Sexuality in Long Term Care
Supporting Sexual Health & Intimacy in Care Facilities

UBC Geriatric Medicine & Geriatric Psychiatry Rounds
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"Where did we get the idea than when people cross the threshold into an institution they must forfeit all of their rights and become less than unique individuals?"

Young, J.

Disclosures

No financial or other conflicts of interest

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- VCH, PHAC, BCMH and SCI-BC

Objectives for today

1) Examine why the issue of sexual health and intimacy in care facilities is important

2) Review changes in sexuality with aging, including the impacts of cognitive impairment

3) Learn to respond to challenging clinical cases
   - Decision Support Tool/Supporting Sexuality in LTC Pocket Guide
   - Case examples
   - Discussion/Questions

Resources

SUPPORTING SEXUAL HEALTH AND INTIMACY IN LONG TERM CARE HOMES:

A Pocket Reference Guide

This Pocket Guide is based on the original guidelines which are both available at vch.ca/Documents/Facilities-licensing-supporting-sexual-health-and-intimacy-in-care-facilities.pdf

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Resources

GUIDELINE BD-00-07-40114

Supporting Sexual Health and Intimacy in Long-term Care Homes, Assisted Living, Group Homes, Supported Housing

Resources

Education Module

- 6 HUB Learning modules in development
- Intro to sexual health & Intimacy
- Who is the decision maker?
- Sexual activity & risk
- Intervening in sexual activities
- Assisting with sexual activities
- Should be up sometime in the fall 2021

Objectives of the Guidelines

Move from ignoring/avoiding sexual activity and intimacy in care facilities to supporting it

Move from focusing on preventing all possible risk of harm to reducing foreseeable harm to a reasonable level and upholding individuals’ freedom

Provide strategies for dealing with complex issues/situations

Case example that drove the guidelines

Sid 83 yrs & Jean 85 yrs live in a care facility

Sid has mild dementia, able to make all but financial decisions

Jean has moderate Alzheimer's disease, needs direction with all aspects of life

They have a caring relationship holding hands and kissing

Staff have begun to see Jean going into Sid's room

Questions

Should we involve ourselves in Sid & Jean's sexual relationship?

How do we assess the possible risk to both individuals?

How do we assess capability?

Who decides? Should we include family in the decision-making?

When and how do we intervene?

Common issues in facilities

Public masturbation

Lack of privacy

STIs

Multiple partners/non-marital sexual activity

Same sex and transgender intimacy

Sexually explicit materials, sex workers

Questionable cognitive capacity and sexual activity

Staff values

Degree of assistance with sexual activity

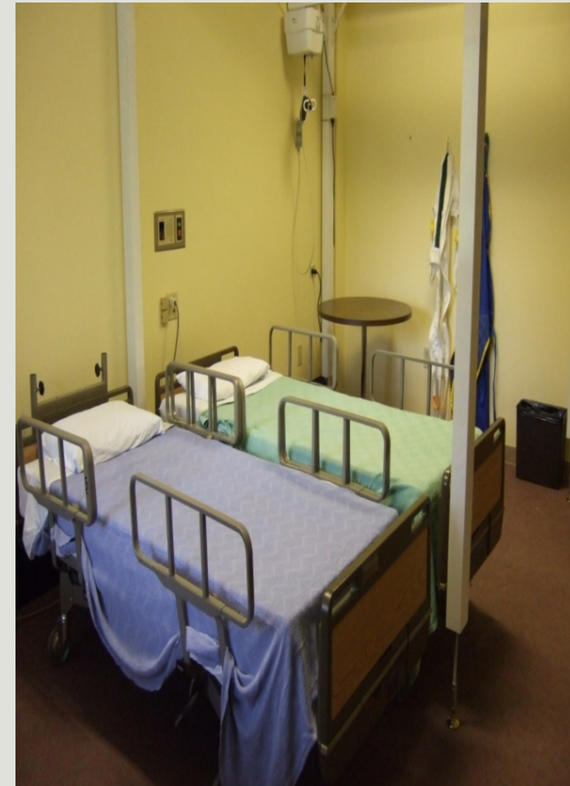
Family involvement with decisions

Lack of support for any intimacy

Lack of direction about what to do

Why have we taken so long to address these concerns?

