
Sexual health



Contents

Why this guide?	3
Let's talk about sex	6
Moving on?	8
New relationships	10
Getting into the dating zone	11
Practice and be prepared!	13
Sexually transmitted infections	15
HIV	16
Sexual health and alcohol	17
Women's health	18
Men's health	25
Illness and your sex life	29
Useful contacts	33

 Did you know?

 Useful information

Why this guide?

Is this guide for me?

This guide is for anyone over 50. Some of the issues in the guide will directly affect you and some may just interest you.

This guide concentrates on:

- health issues related to sexual well-being
- people wanting, finding and starting new relationships
- people moving on from relationships
- people in relationships
- single people.

Whether you're male, female, transgender, heterosexual, bisexual, gay, or lesbian, if you are over 50 this guide is for you.

We want you to enjoy reading this and find it a useful and interesting reference guide. The intention is to give you information and support you in maintaining and achieving good sexual health.

This guide won't make you an expert but it might answer some questions for you and your friends. *Pass it on!*

We make the earth move



Life after 50

Today's over 50s includes the 'baby boom' generation which grew up during the 1960s. This was a time of great social change where feminism, civil rights and more liberal attitudes towards sex were at the forefront of society.

The Pill was introduced in the 1960s and this gave women the freedom to control their own contraception. The priority of contraceptive use at this time was about preventing pregnancy rather than worrying about catching sexually transmitted infections (STIs); because people were using the Pill they didn't get the protection against STIs that condoms give, which is still a problem now.

As a result, this means that people from this generation have never or rarely used condoms. Men and women now find themselves back on the dating scene. They are sexually active in a different time and environment, where there are more STIs around. It is not surprising therefore, that there has been an increase in STIs in the over 50s, in particular genital warts.

The over 50s are a growing population whose sexual health needs are often ignored by clinicians and services because of a general ageist view that the over 50s no longer have sex. However, research shows that people right up into their 80s are more sexually active nowadays.

In addition to this, the divorce rate in the over 50s is rising which means that more older people are single and back out there dating.

“Old age ain't no place for sissies.” – Bette Davis

Feeling good, feeling sexy!

Sexuality doesn't stop with age

Sexuality is not just about sexual preferences and whether you are heterosexual, gay, bisexual or lesbian. Your sexuality is unique to you and changes as you change and you will have your own way of expressing yourself.

Sexuality involves:

- sex and sexual practice
- self image
- your personal history
- social relationships
- sensuality
- emotions
- spirituality
- political identity
- cultural identity
- religious beliefs.

Being over 50 today

Many people struggle to acknowledge that older people are sexual beings with the same desires and rights as the rest of the population and still have active sexual relationships. Within this context the information and support for gay, lesbian, bisexual and transgender older people are often ignored.



“I’m looking for a man with a bit of life in him. I’m not looking for one with pipe and slippers just yet.” – Sally 58

***“We have sex about twice a week, usually before breakfast in bed. Now that we’ve both retired we’ve got all day!”
– Liz 66***

Let's talk about sex

People don't lose their passion for life just because they're older. Sex is potentially one of the most pleasurable experiences anyone can have and that doesn't have to stop as people age though it might change. As long as there is desire by both parties why shouldn't sex continue long into old age? If you've been with a partner for a long time you may have years of knowledge about how to please them and yourself.

Sex, whether it's with someone you know well and love, someone you're in love with or someone you fancy is pleasurable and can be great fun. Remember, penetration is not the be all and end all of sex. Mutual masturbation and oral sex can be just as pleasurable.

“After years of walking by the Ann Summers shop in town, I actually plucked up courage, went in and ended up buying a vibrator. I felt so pleased with myself!” – Denese 57

“I've got a disability so I need to be creative and instructive with my partner. Over the years we've often collapsed into laughter when trying out different positions, but we've got sex off to a fine art now.” – Jess 50

Bedtime reading

There are lots of good guides out there about how to improve a couple's sex life which you could buy if you aren't happy with how things are sexually. Might make good bedtime reading! You could even read it together.

Doing it for yourself

Many of you will have been brought up to believe that masturbation is not a good thing to do or to talk about. What's good about masturbation is that you don't have to please anybody else other than yourself. Masturbation is a normal part of your sexuality and what's more it is good for you.

Masturbation isn't just for the young, nor is it an “immature” form of sexual behaviour. It's for everyone!

Sex is good for your health!

The best news is that sex is good for your health. Some benefits you might not have thought of:

- releases chemicals that help us feel happy
- keeps your juices flowing – use it or lose it
- arousal is good for the skin
- strengthens the immune system
- can relieve physical and emotional tension
- good for the heart/mild cardiovascular exercise.

“He said ‘would you like to be orally pleased?’ I thought what the bloody hell is that? That’s the trouble with posh blokes you don’t know what they’re on about. Thank God I didn’t say no!” – Paula 52

“I still fancy him. I was looking at him last week, stripped off sitting on the edge of the bed and I thought, what a fine looking man he is and then I just dragged him back in to bed.”
– Alice 60

I’d rather have a cup of tea!

