
Editorial: Sexual Health In Geriatrics

S Kalra

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Abstract

EDITORIAL: SEXUAL HEALTH IN GERIATRICS

Sanjay Kalra, Bharti Hospital, Karnal, India

Advances in health, education and medical care have increased the life expectancy of humans, thus creating an 'aging' society in many countries. The average life span for men and women has improved significantly over the past few decades.

This has led to a need to understand the unique physiology of elder people, their special medical, health and social needs, as well as the features that characterize pharmacotherapeutics in the geriatric population.

One of the aspects of geriatric medicine that is gaining recognition and importance, is sexuality, in aging males, as well as in post-menopausal women.

The growing number of elder citizens, healthier control and management of co-morbid conditions, better economic status, and an increase in education and awareness, fuelled by mass media and internet, have highlighted this issue as well as stimulated demand for better services.

However, lack of randomized clinical trials, the small number of very elderly patients enrolled in such trials, the presence of unpatented 'orphan drugs' which are not of interest to pharmaceutical majors, and advertisement by the strong, unregulated complementary and alternative medicine industry, lead to a lack of robust scientific data related to geriatric sexuality.

Lack of awareness in, and sensitization of, general physicians, and a general misplaced fear of 'hormones' or hormone replacement therapy in both lay public and physicians compound the problem.

As a group, elder patients are less efficient at searching the

internet or traditional sources for information related to their illness, as compared to their younger counterparts. They may not be able to communicate as effectively as required with their doctors, and may feel shy discussing their sexual problems, fearing ridicule.

These factors, in combination, lead to unnecessary morbidity and loss of quality of life. A little bit of sensitization and concern on part of geriatricians and physicians will go a long way in improving sexual function and quality of life of elderly patients.

Focus on empathic history –taking, counseling skills, non –pharmacological sexual skill enhancement, is of utmost importance in managing geriatric sexuality. Optimal utilization of all available diagnostic and therapeutic modalities is needed to improve the quality of geriatric care with respect to sexual health.

At times, non specific therapy such as lubricant creams and stimulating devices can be used, with good effect, in patients with mild complaints of loss of libido or dyspareunia. Nutraceuticals, if used appropriately, have a beneficial effect on both general and sexual health.

Optimal use of hormonal replacement therapy and its alternatives, including oral or topical estrogen, androgen, dehydroepiandrosterone (DHEA) and tibolone is indicated in hormone deficient individuals, under medical monitoring. Other hormones such as growth hormone can be supplemented in patients with proven deficiency.

Non hormonal aphrodisiacs such as yohimbine and sulbutiamine can be used in sexually- challenged elderly patients, as these drugs enjoy a good safety and tolerability profile. Specific therapy for erectile dysfunction, such as sildenafil or tadalafil may be added, cautiously, while monitoring for contraindications and adverse events.

Devices such as vacuum pumps or penile prosthesis remain an option for male patients with erectile dysfunction.

Optimal use of all available treatment modalities should help

our elder citizens achieve better sexual, as well as, overall health.

References

Author Information

Sanjay Kalra

Bharti Hospital