population in Canada.

In 2016, funding was received from the New Horizons for Seniors Program (NHSP) sponsored by the Government of Canada. This program promotes the inclusion, the well-being and independence of seniors across Canada by supporting community initiatives and programs. The funding was used to produce *Best Sex in Years: Sex over 50*. The document proved so popular among seniors in Newfoundland & Labrador that in 2018 the ACNL submitted a second application for funding to update the booklet. Of particular interest to readers may be the recent breakthroughs in medicine to address sexually transmitted diseases as discussed in the Appendix.

Thank you again to Mary Ennis for her work on the update and to Anita Forward of the working group for providing feedback on the final content.

We are pleased to present this manual as the latest component of the ACNL's sexual health initiatives for seniors in Newfoundland & Labrador.

Gerard Yetman
Executive Director



WHAT WAS THE QUESTION?

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WHY TALK ABOUT OLDER ADULTS AND SEX?

The mission of the AIDS Committee of Newfoundland and Labrador (ACNL) is to promote healthy sexuality across the lifespan. People over 50 were 21% of all Canadians testing positive for HIV in 2013. Sexual contact was the main mode of transmission. This information likely surprises many who believe that older adults are not sexual beings and are no longer interested in sexual activity. The reality, however, is that the need for intimacy and affection is ageless. Critical knowledge from the 2013 data is that older adults also are in need of information to ensure their sexual safety.

In June of 2015 ACNL applied to the New Horizons for Seniors Program for funding to write a manual which would help our aging population to become more comfortable talking about our sexual health with our partners, doctors and other health professionals. The main objectives of this manual are:

- to inform older adults about sexual health and the importance of keeping ourselves safe in our pursuit of sexual fulfillment; and,

- to suggest ways we can enjoy sex in spite of health and physical changes as we age.

In June 2018 ACNL was granted new funding to review and update the manual as appropriate. This document is that revised manual.

WHAT IS SEX ANYWAY?

Sex is anything that makes us feel sexual – from a touch on the cheek to intercourse.



Sex is about closeness, being together, creating and maintaining a relationship. It includes emotional and intimate aspects such as love, warmth, caring, and sharing between individuals.

Sex may not always be within the context of a long-term relationship. It may be more casual – depending on one's sexual interests and life situation.

WHAT ARE THE BENEFITS OF HAVING SEX?

Sexual activity is good for our physical and mental health. It can enhance our self-esteem and

confidence. Sex burns calories and relieves stress. It can bring partners closer together.

WHAT ARE SOME OF THE MYTHS ABOUT OLDER ADULTS AND SEX?

- Older adults are no longer interested in and do not have sex.
- The quality of sex lessens as we age.
- Sexually, women peak in their 30s, men in their late teens or early 20s.
- Neither women nor men can enjoy sex unless they have an orgasm.
- Older people don't get diseases from having sex.
- Older women can't get pregnant so their partners don't need to use condoms.
- There is no effective treatment for erectile difficulties.
- If you do have erectile difficulties, your sex life is over.

A number of these myths are clearly ageist. Ageism is defined here as prejudicial attitudes about older people



and about aging. Ageism results in people assuming things that are false about themselves and others based on their age alone. These myths can sometimes stop us from having meaningful conversations about sex with our doctors and our partners.

WHAT DO WE ALREADY KNOW ABOUT SEX AND AGING?

It is normal for us to go through changes in sexual desire and behaviour during our lives. Studies show that interest in sex continues. There is a decrease in penetrative sex, but not necessarily in other forms of intimacy. Although sex might not be the same as it was at a younger age, older adults can enjoy a healthy sex life. Reports show that most older adults are still enthusiastic about sex and intimacy.



Our health can impact our sexual activity. High blood pressure, diabetes, arthritis, chronic pain, hormonal issues, depression, anxiety, medications and other health-related illness or disease may have a negative effect on our sexual activity. If we are worried about our health, money, or just

getting older, we may have difficulty focusing on the pleasure sex brings. If surgery requires use of a colostomy bag, for example, it may inhibit sexual activities, especially with a new partner. People who have chest pains can fear having a heart attack while engaging in sex.

It is important to talk to our partner about these concerns so we can negotiate sexual activity that works for both of us.

While the ability to engage in sexual activities may lessen at the end of life, we still have a need for intimacy. Family members and caregivers in particular must be aware of, and respect these feelings. It is important to allow time for a couple to be alone together during this time.

HOW CAN AGING IMPACT SEX FOR WOMEN?

Aging often brings a number of physical changes for women, but our desire for intimacy does not necessarily change. After menopause many women feel freer to enjoy sex. Many have the



confidence and wisdom that often comes with age. We have

become empowered enough to accept ourselves for who we are and can more easily voice our sexual needs and desires.