As people get older sex may no longer have the appeal it once did, and some people have never been interested in sex or felt sexual. People’s sex lives may lessen for a number of reasons, including illness, being single, the loss of a partner and sometimes boredom with their partner plays a part. Sexual intimacy provides warmth, closeness, touch, excitement and well-being.

Finding ways to continue to get these qualities when you are on your own or no longer sexually active is important.

Here are a few ideas:

- indulge your sensual side through dancing, eating food that excites your taste buds or wearing clothes that make you feel sexy. Whatever works for you!
- dig deep and discover your erotic side. Watch a sexy movie with your favourite film star or read an erotic book
- masturbate
- join a class or learn a new hobby – something that really excites you
- spend time with close friends and family and share affection.

Moving on?

Moving out of any relationship can be difficult. Perhaps your relationship was unloving or has run its course or you have decided you want to start a relationship with someone else or with someone of the same sex. Sometimes when children leave home an unsatisfactory relationship is exposed.

Divorce and separation is an increasing choice at this time and can be an exciting beginning for many people. However, if your partner has left you it can be devastating. Either way, it takes a lot of courage to learn to live alone again. Perhaps you're moving on because of separation, bereavement or you're leaving an abusive relationship.

“When my husband first left I felt devastated, I could hardly drag myself to work and I certainly couldn't have imagined being with someone else... I felt so unattractive. Then I got myself together, and started doing new things, met more people and a couple of years later I met Phil at a line dancing class.” – Nuala 55



Bereavement

When someone close to us dies, even if the death was expected the sense of shock and loss can be overwhelming. Grief can often be a deeply painful and confusing process. Life won't be quite the same again and it will take time to adjust. Over a period of time the memories will become less painful. For some people the loss can also bring great relief, for instance after a partner's prolonged illness or suffering.

Everyone's experience of grief and loss is different but common feelings might include:

- numbness and shock
- anger
- sadness and tearfulness
- guilt
- intense loneliness
- anxiety and panic about the future
- erratic sleeping
- moods
- loss of appetite.

Part of your bereavement may include the loss of intimacy and sexual closeness. You won't necessarily find this an easy thing to talk about but it is important to acknowledge.

It's a sad thing but even to this day there is a lack of support out there for the loss of a same sex partner. Sometimes there are problems with families recognising the status of a surviving partner. Discrimination still exists within some services that may be providing bereavement support including hospitals, funerals services and care homes etc.

What might help?

- take things slowly
- express your grief in your own way, everyone is different
- talk about your loss, and your worries, concerns and thoughts for the future
- let others help you with practicalities (bills, banks, cooking, etc)
- remember to eat and get plenty of rest
- talk to your GP or go and see a counsellor if you think you need extra support.

"I'm not going to pretend that I don't miss her every single day but the pain does get easier."

– Linda 62

"I miss her love, the feel of her kisses and her body snuggled against mine." – Dave 61

Cruse Bereavement

Care Helpline:

0844 477 9400

(Day time service)

Lesbian and Gay Bereavement

Tues, Wed & Fri 7.30pm - 9.30pm

020 74035 969

New relationships

Over 50s are increasingly likely to be single or starting new relationships due to of separation, divorce or bereavement.

It might have been a while since you were out there dating or thinking about a sexual relationship. Some people may use the opportunity of being single again to explore aspects of their sexuality that they haven't in the past. For some this may involve having a relationship with someone of the same sex.

Coming out as lesbian, gay or bisexual in later life

You may have always felt an attraction for the same sex and never acted on it, or you might be considering a same sex partner for the first time. It is worth knowing that prejudice and discrimination haven't gone away but there are estimated to be 1.5 million gay people in the UK over 50 and the world is a changing and more supportive place to be out and proud. So go and enjoy yourself.

“I'm not sure who I am sexually anymore... I feel like I am a teenager just discovering myself all over again.” – Jess 55

Finding love after all these years



LGBT Cymru Helpline is a free and professional caring service for Lesbian, Gay, Bisexual and Transgender people in Wales aiming to counteract feelings of individual social isolation and strengthen connections between LGBT communities. Helpline - 0870 858828, open Mon & Wed 7.00pm - 9.00pm (calls at 3.9p per minute) Email: lgbtcymruhelpline@fsmail.net

There were 7,169 civil partnerships in 2008. That's a lot of people who are out and proud and in happy long term relationships. (source statistics.gov.uk)

Getting into the dating game

Get fit and healthy

The better you feel about yourself the more attractive you will be. This might mean losing some weight or getting fitter. So, find some exercise activity that you like doing and see if you can make a difference about how good you feel.

Friendship, closeness and fun

Rediscovering friends or making new friends to find warmth and closeness is a way of raising your confidence and being loved, liked and appreciated.

“There are less places to go to meet people my age, I think. I’ve been learning how to use computers, so I can go on an internet dating site, good incentive!” – Ronnie 59

Treat yourself

Imagine you are taking yourself out on a date. You may want someone to pay special attention to you (who doesn’t?)

but how much attention can you pay to yourself? Think about buying yourself flowers, new clothes, make yourself your favourite meal, find time for you, do something you really enjoy.