- Comfort with our own sexuality
- Cultural, moral values & attitudes
- Beliefs about older adults/persons with disabilities & sexual expression
- Lack of understanding of how aging and dementia affect sexuality
- Not knowing how to talk about sexuality
- Not knowing how best to respond



Background: aging and sexuality

- 50 – 80% of males and females over 60 are sexually active (sexual intercourse at least once a month)
- Older men tend to be more sexually active than older women
- Sexual satisfaction remains relatively high
  - Physical health is the most influential factor for men
  - Quality of the relationship is the most influential factor for women

Sexual Activity After 60: A Systematic Review of Associated Factors
Bell S, Reissing ED, Henry LA, VanZuylen H
Sex Med Rev. 2017;5:52.

Sexual behaviors, condom use, and sexual health of Americans over 50: implications for sexual health promotion for older adults.
Schick V, Herbenick D, Reece M, Sanders SA, Dodge B, Middlestadt SE, Fortenberry JD
J Sex Med. 2010 Oct;7 Suppl 5:315-29.

Background: aging and sexuality

- Normal aging can bring positive changes:
  - Increased emotional maturity and a heightened capacity for intimacy
  - Understanding and acceptance of changes with aging
  - Adaptation of sexual practices in order to maintain/ improve enjoyment

- Normal aging can bring changes that impact the mechanics and enjoyment of sexual activity
  - Arthritis, chronic pain
  - General cardiopulmonary deconditioning
  - Incontinence
  - Medications (beta-blockers, psychotropics)

Agronin ME, Westheimer RK. Sexuality and Sexual Disorders in the Elderly. In: Principles and Practice of Geriatric Psychiatry, 2nd ed, Lippincott Williams & Wilkins, Philadelphia 2011. p.603.

Changes in sexuality with aging

- Women (post menopause, decline in estrogen)
  - Vaginal atrophy: shorter, narrower, stiffer and thinner
  - Decreases in vaginal lubrication and vasocongestion
  - Decline in erotic sensitivity of nipple, clitoris
  - Reduction in libido
  - Reduction in comfort (physical, emotional) with intercourse
- Silicone or water based lubricant, vaginal moisturizers, topical estrogens

Changes in sexual function among midlife women: "I'm older...and I'm wiser".
Thomas HN, Hamm M, Hess R, Thurston RC
Menopause. 2018;25(3):286

Changes in sexuality with aging

- Men (gradual decline in testosterone production)
  - Erections less reliable
  - Decreased libido
  - Erectile dysfunction from cardiovascular disease, diabetes, autonomic dysfunction (Parkinson's disease)

- PDE5 inhibitors
- Consider hypogonadism

For men and women: endocrinology/uro/gyne support and or Vancouver Options for Sexual Health Clinic

Oral phosphodiesterase-5 inhibitors and hormonal treatments for erectile dysfunction: a systematic review and meta-analysis. Tsertsvadze A et al Ann Intern Med. 2009;151(9):650.