However, many women experience changes that may impact our sexual pleasure and/or cause discomfort and pain including:

- decrease in the natural production of hormones
- bone loss, fatigue, hot flashes, sleep problems with menopause
- decrease in vaginal secretions/natural lubrications
- decreased elasticity of the vagina
- thinning of vaginal walls
- shortening and narrowing of the vagina, dropping of the uterus with occasional protrusion into the vagina causing painful sex
- impact of hysterectomy and/or treatment for cervical cancer
- dropping of the bladder making the vagina feel full, causing urinary incontinence and painful sex
- dropping of the rectum into the vaginal wall

Some women may have concerns arising from having one or both breasts removed because of

cancer. We may question whether we are still attractive in our partner's eyes or worry about loss of sensitivity in the breast area. Some breast cancer treatments, such as chemotherapy, can cause hormonal changes and have a negative impact on a woman's interest in sex.

The development of prostate cancer in transgender women is very rare. This is an issue to discuss with one's health professional as it has been recommended that transwomen still get regular screening for prostate cancer even after sex-reassignment surgery.

HOW CAN AGING IMPACT SEX FOR MEN?

As men get older, testosterone levels decline and changes in sexual behaviour are common. But men can still enjoy sex in spite of these changes, including:

- low testosterone levels, sometimes called male menopause or andropause, which can cause smaller testicles, less energy or mood changes
- prostate enlargement may cause erectile difficulty
- hardening of the arteries and veins in the penis can decrease blood flow,

causing a less intense erection, or result in needing a longer time to get an erection

- reduction over time in the number of times a man can ejaculate
- increased need for more foreplay
- ejaculation without an erection
- penis can lose its firmness quickly after ejaculation



Some of us may have concerns about having all or part of the prostate removed because of cancer or other prostate problems.

This procedure may cause difficulty with erections for some. If we have difficulty obtaining or maintaining an erection or notice changes in the rigidity of the penis, we can talk with our partner about finding alternatives other than intercourse that are sexually fulfilling for both of us. In most cases it is still possible to have orgasms and ejaculate without an erection and there are many ways to enjoy sexual activity alone or with a partner. If problems persist or if we have difficulty talking about sexual activity with our partner, we may wish to talk to our

family doctor or a sex therapist to discuss other options.

It is important to note that trans men who still have a vagina will need pap smears. Transwomen who still have a prostate will need prostate exams. Transmen who have breasts will need mammograms. It is important that their doctors be aware of what (if any) medical/surgical interventions they have had to ensure that they receive proper medical care.

DOES OUR BODY IMAGE IMPACT OUR SEXUALITY?

Many of us have concerns about how our bodies look as we get older, i.e. sagging breasts, thickened waistlines, double chins,



and changes in the genital area which may make stimulation harder.

Other things that may impact our body image include sexual abuse, emotional issues or medical conditions that result in changes to the body such as mastectomy, penile surgery.

Negative body image sometimes can make it difficult to engage in sex at all, or to be comfortable enough to find enjoyment in it when we do. Some of us can

benefit greatly from body image support groups. We should talk with our healthcare professional about any concerns we have with our body image and its impact on our sexual pleasure.

CAN MEDICATIONS IMPACT SEX?

Some drugs such as blood pressure pills, heart medications, antidepressants and diabetes medication, can cause sexual problems for all of us.

Sexual side effects from some medications include:

- decreased sex drive
- decreased arousal
- decreased ability to have an erection
- delayed ejaculation
- reduced volume of ejaculate
- decreased ability to have an orgasm
- decreased vaginal secretions

Some medications may not have sexual side effects but may have other side effects that can affect our sexual activity:

- fatigue
- nausea
- constipation
- dizziness



- headache

It is a good idea to talk with our doctor if we experience any side effects that interfere with our sexual activity, to see if there are other medications available. We should be sure to ask about sexual side effects of any new prescriptions as well.

WHAT ARE SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS (STBBIs)?

Sexually transmitted infections (STIs) are various infections that can be spread through some sexual activities. Infections carried in the blood and referred to as blood borne infections (BBIs) can be spread through contact with infected human blood and other potentially infectious body fluids such as semen and vaginal fluid.

Rates of STIs have been increasing in Canada since the 1990s, particularly among older adults. Even some retirement homes have seen a huge increase in STIs among residents.

STIs are passed from person to person through oral, anal and vaginal sexual contact, skin-to-skin genital contact, and/or sharing sex toys.

STIs are a serious health concern. Many STIs show no obvious signs or symptoms and can go unnoticed and untreated. If left untreated, STIs can lead to serious long-term health problems such as certain forms of cancer, (i.e. cervical cancer in women, penile cancers, cancers of the mouth, throat and anus) genital discomfort (i.e. herpes), chronic health problems (i.e. Hepatitis B) and even death.

If we are sexually active, we should consider having sexual health testing as a part of our regular physical examinations.

The good news is that most STIs can be cured and more treatments are emerging. Since the first edition of this manual, for example, medication has been approved in Canada for the treatment of Hepatitis C. The medication has a cure rate of up to 90%.

STIs that cannot be cured can now be well managed.