You’ve got to be in it to win it



Feeling good

Create pleasure for yourself through masturbation. As well as being an enjoyable activity to do on your own it is also an essential part of having fulfilling partner sex for when you do meet someone, because it is a chance to get to know your own body and experiment with what turns you on.

“I’ve been dating online for the last year... no one quite right yet but I’ve met some nice women, one of them has become a really good friend.”

– Peter 57

**In the UK, 8 million singletons use the internet to look for love. That’s 8 million first dates!
(source parship.co.uk)**

How do you meet a new partner?

No one is going to drop down the chimney, you’ve got to make an effort and get out there. Whether you’re 17 or 70 part of dating are those feelings of anticipation, excitement, nervousness or shyness. If only we could bottle it!

Any form of dating is full of the ups and downs of hopes and disappointments but it’s why we do it!

Helpful tips:

- look for a social group that has the same interest base as yourself (e.g book clubs, walking groups)

- developing close friendships
- let people know you’re up for meeting new people and going out on dates
- getting involved in community activities
- personal ads in papers, magazines and the internet
- luncheon clubs.

Internet dating

Internet dating has fast become a very popular way for people to meet potential partners, with currently eight million UK subscribers (parship.co.uk) on dating sites hoping to meet someone. Recent research also reveals a good success rate in terms of dates and marriages.

Some safety tips on first dates:

- arrange to meet in public places like cafes, bars or restaurants until you know more about your date
- keep it brief initially, so suggest just a coffee at first which gives you the opportunity to get away without offence
- always tell a friend where you are going, who with and when you expect to be back

- if you are dating someone from a personal ad or an internet site do not give them your full name or address
- plan how you are going to get home beforehand, so if you are taking a taxi take the number with you
- don't go home with your date, accept a lift from them or take them to your home until you are sure about them
- think about how much alcohol you drink. Having a drink to help put you at ease is very different to getting drunk. The more you drink the less aware and responsible you'll be
- trust your instincts about someone and if you get an uneasy feel about them be especially careful what you reveal about yourself such as your place of work, telephone numbers and home address.

As with any first date it's always wise to heed date safety.

“I just want more now. The kids are gone, and I am ready for new experiences and adventures, so watch out!”

– Kate 55

Practice and be prepared!

There are male and female condoms now. The male condom is still the most popular. They are the only forms of contraception that will protect against HIV and sexually transmitted infections (STIs), so even if you are past child-bearing age you still need to use condoms.

Forget breakfast in bed...What about breakfast, lunch and dinner in the bedroom



Get used to carrying condoms. If you're thinking about the next move in your relationship and feeling unsure about condom use, buy some and familiarise yourself with them. You could practice on yourself if you are a man or if you are a woman practice putting it on a banana.

There is a huge array of different condoms these days. There are flavoured condoms for oral sex, thin condoms for sensitivity, non latex condoms for those with allergies, condoms with textures and lube for extra pleasure and lots of different shapes and sizes for better fit.

Remember, putting condoms on can be a shared experience and an exciting part of sex.

“My girlfriend only has to touch me and I get turned on.”

– Ted 76

How to use a male condom:

- condoms need to be put on when the penis is erect and before there has been any penetration
- make sure that your condom has the European safety standards ‘CE’ mark on the packet
- check the ‘use before’ date
- there are usually two serrated edges on a condom packet that enable you to tear into the packet more easily and are a help in low light. Take the condom out of the packet, but don't use your teeth – you might tear it
- place the condom over the tip of the erect penis and squeeze the air out of the teat at the top
- roll the condom down to the base of the penis, it should roll down easily, if it doesn't it might be on the wrong way, if this has happened throw it away as it might have sperm on it and get a new one
- after sex, hold the condom at the base of the penis while you withdraw
- throw the condom away in a bin, not the toilet, as they aren't biodegradable.

Sexually transmitted infections

Sexually transmitted infections (STIs) are not just a problem for younger people. There was a 56% increase in reported cases of genital warts in the 45-64 age groups between 1997 and 2006. Unintended pregnancy might not be an issue for the over 50s but STIs are. Older people are often perceived as being non sexual by GPs and services and at risk of getting mis-diagnosed or remaining un-tested. They are also less likely to practice safer sex believing that they are not at risk of STIs. Additionally, after the menopause the lining of a women's vagina often gets thinner and less lubricated, as a result it can tear more easily and increase the risk of catching an STI.

You cannot tell whether someone has an STI just by looking at them and as there are often no symptoms people don't always realise they have one. STIs pass from person to person through unprotected oral sex, vaginal sex and anal sex as well as close genital rubbing. So, it is very important to use condoms.

The main STIs are:

- Genital warts
- Chlamydia
- Genital herpes
- Gonorrhoea
- Syphilis
- Thrush
- HIV.

Here are some common symptoms:

- discharge from the penis
- abnormal discharge from the vagina
- sores
- blisters
- rashes or irritation near the vagina, penis or anus
- pain or burning when peeing.

“I was so amazed he fancied me and I guess I knew I wasn't going to get pregnant. I thought what the hell. Go for it. If I'm honest I didn't even think of using a condom.” – Tanya 55

“It's easy to tell the kids to be safe but a different matter when it's you. No matter what age you are you can still make a mistake.” – Irene 53

There was a 56% increase in reported cases of genital warts in the 45-64 age groups between 1997 and 2006.