Sexual expression in dementia

- Alzheimer disease and neurocognitive disorders are associated with decreased sexual activity and increased sexual dysfunction
  - Survey 3000 adults with dementia, 46% men and 18% women were sexually active
  - Lack of interest the most common problem (40% men, 65% women), as well as physical comorbidity
- Disinhibition (frontal lobe dysfunction)
  - Appropriateness (time, place, context, partner comfort)
  - Capacity to consent to risks

Sexuality and Cognitive Status: A U.S. Nationally Representative Study of Home-Dwelling Older Adults.
Lindau ST, Dale W, Feldmeth G, Gavrilova N, Langa KM, Makelarski JA, Wroblewski K
J Am Geriatr Soc. 2018;66(10):1902. Epub 2018 Sep 12

Sexuality at LTC - Guiding principles

Individual freedoms are preserved, as much as possible, in care settings

Sexuality is an integral part of the lives of all people & is a normal part of the lives of people living in care facilities, and can enhance quality of life and wellbeing

All persons are treated with respect, regardless of their behaviors, beliefs or cognition

Feelings and capacity for sexual expression may continue with the most significantly compromised persons

No expression of sexuality will be viewed with revulsion, disdain, contempt, mockery or punishment

People have the right to make choices as circumscribed by law and ethics, which caregivers may not agree with, or feel willing or able to support

Each caregiver has his/her own set of values but does not have the right to impose those values on people in care facilities

People require a safe environment for sexual activity

Guideline # 1
Freedom/Autonomy

Guideline # 2
Sexual consent capability & decision-making

If an individual is sexually active and there is concern about cognitive impairment, we need to have a way to determine if we should intervene in the activity – and who should do so.

Criteria for sexual consent capability

- A basic sexual knowledge, such as anatomy

- Ability to understand the possible consequences, including the risks of sexual activity to themselves and their partners

- Ability to express a personal choice and resist coercion, and

- Ability to recognize distress or refusal in a partner and to stop the activity

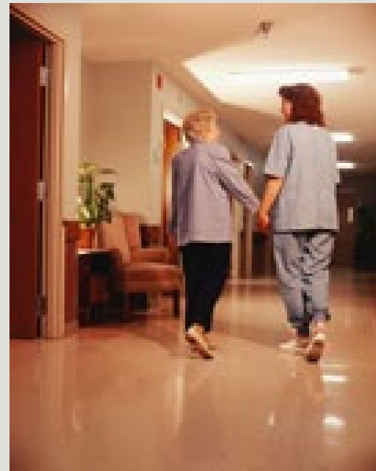
Who decides?

No BC law speaks to who decides about someone's sexual activity if they are not capable

Court appointed substitute decision-maker specifically for decision about sexual activity

Facility

Role of family



Guideline # 3
Intervening to reduce risk of harm

When to intervene:

- Risk of harm to self
- Risk of harm to others

Ethical rules for intervening

1. Effective
2. Not create harms greater than those the intervention intends to prevent
3. The least intrusive that is effective
4. Not discriminatory
5. Thought justifiable, if at all possible, to the individual.

Case 2 Ronald

Resident 63 yrs, moderate dementia, frequently masturbates, usually privately in own room

Asks staff to assist

Guideline # 4
Providing information and facilitation

Assistance with sexual activity

Helping with prep/clean up

Obtaining explicit materials/aids

Assistance in obtaining escort

Guideline # 5
Informing individuals & families about sexual policies

Required to develop and implement written policies to guide staff actions in all matters relating to the care of persons in care

Family: even if they are not the decision-makers, important to include them in process so long as client's confidentiality is safeguarded