While the use of condoms and/or oral dams may reduce the risk of infections, they will not protect from all STIs. It is a good idea to keep our doctor informed about our sexual health and concerns. Ask to have regular tests for STIs especially if we have sex with

more than one person or when we enter a new relationship.

HOW CAN WE HAVE SAFER SEX?

Condoms for men (external condoms) and how to use them



Condoms are the best protection against STIs. A male condom is a protective barrier which covers the penis (they are often made of latex, though

other materials are available for those who are allergic to latex). It collects semen after a man ejaculates and helps prevent the spread of STIs during vaginal and anal sex. Lubricated condoms should be used for vaginal and anal sex.

Because STIs can be spread from mouth to penis, we also should wear a condom during oral sex. A non-lubricated condom is recommended for oral sex since lubricated ones can have a bad taste. Condoms are available in many flavors.

Condoms can have a downside. They may slip off during sex. They may also break if not handled properly or during rough sex.

Some people may be allergic to latex condoms. If someone is allergic to latex, they should ask their pharmacist for non-latex ones.

To increase sensitivity for men while using a condom, a water-based lubricant can be put inside the tip of the condom before putting it on. It is important to note that oil or petroleum-based lubricants can damage latex.

How to use a condom:

- Always check the expiry date on the condom before use.
- Open the package carefully to prevent tearing the condom.
- Put a drop or two of lubricant inside the tip of the condom.
- Put the condom on when the penis is hard and before having any genital contact.
- Place the rolled-up condom over the tip of your penis and leave about half an inch for semen to collect.
- Pinch the air out of the tip of the condom.
- Unroll it all the way down to the base of the penis.

- When finished having sex, hold the condom against the base of the penis whilst pulling out.
- Wrap the condom in a tissue and throw it away - do not flush it in the toilet.
- Never use a condom more than once.

It should also be noted that if we happen to lose a condom in our vagina and our partner can't remove it, we should see our doctor. Condoms and other objects have been known to get "lost" in the vagina. They can be removed!

Condoms for Women (internal condoms) and how to use them

A female condom is a latex baggie-like condom worn loosely inside the vagina. They are used to prevent bodily fluids and semen from entering the body during penetrative sex, helping to prevent pregnancy and STIs. They may be put in up to eight hours before sex.

How to use a female condom:

- Check the expiry date and that it appears in good condition.
- Carefully remove the condom from the packet so that there is less chance of it ripping (don't use

teeth and be careful with sharp fingernails or jewellery).

- Sit, squat, lie or stand in a position that is the most comfortable, similar to how we would insert a tampon. Squeeze the smaller ring at the closed end of the condom and insert it into the vagina as far as it will go, making sure that it doesn't twist. The large ring at the open end of the condom will cover the area around the vaginal opening – it is normal for this part to hang outside the body.
- When we have sex the penis should enter into the condom, rather than between the condom and the side of the vagina. We can help guide our partner into us to ensure it goes in the right place.

- After sex, twist the large ring to prevent semen from leaking out and gently pull the condom out. Then wrap the condom up and throw it away in the garbage bin (it can block up plumbing if put in the toilet).

Always use a new condom each time we have sex.

It is important that we do not use a female



condom at the same time we use a male condom. This can cause friction, and one or both condoms are more likely to tear. We can negotiate with our partner about which type of condom will best assure us both of safety, comfort and enjoyment.

If a condom breaks during sex, it is advised that we have a sexual health test. If we know we had sex with someone who has HIV, we will need to visit a healthcare professional within 72 hours to receive treatment.

Oral Dams

An oral dam is a thin square of latex that can prevent the spread of STIs during oral sex. Some stores may sell them or we can make our own using a condom.

The oral dam is placed over a woman's vulva before her partner performs oral sex on her. Oral dams can also be used by anyone to prevent STIs while "rimming", which is oral sex performed on a partners' anus. Use non-lubricated condoms when making our own oral dam.

Did you know: Oral dams are also called dental dams as they were first used by dentists working on a patient's teeth to prevent saliva from interfering with the dental

work or to keep filling materials from being inhaled by the patient.

Lubricants: What to Use and When to Use Them

Some people may be allergic to a certain kind of lubricant, so it is important to test it before using it. Put a little of the lubricant on the inside of the elbow and wait a few hours to see if there is a negative reaction. If the skin gets red or itchy, we should ask our pharmacist to recommend another kind.

We can use oil for a massage as part of our sexual ritual, but it is important to remember that oil-based lubricants can damage condoms, therefore, water-based lubricants are best!



Why use a lubricant?

Lubricants can increase the pleasure of the activity, particularly if we:

- have anal sex

- experience dryness of the vagina
- have a big partner

Slowly spreading lubricant over one another's genitals can add to our arousal.

Testing for STIs



While honesty is the best policy in a relationship, some people find it very hard to talk about their sexual history with a partner. We do not have to tell our partner exactly how many people we have had sex with. We also don't have to go into great detail about our experiences. We should be sensitive to our partner's feelings and be honest about the important things: if we've had sex with more than one person; if we've had unprotected sex; if we've been – or have never been – tested for STIs.