Getting help

Contact your local sexual health or genitourinary medicine (GUM) clinic if you are at all worried as they can provide advice and testing. Most STIs are very easily diagnosed through urine or blood testing and usually treatment with antibiotics provides a cure.

Services are confidential and there probably isn't anything most sexual health nurses and doctors haven't heard or seen before. It is better to get tested so that you can put your mind at ease or get the treatment needed to be healthy again.

**Sexual Health Information Line
0800 567123**

This helpline provides information and advice on:

- **where to find your nearest Sexual Health Service**
- **Sexually Transmitted Infections**
- **condoms.**

HIV

The main route of HIV transmission in older people is through unprotected sex.

In 2010 research by the Health Protection Agency found that there are 14,266 over 50's living with HIV in the UK.

Why get tested?

Particularly with regard to HIV it is extremely important that older people are tested as early as possible because without antiretroviral drugs, you are likely to develop AIDS related illnesses faster than younger people. In older people, immune systems are weaker due to age. According to studies, untreated people are twice as likely to get seriously ill and die compared to their younger counterparts. So it is very important to get tested.

Living with HIV

Because of the success of anti-HIV therapies people are living longer with HIV and increasing the older HIV population.

There has been a significant rise in gay men being diagnosed with Hepatitis C as well as HIV.

This has a massive impact on the success of treatment. Gay and bisexual men who are sexually active are therefore encouraged to be tested annually. However, whilst gay and bisexual men remain the group most affected, HIV can affect anyone who is sexually active.

If you and your partner are both HIV positive you still need to use condoms as you might have different strains of HIV.

Older age brings with it other health issues that can complicate treatment. Make sure your HIV doctors know about any other medications you are taking.

Medications for heart disease, depression, high blood pressure, Alzheimer's disease and arthritis can all affect antiretroviral treatments.

Erectile problems in men who are HIV positive can occur from nerve damage and HIV medications. This can be additional source of stress and concern (see the men's health section for more information).

Sexual health and alcohol

Since you first started drinking alcohol, drinks have got stronger and measures have got larger, maybe you've noticed! Most of us enjoy a drink and in moderation this does not generally affect our health. However, as people get older the affects of drinking alcohol are stronger because of reduced liver efficiency and an increased responsiveness in the central nervous system. Women might want to bear in mind that alcohol increases menopausal symptoms and men be aware that alcohol can affect erections, it's not called 'brewers droop' for nothing!

The recommended lower risk levels for women are no more than 2-3 units per day. The recommended lower risk levels for men are no more than 3-4 units per day.

Here are a few drinks to give you an idea of average units:

- one large glass of wine (now a standard in bars) can contain up to 3.5 units which is more than a woman's lower risk level

- a pint of lager can contain up to 3 units
- a small gin and tonic is 1 unit (remember home servings are generally larger)
- a large double whisky can contain up to 2.8 units.

Alcohol and safer sex

There is a fine line between lowering inhibitions to increase confidence in social encounters to being too drunk to be able to take responsibility for yourself. Too much alcohol is also often the reason why people use condoms incorrectly or forget to use condoms at all. So think twice about how much alcohol you drink if you are thinking of getting frisky!

Women's health

This part of the guide is divided into Women's health and Men's health, but we hope that if your partner is of the opposite sex you'll read both. It will help you be more aware and understand how their health might be affecting your relationship, as they won't necessarily always want to talk about it.

Cervical health

Cervical cancer is the eleventh most common cause of cancer deaths in women in the UK. Regular cervical smear tests are one of the best defences against cervical cancer. All women over 20 including lesbians, are encouraged to be screened.

A cervical smear test is used to check the health of your cervix (the lower part of the womb). It will show any changes in or on the cervix that could develop into cancer. If found early these changes can usually be treated successfully.

Smear tests are available every three to five years to all women aged 20-64, and can be done by your doctor/practice nurse or at your local community or sexual health clinic.

Women aged 65 and over who have had three normal test results in a row are not called back for further tests. The way that cervical cancer develops means it's very unlikely that women in this category will go on to develop the disease. Women aged 65 and over who have never had screening are entitled to a test.

Women who have had a total hysterectomy (i.e. they no longer have a cervix) will no longer be invited to attend cervical screening. For women who have had a total hysterectomy for the treatment of cancer, or who have had cervical cell changes that can lead to cancer at the time of total hysterectomy, will be offered follow up treatment as part of their hysterectomy follow ups.

Women who have had a hysterectomy which has left all or part of the cervix in place will be invited to screening once their post-operative care has finished.

Breast care

Breast cancer is the most common form of cancer in women and the risk increases as you get older. Other risk factors include if you drink over the recommended amounts of alcohol and if there is a family history of breast cancer.

The NHS offers free breast screening to all women between the ages of 50 and 70 every three years provided they are registered with a GP. If you are older than 70 you have to make your own appointments for screening. This screening involves a mammography which is an examination by X-ray that can locate any small changes in your breast. If changes are caught early there is a good chance that you can be successfully treated.

