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Sexuality Assessment for Older Adults By: Carole Smyth, MSN, AGPCNP-BC

WHY: Sexual interest and activity remain throughout older adulthood as established by studies done by Masters and Johnson (1986) and Lindau and colleagues (2007). Herbenick et al studied sexual behavior in the U.S. with a nationally represented sample of 5,865 men and women that included a subset of older adults aged 60-94 (2010). These older adults reported masturbation, vaginal intercourse, and oral sex were sexual activities they had within the last month and past year (Herbenick, 2010). Implicit in the rising rate of sexually transmitted diseases in those aged 65 years and older is continued sexual activity in older adults (CDC, 2016). Sexuality may be expressed in many different ways by older adults.

An older adult's expression of sexuality may be restrained by functional limitations, normal aging changes, chronic health conditions such as cardiac disease, arthritis, diabetes, depression, incontinence, as well as environmental issues that exist in institutional living or limit contact with others. Treatments for chronic diseases may impair sexual function or reduce sexual desire. Nurses and other health professionals have a pivotal role to open the discussion on sexuality with the older adult. Further assessment of normal aging changes, disability, chronic health issues, medications, and environmental factors contributes to appropriate education, interventions for sexual issues, and referral to interprofessional specialists as needed.

BEST TOOL: The PLISSIT model offers a framework to assess sexuality of adults (Annon, 1976). The model enables the interviewer to initiate and further the discussion of sexuality with older adults. There are suggested questions to guide the discussion of sexuality.

TARGET POPULATION: The *PLISSIT* model and the questions suggested on the reverse page may be used with older adults in a variety of clinical settings. The goal of the assessment is to gather information that allows the client to express his or her sexuality safely and to feel uninhibited by normal or pathologic problems. It is common for healthcare professionals to feel uncomfortable with assessing the sexual desires and functions of all clients (Wallace, 2008). It is important for healthcare professionals to understand their own feelings regarding sexuality and acknowledge possible biases towards different expressions of sexuality in order for the older adult to feel comfortable during the discussion.

VALIDITY AND RELIABILITY: Despite the findings that sexuality continues throughout all phases of life, little material, scientific or otherwise, exists in the literature to guide nurses and others toward assessing the sexuality of older adults. While the PLISSIT has been used in research studies, it is a framework of general, nonthreatening questions to guide a dialogue with a patient. Consequently, validity and reliability to support the PLISSIT model or the suggested questions are not available. Further research in the area of sexuality among older adults is imperative (Wallace, 2008).

STRENGTHS AND LIMITATIONS: The PLISSIT model and suggested discussion questions are not diagnostic in any manner but rather provide guidance for further work-up or referral. As sexuality is discussed, the model and questions provided help initiate and maintain discussions of sexuality (Wallace, 2008).

MORE ON THE TOPIC:

Best practice information on care of older adults: https://consultgeri.org.

Aguilar, R.A. (2017). Sexual expression of nursing home residents: Systemic review of the literature. Journal of Nursing Scholarship, 49(5), 470-477. Available at: https://doi.org/10.1111/jnu.12315.

Annon, J. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. Journal of Sex Education and Therapy, 2(2), 1-15.

Centers for Disease Control & Prevention. (2017). Sexually Transmitted Disease Surveillance 2016.

Herbenick, D., Reece, M., Schick, V., Sanders, S.A., Dodge, B., Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14-94. The Journal of Sexual Medicine, 7(supplement 5), 255-265.

Lindau, S.T., Schumm, L.P., Laumann, E.O., Levinson, W., O'Muircheartaigh, C.A., & Waite, L.J. (2007). A study of sexuality and health among older adults in the United States, NEJM, 357, 762-744. Evidence Level IV: Non-experimental Study.

Masters, W.H. (1986). Sex and aging-expectations and reality. Hospital Practice, 21(8), 175-198. Evidence Level VI: Expert Opinion.

Wallace, M. (2008). How to Try This: Sexuality Assessment. American Journal of Nursing, 108(7), 40 - 48.

PLISSIT MODEL

Р	Obtaining P ermission from the client to initiate sexual discussion
LI	Providing the Limited Information needed to function sexually
SS	Giving Specific Suggestions for the individual to proceed with sexual relations
IT	Providing Intensive Therapy surrounding the issues of sexuality for that client

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QUESTIONS TO GUIDE SEXUALITY ASSESSMENT AMONG OLDER ADULTS

- Can you tell me how you express your sexuality?
- What concerns or questions do you have about fulfilling your continuing sexual needs?
- In what ways has your sexual relationship with your partner changed as you have aged?
- What interventions or information can I provide to help you to fulfill your sexuality?
- Adapted from Wallace, M. (2000). Intimacy and sexuality. In A. Lueckenotte (Ed.). *Gerontological nursing* (Revised ed.). St. Louis: Mosby Year Book, Inc.

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