It is a good idea for both people entering into a new relationship to be tested for STIs. If we have sex with more than one person, regular STI testing is highly advised.

We need to be honest with our family doctor and/or nurse or nurse practitioner at our local

community health clinic about our sexual activities. Talk with him/her about STI testing.

Sexual Abuse

Sexual abuse is any sort of unwanted physical or verbal contact. Sexual abuse can happen to men or women of any age and can include:

- name calling used in the context of sex
- deliberately causing unwanted physical pain during sex
- having sex with someone without their consent
- deliberately passing on sexual diseases or infections
- forcing someone to watch pornography
- using objects, toys, or other items without their consent

Sex or sexual touching against one's will is sexual assault. We all have the right to say "no" to sex and also the right to change our mind in the middle of having sex. If we were ever sexually abused, or

think we have been sexually abused, peer support or support from a healthcare professional might be very helpful. Another source of information and support is the Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre.

(<https://endsexualviolence.com/>)

Sexual abuse and violence can happen to people from all walks of life. It can happen in male-female or same-sex relationships, and it can happen at any time, early in the relationship or many months later.

Dating Abuse

Abuse can happen when we are dating and can include someone:

- demanding all of our free time
- constantly sending messages to find out where we are and what we are doing
- being jealous
- pressuring us to do sexual things we are not comfortable with

- telling us they will kill or harm themselves if we leave them
- planning activities that keep us away from family or friends
- verbal abuse

It is important to know and understand the signs of dating abuse. It is also important to know that there is always a way out of abusive relationships. Remaining open with close friends and family and availing of supports in the community (such as the Iris Kirby House) can be of great help. In situations of crisis, hotlines such as the Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre (1-800-726-2743), the Royal Newfoundland Constabulary (911) or the RNC's Intimate Partner Violence Unit (709-729-8093 - Please Note: this number is not monitored 24/7).

On-Line Dating/Dating Practices

Online chatting can be a great way to meet people and reduce loneliness for those who don't have the opportunities to meet new people socially.

It has also become quite common for people to use internet dating sites to find a future partner. Many users of online dating are older adults. Studies have shown that while most people on these sites are genuinely honest and sincere, many seniors fall victim to financial scams, heartbreak and, worse, potentially opening themselves up to STIs after meeting face-to-face.



When we are chatting with someone online, we likely don't know who the person really is or what they are really looking for. If we are communicating with someone on-line and it doesn't feel right, it probably isn't.

Beware of:

- someone who wants to meet us in person before we have a chance to get to know them better online;
- someone who wants the “first date” to be in a private location, e.g. his/her home;
- someone who asks personal questions such as how much we earn, the value of our home and/or whether we live alone;

- someone who avoids answering questions to our satisfaction; and/or,
- someone who asks for revealing photos.

Safety Measures:

It is important to protect our identity and personal information when putting our profile on a dating site.

- Don't put our surname or other identifying information in our username.
- Don't give any contact information, i.e. home address, telephone number, e-mail address until we are sure if/when it is time to do so.
- Get to know people better before we agree to meet them.
- Stop chatting with anyone who tries to get us to give them personal or financial information.
- Never give money to someone we have just met. Why would someone want to “borrow” money from a stranger they met online?
- Talk or text on our cell phone instead of our land line. It's fairly

easy to find our home address if someone has our number.

Meeting in Person:

- Meet in a public place such as a coffee shop at a time when there are a lot of people.
- Let a friend or family member know where we are going and when.
- Use our own or public transportation.
- Do not consume any substance - e.g., alcohol, which might dull our senses.
- Don't leave a drink of any kind on the bar or table – take it with us.
- Bring our cell phone with us or money for a payphone, and have money for a taxi.
- Keep personal items, such as a purse or wallet, with us if we leave the table for any reason.
- Leave if we feel uncomfortable.

Those first few weeks:

Be very careful if someone says they are falling, or have fallen in love with us. It's usually too fast for that to happen.

If the relationships turn to intimacy, never have sex without using protection (condom or oral dam) no matter what they want.

Do not cut friends and family out of our life, and do not let the other person pressure us into doing so. Value the opinions of trusted friends and family.

Don't play with someone's emotions. If it isn't working, end it.

HOW CAN WE ENJOY SEX MORE?

Now it's time for the fun stuff!



Masturbation

Masturbation is touching our own body for sexual pleasure and is a natural activity for men and women. Many older adults in today's society were taught at a young age that masturbation was harmful, that it would make a boy's penis fall off or lead to mental illness. This is all false!

Masturbation does not put our health at risk. It may cause skin irritation but using a lubricant can prevent this. Self-love, as masturbation is sometimes called, can help all of us learn the right touches to become aroused and reach orgasm. It can help us to show our partner how best to sexually satisfy us.

Sexual aids

Sexual aids and sex toys, whether we use them alone or with a partner, can bring hours of sexual pleasure.