Guideline # 6
Privacy Rights

Privacy includes

- Privacy of personal space
- Privacy of information
- Privacy of one’s body

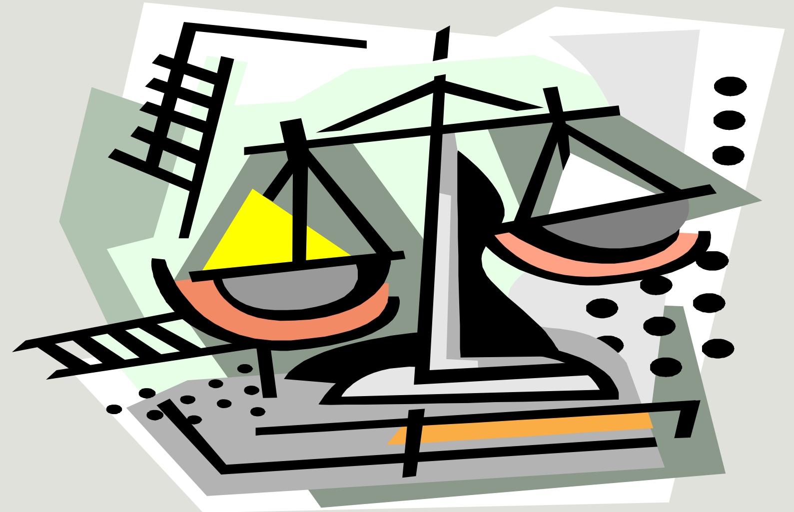
Charter supports privacy rights – it is discriminatory not to provide a private and dignified setting for sexual activity

Criminal Code sections require that sexual activity occurs in private

Guideline # 7
Procedure for addressing concerns

PROCEDURAL JUSTICE

- Ensure all relevant parties have a fair say
- Process used to make decisions be open & accountable



Guideline # 8
Education/training of staff for supportive sexual health care

Promote a positive attitude towards healthy sexuality, sexual activity and providing supportive sexual health care

Provide ongoing education and support to staff to understand and implement the sexuality/sexual health policies of the facility

Fred and Marj

-Live on same floor, developed relationship, he can follow instructions/signs, she is more cognitively impaired
- Both verbal and much of relationship is talking and eating together
- SDM, step daughter of Fred, cares for several other elderly relatives
- Friend of Marj and SDM, visits once a week - sees Fred in Marj's room and once saw him "leaning over her“ on her bed
- Friend says Marj has a history of “not having much use for men”. Friend tells Fred to "get out" and argues with him
- Friend tells the facility that couple should not be allowed to dine together and that Fred should never be allowed in Marj’s room
- Staff say both have benefited greatly from the relationship and Marj, who used to be highly anxious about almost everything, has completely calmed since having this companion with her

Mr. J

- 78M admitted to acute care with self-neglect related to vascular/Alzheimer's dementia
  - MMSE 14/30
- No family or friend support in the community
  - For LTC with Public Guardian and Trustee as SDM
- Ongoing sexual expression/behaviors
  - Continues to remove most/all clothes and exist in the nude
  - Found multiple times by RNs with items up his anus (suction tubing, plastic cutlery)
  - Does not interfere with staff, redirectable, stays in his room
- Accepting LTC concerned about managing "behaviors" and want a care plan
- Acute care concerned about risk of harm to the patient and impact on other patients around him

Questions/Thoughts

The Guidelines

1. Decision Support Tool: Supporting Sexual Health and Intimacy in Long-term Care Homes, Assisted Living, Group Homes, Supported Housing
http://shop.healthcarebc.ca/PHCVCHDSTs/BD-00-07-40114.pdf

2. Full Guidelines:
Supporting Sexual Health and Intimacy in Care Facilities (vch.ca)

3. Pocket Guide:
http://www.vch.ca/Documents/Facilities-licensing-supporting-sexual-health-and-intimacy-in-care-facilities.pdf

4. Education Module: Learning HUB (proposed date for Pilot launch late October 2021)
' Sexual Health & Intimacy in LTC, Assisted Living, Group Homes and Supported Housing'

5. Article:
Bethan Everett, MBA, PhD; Jenny Young, MSW, MA; Marie Carlson, RN, BSN, CRN(C); Gerrit Clements, LLB, New British Columbia guidelines for supporting sexual health and intimacy in care facilities. *Health Care Management Forum.* 2010; 23(1):21-24.

Thank you

Public Health Agency of Canada

BC Ministry of Health

Steering Committee

SCI – BC

Health care providers who have and will bring this approach forward

Most especially our clients

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SUPPORTING SEXUAL HEALTH AND INTIMACY IN CARE FACILITIES

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