Here are some important ways you can look after your breast health:

- get to know the look and feel of your breasts and any changes that take place on a monthly basis
- look at them while you are getting changed or feel them while you are in the bath or shower

- look for any changes such as a lump or thickening in the breast or armpit, any unusual pain or discharge from the nipple or changes to overall shape
- attend routine screenings
- go and see your GP straight away if you notice something unusual.

Sexuality and breast care

In the western world breasts are an important part of a women's sexuality. If you are diagnosed with breast cancer the feelings you have and the treatments you receive may affect your self confidence and sexual desire. You may feel different or be concerned about how your partner will react. Your desire for closeness and sexual intimacy might increase or you may not want sex at all.

Pain and discomfort from surgery and radiotherapy can mean that it is painful or uncomfortable to hug or get close during sex. Pain killers can help with this as well as changing your position during sex so that you don't put any pressure on your chest. As you heal the pain will lessen.

Remember it's important to keep talking to your partner about how you are feeling.

Ovarian cancer

Most ovarian cancers happen in women over the age of 50. Ovarian cancer is hard to spot and as a result it is often advanced by the time diagnosis is made. It is less common than lung or breast cancer, but on average, only 28% of patients are alive five years after they are first diagnosed. However, if it is caught early, the chances of cure are higher particularly if only one part of one ovary is involved.

The ovary is responsible for the production of key sex hormones, and the effect of surgery can be to prematurely bring on the menopause.

Women with ovarian cancer in its early stages rarely have more than the most subtle symptoms. They may feel swollen or bloated, experience appetite or weight loss, constipation or frequent urination - or suffer a generalised discomfort in the lower abdomen. But these are all symptoms that could easily be caused by something else. If you are experiencing any of these symptoms, consult your GP.

You may be at increased risk if:

- you have a close relative who has had the disease
- you have never had a child
- you have previously suffered from breast cancer.

Tenovus Helpline:
0808 808 1010
Macmillan Support line:
0808 808 0000

Menopause

The menopause happens because the ovaries stop producing the female sex hormones oestrogen and progesterone. The average age for this is 51 but it can happen at any time between 45 and 58. The drop and fluctuations in these hormones is what cause menopausal symptoms to occur.

The menopause is a significant change in a women's life and it has its ups and downs. The way women experience the menopause varies enormously. For some women the ending of periods is a welcome relief, for others the loss of fertility can be upsetting. For most women the combination of menopausal



symptoms and a changing body can be difficult. It can be a time of great change and re-evaluation.

Common symptoms:

- vaginal dryness/reduced lubrication
- painful intercourse
- hot flushes/night sweats
- frequent peeing, stress incontinence
- fatigue (sometimes the result of night sweats)
- mood swings and depression
- drop in libido.

Many of these symptoms can have a profound effect on how women feel about themselves emotionally, sexually and on relationships.

General tips to combat symptoms:

- eat a low fat diet
- drink plenty of water
- exercise and get fitter
- talk to friends and partners about what is going on
- get information from your GP, the internet and books.

Women's health

Lubrication - use it or lose it

Natural lubrication is a sign of arousal; however, vaginal dryness is a common menopausal problem.

The reduction and slower production of lubrication in the vagina and the thinning and shortening of the vaginal canal can mean that women experience soreness and discomfort during penetrative sex. This is easily remedied through the use of artificial lubricants and moisturisers that can be bought from chemists, or a low dose of Oestrogen HRT that can be obtained via your GP.

If you are going through the menopause it is even more important to use condoms because the combination of less lubrication and thinning vaginal walls can make women more vulnerable to contracting sexually transmitted infections (STIs).

Not tonight darling I've got a headache!

Whether the menopause is directly responsible for the drop in libido that some women experience is still unclear. The hormone responsible for libido is testosterone and it's produced in the ovaries. As the ovaries cease to function, testosterone drops off and can impact desire levels.

Hot flushes

Hot flushes can occur several times a day and be disconcerting and tiring, especially at night. Some women experience severe night sweats during the menopause often waking up drenched in sweat. Sleep, as a result can be disrupted and result in fatigue.

What helps?

- leave the window open at night if it's safe to (but not in extreme cold weather)
- rest as much as possible if tired
- wear layers
- avoid alcohol and caffeine
- hormone replacement therapy (HRT).

HRT

Hormone replacement therapy (HRT) replaces hormones that women's bodies stop producing during the menopause, these are oestrogen and progesterone. HRT can be taken once you start experiencing menopausal symptoms. There are three types of HRT and they can be taken in different forms such as creams, gels, tablets, patches and implants. Most women can stop taking HRT once their menopausal symptoms have ceased, normally between 2-5 years. Go and see your GP for advice.

Cycling isn't the only way to burn calories



HRT might not be suitable for some women in the following circumstances:

- a history of breast cancer, ovarian or endometrial cancer
- a history of blood clots or thrombosis
- a history of stroke
- a history of heart disease or high blood pressure
- having liver disease.

Pelvic floor – you know it matters

During the menopause the muscles of your pelvic floor weaken and will continue to do so throughout your post menopausal years. The result of this is a loss of sexual sensitivity in the vagina and the inconvenient and sometimes embarrassing symptom of stress incontinence. This is where a small amount of urine is lost when pressure is put on the pelvic floor muscles through sneezing, laughing, coughing, exercise, lifting, pushing or blowing your nose.