Products such as male masturbators, penis rings, strokers with erect penis, female vibrators, dildos, booty gloves, anal vibrators, prostate massagers, strap-on vibrating penises, and more are available online or at a local sex boutique.

There are sex toys for everyone, but we need to be careful when buying them. Look for any warnings that come with the item. Penis rings, for example, should not be used if one bleeds easily or has a blood clotting disorder or diabetes. Sex toys sometimes can cause body changes, such as pain or loss of sensation. If we get any side effect from a sex toy, see the doctor and let him/her know what happened. Likewise, if we have

any concerns at all about using a certain sex toy, talk with the doctor or a sex therapist.

Generally, sex toys are safe if we take care of them – use them properly and keep them clean. This is very important because sex toys can pass on STIs and blood-borne infections. We should cover sex toys such as vibrators with a new condom before someone else uses them. Not sharing toys or having a different set for each partner can help prevent STIs from spreading.

Sex toys should come with cleaning instructions, and it is important that we follow them. There are different ways to clean sex toys depending on the material they are made of. We should also clean them after using them on different parts of the body. Always clean sex toys before moving from the anal region to the genital region so as not to transfer bacteria. Check them regularly for tears or nicks that could cause infection.

Romantic/erotic movies and books

Seniors can also spice up the sex by enjoying romantic – or erotic – books and movies, whether alone or together. They're great for the imagination and getting in the

mood for sex. They can also help us open up to our partner and share sexual fantasies. Who knows where that can lead!

Shake it up!

Try different positions and different rooms in the house when having sex. Have sex standing up. Experimenting with different positions can help us find the most comfortable ones if we have chronic pain or a disability. And we need to make sure we have sex in safe environments so we don't fall or otherwise hurt ourselves.

Try Sideways sex or the Squat. If we're gay, there's the Crab and the Dog and lots more. For lesbians, there's the Double Duty, the Breast Enhancer, the Sexy Spider, just to name a few. A quick google search can yield tons of sex positions and variations, so don't be afraid to do some research with your partner!

Try different times of day, maybe in the morning if we have more energy then. And take our time – discover how sensual our entire body is.

The little things:

- light some candles
- give one another a massage
- put on some mood music

- buy sexy lingerie.



- shower together

Sex without penetration

A good sex life is also about intimacy and touch, and great satisfaction can be had from cuddling, kissing, petting. Even if we are ill, we can still enjoy being close to another person.

New relationships



Many of us find that after separation or divorce or the death of a partner, our thoughts turn to a new relationship. Often, however,

we are anxious about starting to date again or having sex with someone new. We may grieve over the loss of our relationship and especially if our partner has passed away, feel guilty about wanting a new relationship. These are perfectly normal feelings to have.

It often helps to talk with our family and close friends and consider any advice they may give. We might be surprised how supportive they are of our finding someone new. It is wise, however, not to rush into relationships until we are sure we are ready for them.

Starting to date again can be healthy, but can take courage. The rewards, however, can make it all worthwhile!

Taking care of ourselves

- eat healthy
- exercise regularly, i.e. daily walk
- engage in relaxing activities, i.e. reading
- get enough sleep
- watch our alcohol intake
- don't smoke

DO WE TALK ABOUT SEX

...with our partner/s?

We need to take time to talk with our partner about sex, our needs, what turns us on, and what doesn't. Talk about the changes that are happening to us because we're getting older and any concerns we have about them. We may discover a new closeness from having a better understanding of the changes that are occurring in both of us. Even if

we find it hard, talking openly and honestly with our partner about sex can help both of us to enjoy our sexual experiences even more.



Pick a quiet time to talk, touch often during the conversation and make it clear that we want to know our partner's thoughts and concerns as well. Be playful, and discuss new ideas.

...with our doctor/s?

Many older adults would like to talk about sex with their doctors. We are often worried that our sex life might be affected by chronic illnesses, surgeries, disabilities and new relationships.

Older adults are often reluctant to raise the subject of their sexual activities with their doctors for any number of reasons. We may be embarrassed to talk about sex, especially with a young doctor or a doctor of the opposite sex. We may think our doctor will judge us for engaging in certain sexual activities or for having sex at all at our age. We may have been taught that sex is private between two individuals and should not be talked about with others.

Older gay, bisexual and other men who have sex with men are often reluctant to seek health care for fear of discrimination. Older lesbian and bisexual women and women who have sex with women also have reported that they are less likely to talk with their doctors because of past experiences with healthcare professionals.

A recent study found that older transgender adults were at a much higher risk of poor health, depression, stress and disability compared to non-transgender LGBTQ peers. Again, it was found that older transgender adults were reluctant to access health services.

Communication with our healthcare providers is important. Whatever reasons people have for not talking with their doctors about sex can be harmful physically and/or emotionally. We may have an STI without knowing it, and our doctor has no reason to check for it. Some older adults who have certain illnesses or conditions may stop having sex altogether because they do not know that there may be medical procedures or medications to help them continue being sexually active. Some may not know that you can enjoy sex without penetration.

A sex therapist is trained to help us work through our feelings about how getting older or becoming ill can affect our sexual activities. They can also make suggestions for staying sexual.

A WORD TO HEALTH PROFESSIONALS

Doctors have reported being uncomfortable talking about sex with older adult patients or patients of the opposite sex. Some doctors may not see older adults as being sexual, particularly older adults with medical conditions or disabilities. Yet a person's sexual health can play a huge role in their overall health.

Sexual history can be just as important as a patient's medical history in helping to decide if STI testing, for example, is needed. Past sexual experiences and relationships can have a big impact on a patient's mental health, and you, as doctors, need to know this in order to provide the proper treatment.

If a patient is lesbian, gay, bisexual or transgender, it may be more difficult to talk to a doctor about sex. It is important that you, as health professionals, become more knowledgeable about and sensitive to their issues. Have LGBTQ literature openly available

in your office and find other ways to let LGBTQ patients know they are welcome.

It is helpful if medical professionals provide easily available information for older patients on sexual health. Mentioning things like lubricant and sex toys as part of the conversation on maintaining a healthy sex life can open up opportunities for older adults to ask more questions.

People who are engaged in non-traditional or non-heterosexual relationships are at higher risk of depression and anxiety. They may have been rejected by loved ones, abused and discriminated against. Some older adults may be transitioning in their sexuality or gender identity and need support. Depression can lead to risky sexual behaviours.

If patients do not initiate discussions about their sexual history and activities, their doctors should do so. In terms of surgeries that can impact a patient's sense of "wholeness", e.g. surgeries of the genitals or breasts and surgeries that result in use of colostomy bags, for example, doctors need to be sensitive to unvoiced concerns and unasked questions.

It can benefit both parties if you:

- Provide a Safe Environment
- Establish Trust
- Are Respectful
- Don't make Assumptions
- Listen and Validate

For a host of reasons, many noted in this manual, patients and health care professionals need to open up about sex. It is also important to support older adults who might be thinking about a new relationship after the loss of a partner. Sex can be life-long despite chronic disease and disability, and it can bring much pleasure. But it can expose us to STIs as well. Older adults deserve to enjoy the pleasures of sex and keep themselves safe while doing so.

So...if the discussion hasn't started already, let's go for it!



APPENDIX

Syphilis is a bacterial STI that can be spread through vaginal, anal and/or oral sex, sharing of equipment for injecting or snorting drugs and deep wet kissing. Some symptoms include: an open sore at the point of infection, flu-like illness, muscle aches and pains, fatigue, and/or a rash on the chest, back, palms of the hands and bottoms of the feet. If detected early, syphilis can be treated and cured with an antibiotic injection. If left untreated, syphilis can lead to blindness or stroke.

The human immunodeficiency virus (**HIV**) is a sexually transmitted infection that can also be spread by contact with infected blood, i.e. sharing needles with an infected partner.

Acquired immunodeficiency syndrome (**AIDS**) is a chronic, potentially life-threatening condition caused by HIV.

To date, there is no cure for HIV/AIDS, but there are medications that can slow the disease's progression, such as antiretroviral therapy, or ART, which uses antiretroviral drugs to suppress the HIV virus and stop the progression of HIV. It can also

prevent onward transmission of the disease.

See the *Medical Breakthroughs* section of this Appendix for a description of two new treatments, one for HIV-**negative** individuals and one for people living with HIV to help prevent their transmission of the disease.

Some symptoms of HIV include fatigue, hot flashes, trouble sleeping, forgetfulness and emotional changes. People who have HIV/AIDS are at greater risk of getting other sexually transmitted infections and other serious infections.

Chlamydia is an STI caused by bacteria from having oral, vaginal or anal sex without a condom with an infected person. You may have no symptoms but can still pass it on to someone else. Symptoms in women can include increase in vaginal discharge; itchy vagina; a little bleeding; bleeding during or after vaginal sex; pain in the lower abdomen; and/or pain when you urinate. Symptoms in men can include a burning feeling when you urinate; watery or milky discharge from the penis; burning or itching around the opening of your penis; and/or pain in your testicles. It can be cured with antibiotics.

Gonorrhea is an STI caused by bacteria from having oral, vaginal or anal sex with an infected person. You may have no symptoms but can still pass it on to someone else. Symptoms of gonorrhea affect the genitals and urinary tract. Symptoms in women can include increase in vaginal discharge; itchy vagina; a little bleeding; bleeding during or after vaginal sex; pain in the lower abdomen; and/or pain when you urinate. Symptoms in men can include a burning feeling when you urinate; a thick greenish-yellow discharge from your penis; burning or itching around the opening of your penis; and/or pain in your testicles. It can be cured with antibiotics.