Doing regular pelvic floor exercises will not only help with stress incontinence but will increase vaginal sensation and stronger orgasms.

Here's how

Tighten the muscles around your bottom, vagina and urethra. Lift yourself up inside like you are trying to stop peeing or passing wind. Practicing this 10 times a day in a relaxed and slow way will improve the strength of the pelvic floor. Avoid holding your breath and tightening your bottom, stomach and thigh muscles while you do it.



Post menopause

Once periods have stopped for at least a year women are considered post menopausal. Although your periods may have stopped you may still experience symptoms of the menopause for a few years. Women can spend up to a third of their life post menopausal.

One of the main concerns at this time is that women start to lose bone mass at a much higher rate than ever before which can lead to Osteoporosis. It is estimated that 40-50% of all women will experience a fracture at some point in their lives. The risk of cardiovascular disease also increases at this time.

What helps prevent bone loss?

- regular exercise (such as dancing, walking and weight bearing activities)
- stopping smoking
- plenty of calcium which can be found in green vegetables
- medication called bisphosphonates.

“I think he mistook my hot flush for shyness, I felt embarrassed, but he thought I fancied him – I did actually!” – Sue 52

You can get pregnant after the menopause! The advice is to carry on using contraception for two years after your last period if you're under 50 and for one year if you're over 50.

Men's health

If you are a man with a female partner don't forget to read the women's health section. It will help you understand how their health might be affecting your relationship, as they won't necessarily always want to talk about it.

“Sex at age 90 is like trying to shoot pool with a rope.”

– George Burns

Up, up and away!

In the UK, one in every 10 men has erectile problems, (also known as impotence) and as men get older problems become much more common. It often takes older men longer to get an erection, maintain an erection, or be as firm as they used to be. This is often the cause of much embarrassment for men and sadly more often than not they do not go and seek advice. These problems can have a profound affect on a man's self esteem, his desire to initiate sex and his ability to have sex. Relationships can be badly affected. Talking to partners is essential so that misunderstandings don't occur, for example the other partner

(this could be a man or woman) thinking they aren't desired any more. If you are having consistent difficulty in achieving or maintaining an erection then it's time to get checked out by a GP. There are plenty of solutions available and sometimes erectile problems can be an indicator that something else is wrong. So get checked out!

Common causes of erectile problems:

- ageing
- emotional and relationship problems
- high blood pressure/heart disease
- high levels of cholesterol
- diabetes
- smoking
- regular use of alcohol over recommended levels
- obesity/being overweight
- side-effects of some medications
- low testosterone
- prostate cancer.

“The thing is, inside, I feel like a 20 year old.” – Jed 60

“I said to my fella why don't we try Viagra, he said he didn't like Italian food...but seriously we did try it and it did work.”

– Annie 54

“When he used to lose his erection I thought it was because I wasn't sexy, now I know it's the chance to play around so lovemaking lasts longer.” – Jane 58

Erectile problems can also be the result of some medications such as HIV medication, antidepressants and even some pain killers. Drinking alcohol regularly over the recommended amounts can result in erectile problems and smoking causes fatty deposits to build up inside the blood vessels in the penis making it more likely for men that smoke to have softer, smaller erections.

What helps?

- getting checked out by a GP
- talking to your partner
- slimming down and getting fit
- reducing stress levels
- stopping smoking
- reducing alcohol intake
- psychosexual therapy.

Treatments

- vacuum pumps
- MUSE (pellets)
- penile injections
- stopping smoking
- drugs e.g. Viagra, Cialis or Levitra.

It is very important to talk to your GP if you are having erectile problems so that they can work out what is best for you. Some treatments are available on the NHS and some only if you have particular medical conditions such as diabetes, Parkinson's disease or prostate cancer.

Treatment might also be available if you are experiencing severe distress.

Vacuum pumps

This device is inserted over the penis and uses suction to draw blood into the penis. The blood is kept in place with a plastic ring that is placed around the base of the penis. They do look pretty primitive but they have a high rate of success and they are cheap to buy.

MUSE

MUSE is a small pellet of alprostadil which is a hormone produced by the prostate gland that alters the blood flow in the penis and can be inserted into the urethra using an applicator. If you suffer from sickle cell anaemia, leukaemia or multiple myeloma, you should not use MUSE.

Penile injections

The hormone alprostadil is injected into the penis which like MUSE above increases the blood flow into the penis. Men and their partners can be taught how to self inject. Though it sounds nasty apparently it is easy to learn and doesn't hurt.

Viagra/Cialis/Levitra

Erections can be enhanced by taking the drugs Viagra, Cialis or Levitra. They improve the erectile function of the penis. However, on their own they will not increase sexual desire as they are not aphrodisiacs. Sexual stimulation is still required to bring about a sustained erection.

Most of these drugs are bought over the internet and vary hugely in price. There are lots of fakes

about, so if you are thinking of buying some via the internet go to reputable sites.

There are legitimate internet pharmacies which sell medications online. They must be registered with the Royal Pharmaceutical Society (RPS), which regulates their safety.