Hepatitis B is a virus that can damage the liver, even causing liver cancer. You can get it from an infected person through their semen, vaginal fluid or saliva. It can be passed on through oral, vaginal or anal sex with an infected person; and can also be passed on by sharing personal items such as a toothbrush or razor. It can also be transmitted through sharing of infected needles or through blood transfusions infected with Hepatitis B. Symptoms can include tiredness, abdominal pain, yellowing of skin, loss of appetite, nausea, strange color urine or

stool. There is no cure for Hep B, but there are antiviral medications which can slow the damage to the liver and help in fighting the disease. There is also a vaccine that prevents Hep B.

Hepatitis C is a virus that can cause liver damage. You can get Hep C by sharing drug equipment and/or personal items such as razors and toothbrushes that might have blood from an infected person on them and/or re-using tools for activities that break the skin, e.g. body piercing, acupuncture. Hep C can also be passed through unprotected sex during a woman's period, during anal sex/rough sex and/or when one person has open sores. Hep C can injure your liver, possibly leading to liver failure or liver cancer. For about 25% of the people who get Hep C, the virus goes away on its own during the first six months after infection. See the *Medical Breakthroughs* section of the Appendix for information about new medication for Hep C with up to a 90% cure rate.

Herpes (HSV) is a sexually transmitted virus spread through skin to skin contact with an infected person. Herpes Simplex 1 (the common cold sore) appears in the mouth area and can spread

to the genitals through oral sex. Herpes Simplex 2 is commonly found on the genital area and can be transmitted to the mouth by oral sex. Symptoms can vary from one sore to clusters of small blisters on the penis, scrotum, vulva (lips of the vagina) or anus. Even when there are no obvious sores or signs of infections, the virus can be passed on. See your health care provider as soon as any visible signs appear or if you are concerned that you may have been exposed to an STI. There is no cure for herpes, but medications can help ease symptoms, reduce further episodes, and prevent the spread of herpes.

Human Papilloma Virus (HPV) is the most common viral STI, with more than 30 different types. It is spread by an infected person through oral, anal, and/or vaginal sex. Some strains of HPV cause genital and anal warts. Other strains of HPV can cause forms of cervical, genital and anal cancers.

Symptoms of HPV are small, painless, cauliflower-shaped warts or flat lumps which may be visible in the genital area. Some warts may be so small that they are not visible. In women, warts may appear on the vulva (lips of the vagina), inside the vagina, on the cervix, or around the anus. In

men, warts may appear on the penis, pubic area, around the anus, and/or on the testicles.

If you think you have been exposed to HPV or see visible signs of genital warts, see your doctor. While there is no cure for HPV, in most cases, the body makes antibodies to fight the disease, so it is possible to be clear of it within one to two years. Visible genital warts can be treated using methods such as freezing, chemical paint, or cream. Internal warts can be removed surgically or through laser treatments. It is important for women to continue to have pap smears especially if you change partners.

Trichomoniasis (also known as “trich”) is caused by the parasite *Trichomonas Vaginalis* and is spread through sexual contact without a condom. There may be no noticeable symptoms with trichomoniasis, but some people notice some symptoms in their genitals and urinary tract.

Women may experience foul smelling yellow/green vaginal discharge, vaginal itching, and pain during urination and/or sex. Men may experience painful urination, itching and redness at the top of the penis as well as a slight discharge.

Trichomoniasis is tested in women using a vaginal swab, but it can be difficult to diagnose in men. It is important to discuss your symptoms with your healthcare provider.

Men are treated for trichomoniasis if a sexual partner has been diagnosed with the infection. Some men who have been treated for chlamydia and gonorrhea will still have symptoms such as painful urination and itchy penis. In these cases, they may also need treatment for trichomoniasis. Trichomoniasis is treated with an antibiotic.

Pubic Lice (also known as “crabs” because they are small crab-like organisms) are spread by close physical contact where pubic or other hair touch and through contact with bedding, towels or clothing that is infested with pubic lice.

They primarily live in pubic hair but can be present in hair under the arms, chest hair and even eyelashes and eyebrows. Condoms offer no protection against public lice.

Symptoms include intense itching in areas of the body where there is pubic hair or other hair. Over the counter lotion or shampoos are available to treat pubic lice. It is

important to pay close attention to the directions given with these products, as the eggs produced by the pubic lice will often need to be removed using a lice comb or your fingers.

Lice eggs may also be found in your bedding, clothing and towels which should be cleaned using hot water and dried in a dryer on the hottest setting to kill the eggs.

Medical Breakthroughs

Since the first edition of this manual, Hep C can now be treated with medication that has cured over 90% of people with Hep C. The treatment comes in pill form and is usually taken for eight or twelve weeks. The medication, sold under the brand name ***Epclusa***, is covered by the NL Prescription Drug Plan.

PrEP is a prescription pill that, when taken daily, is a highly effective way for an **HIV-negative** individual to prevent their getting the disease from partners who might have the disease or be at risk of contracting the disease, e.g. men and transwomen who have sex with men, people who inject drugs, people who have sex with individuals living with HIV. Taking PrEP involves seeing a doctor or nurse once after a month and every three months after that

for HIV testing, screening for other STIs, monitoring for possible side effects of the medication, and for ongoing medical support. It is very important to take the pill every day for it to work. PrEP only helps prevent HIV. It does not protect against other STIs.