While internet pharmacies can make it easier to obtain prescribed drugs, they cannot replace necessary face-to-face consultations with clinical staff, as the RPS has emphasised.

Unless you have an underlying medical condition such as diabetes or multiple sclerosis, the NHS does not pay for Viagra. In this case your doctor will give you a private prescription that means you have to pay for the full cost of the medicine and also any dispensing fee the pharmacist chooses to charge.

Caution!

Anyone with a heart condition, angina, and high blood pressure or on HIV medications need to see a GP first as the combination of medications can be very dangerous.

Poppers (amyl nitrate) should not be used at the same time as these drugs.



“As we have got older we do have less sex, but the sex we do have is great because we are so much better at talking about things, there is nothing I wouldn’t say to her or ask.”
– John 59

“Well, physically things are different, if you know what I mean; we don’t have as much sex now, so instead I think we’re both more affectionate than we ever were.” – Ron 72

Men and their Prostates

The prostate gland is a small gland about the size of a walnut. The prostate surrounds the first part of the urethra which carries urine from the bladder to the penis. The urethra also carries semen and it is the prostate gland that produces the thick clear fluid associated with semen.

As men get older their prostate gland often enlarges. Mostly this is not due to cancer and these growths are benign/non cancerous. In older men cancer of the prostate gland often grows slowly and symptoms may be mild and occur over many years. The symptoms for both non cancerous and malignant are similar.

Symptoms of non-cancerous and malignant tumours:

- having to rush to the toilet to pass urine
- difficulty in passing urine
- passing urine more often than usual, especially at night
- pain on passing urine (rare)
- blood in the urine or semen (rare)
- pain in the back, hips or pelvis and other boney areas
- weight loss
- erectile problems
- if you have any of these symptoms get checked out by your GP.

Prostate Cancer Helpline
0800 074 8383

Illness and your sex life

As we age we are more likely to experience illness and disabling conditions that can affect our sex lives and our self esteem. In fact, it is usually the advent of illness and disability, not the will to have sex that causes the decline in sexual activity in older people. Some illnesses and medications can have a direct affect on physical responsiveness and function but all health conditions and illnesses can affect the way people feel about their sexuality.

Any of the following may impact on relationships:

- fears about over-exertion
- insecurity about a body that has undergone surgery and looks different
- a change to relationship dynamics
- mobility restrictions.

If sexual intimacy has been an important part of your relationship before illness then finding ways to resolve problems that arise through illness is very important.

The emotional benefits of loving sexual contact cannot be understated. Obviously if you are seriously ill, sex may be the last thing on your mind.

“One breast or two breasts she’s always been the most beautiful woman in the world to me.” – Paul 67

“One of the worst things about having the stroke was how it affected our sex life. My wife used to get anxious even if we just had a cuddle but we worked it out.” – Phil 62

Common health conditions that can effect sexual activity:

- Arthritis
- Heart disease
- Strokes
- Diabetes
- Surgery
- Dementia
- Hysterectomy
- Multiple sclerosis
- Prostate problems
- Breast cancer.

During or after an illness it is common for couples to become anxious about sex. This can affect both people in the couple. The partner who isn't ill may fear hurting the other or overexciting

them. The ill partner might worry about disappointing their partner.

People who have experienced surgery which has affected the look of their body such as a mastectomy, scaring or amputations often need time and support to adjust to their new bodily appearance. Anxieties about attractiveness and desirability can have an impact on sexual relationships.

Illness and your sex life

Illness can also change a couple's relationship dynamics. Someone who was previously independent who is now reliant on being looked after by their partner for example, may struggle with being looked after and feeling desirable. Equally, the well partner may have issues of their own they need to discuss. For example: fatigue and resentment.

Arthritis, joint replacements and any health condition which affects mobility can be a challenge during sexual activity. So experiment with getting comfortable, take your time and keep your partner informed. Hopefully, you'll find something new that works really well for both of you.

What can help?

- talk to your partner about your concerns and feelings. Be courageous, talking about what you really want is an essential part of good sex between any couple, if you need help to talk about it go and see a couple's counsellor for a few sessions
- talk to your GP frankly about your concerns, if your GP isn't that well informed or doesn't seem comfortable, think about going to see a sex or relationship counsellor
- remember that good sex does not have to be about sexual intercourse and penetration
- showing affection and appreciation to each other is very important and all couples have their own way of doing it but here are a few reminders: hugs, cuddling, massage, candlelit baths or flowers
- get as informed as possible about the illness and its impact on sex (information from websites and helplines)
- if your partner is ill, remember to make time for yourself, and get others to help out, your partner might appreciate this too

- your sexual desires don't have to go on hold just because your partner is ill, enjoy yourself through masturbation.

Diabetes

The likelihood of becoming diabetic (Type 2) increases with age and weight gain but both type 1 and type 2 diabetes can have a profound impact on sexuality. As many as a third of men with diabetes have erectile problems and in women it can cause vaginal dryness, loss of sensation in the vagina and increases in yeast infections such as thrush, vaginitis and urinary tract infections such as cystitis. During menopause the drop in oestrogen intensifies, so consulting your GP to consider oestrogen replacement therapy is a possibility.