HIV treatment can reduce the amount of the virus in the blood and other bodily fluids to undetectable levels. If people take their HIV treatment as prescribed and make regular visits to their doctor to monitor the amount of virus they have to make sure it stays undetectable, they will not transmit the virus to other people (***U=U or undetectable=untransmittable***).

It can take up to six months to reach an undetectable level of virus. At least two consecutive undetectable results over a six-month period are required before U=U can be used as a prevention strategy. There is evidence that people living with HIV who are on treatment, engaged in care, and have an ongoing undetectable amount of virus:

- do not transmit HIV to their sexual partners;
- do not transmit HIV to their baby during pregnancy and delivery (if they maintain an undetectable viral load during pregnancy and childbirth);

- have a greatly reduced chance of transmitting HIV through breastfeeding; however, breastfeeding with the HIV virus is not recommended in Canada; and,
- have a greatly reduced chance of transmitting HIV to people they share injection drug use equipment with (but currently there is not enough evidence to conclude that there is no risk).

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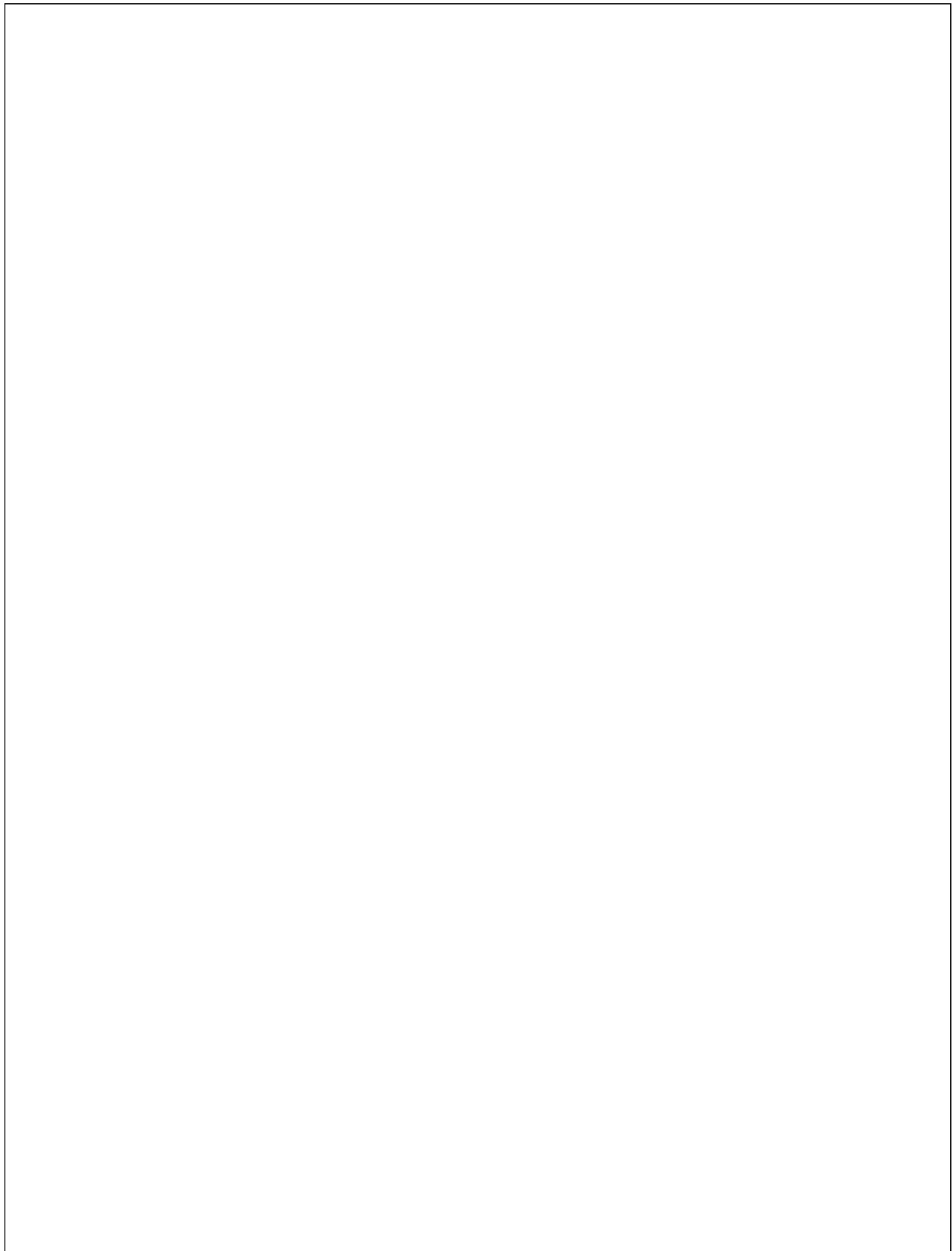
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