What helps?

- talking to your GP or diabetes nurse
- sticking to a healthy diet and monitoring your sugar levels
- sticking to a medication regime if you have one
- exercise
- treatments such as Viagra, Cialis and Levitra (for men)
- Oestrogen HRT (for women).

Sex and heart disease

People with heart problems are often anxious about when and how to start up their sex lives. People who have had heart attacks or surgery are usually ready to resume sex as soon as they feel they have recovered. Talk to your doctor and partner about any worries you might have.

Sex like any other activity can increase the heart rate and blood pressure but if you can climb a flights of stairs easily without getting out of breath or experiencing chest pains then you are probably ready to have sex. Take things carefully at first and explore some of the ways you can express your desire less energetically.

Here are some helpful hints from the British Heart Foundation:

- avoid having sex after a meal
- don't have too much alcohol before sex
- keep the room warm and avoid cold sheets
- choose a relaxing atmosphere
- get into a comfortable position. Your partner may take the more active role

- if you have a GTN spray or tablets, keep it where you can reach it just in case.

Heart disease can increase the risk of impotence in men. If the disease has narrowed the blood vessels in the penis it can make it difficult to achieve an erection. The emotional stress of having a heart attack might also affect libido and your erections. Occasionally, medications such as beta-blockers can affect your sex drive. If you have any problems, talk to your doctor.

Medications and sexuality

These days many people over 50 can be on a whole variety of medications. Many medications have an affect on libido, vaginal dryness and loss of sensation and are one of the main factors behind erectile problems. It's important to read the side effects information carefully and if you are concerned talk to your GP about changing your medication. This is especially important if you were struggling with sexual problems before the medication as the wrong medication can just make things worse.

Useful contacts

Alcohol

Drinkline – 0800 917 82 82

For immediate advice and information on where to get help and advice.

www.drinksafeover50.com

Safer drinking for over 50s (including drink diary)

DAN 24/7, All Wales Drug And Alcohol Helpline

0808 808 2234

Advisors are available 24 hours a day 365 days a year to answer questions and offer advice.

Bereavement

Cruse Bereavement Care

Helpline – 0844 477 9400

Counselling, couples counselling and sex therapy

Relate – 0300 100 1234

(for local services)

Offers relationship counselling, sex therapy, and support by phone or on their website.

BACP helpdesk

01455 883316

British Association for Counselling & Psychotherapy. Will help you find a therapist in your area that is right for you.

General health

Diabetes UK Careline

0845 120 2960

www.diabetes.org.uk

The Stroke Association Wales

Fact sheet available ‘Sex after a stroke’ to download.

www.stroke.org.uk

Helpline - 0303 303 310

(Mon - Fri, 9.00am - 5.00pm)

NHS Direct Wales

Helpline – 0845 46 47

Information on conditions, treatment, local services and healthy living.

Sexual health

Sexual Health Helpline –

0800 567 123

Advice and information for anyone concerned about STIs and where to locate local Sexual Health Services.

FPA

Helpline – 0845 122 8690

The sexual health charity provides free information and advice.

www.fpa.org.uk

Terrance Higgins Trust

Helpline – 0808 802 1221

Provide information advice and support on HIV and sexual health.

Lesbian, gay and bisexual

LGBT Cymru

Helpline – 0870 858828

Mon & Wed 7.00pm - 9.00pm
(calls at 3.9p per minute)

www.lgbtcymruhelpline.org.uk

LGBT Cymru Helpline is a free and professional caring service for Lesbian, Gay, Bisexual & Transgender people in Wales.

The LGBT Excellence Centre

Free Helpline – 0800 023 2201

www.ecwales.org.uk

Stonewall Cymru

Helpline – 08000 50 20 20

www.stonewallcymru.org.uk

Older people

Age Cymru

029 2043 1555

www.agecymru.org.uk

Helpline – 0303 303 310

Age Cymru works in partnership with Age UK to provide Age UK advice. For free factsheets on a range of topics contact Age UK Advice.

Age UK Advice: 0800 169 65 65

Sex and disability

Helpline – 0707 499 3527

(11.00am - 7.00pm week days)

e: sexdis@outsiders.org.uk

www.outsiders.org.uk

Social and peer network for disabled people that also campaigns for acceptance of disabled people as sexual partners.

Transgender

**Gender Trust Helpline –
07000 790347**

Advice and support for transsexual and transgendered people and their friends, partners and families.

Transgender Wales 24hr Support Line: **07581 126350**

Beaumont society

Helpline – 01582 412220

Advice and support for transvestite people.

www.beaumontsociety.org.uk

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Breast Cancer Care
www.breastcancercare.org.uk

British Heart Foundation
www.bhf.org.uk

Cancer Research Campaign
www.cancerresearch.org.uk

Cancerbackup
www.cancerbackup.org.uk

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The Royal Pharmaceutical Society of Great Britain
www.rpsgb.org.uk

The Suzy Lampugh Trust (2006)
www.suzylampugh.org.uk

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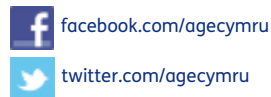
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