



General Assessment Series

Best Practices in Nursing Care to Older Adults

Assessing Sexual Health Among Older Adults

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WHY: Sexual health and intimacy are important indicators of overall health and well-being across the lifespan (Grabovac et al., 2023). Fulfilled intimate relationships among older adults offer health benefits, promote life satisfaction, and foster emotional connection between partners (Luria et al., 2026). However, later-life sexuality is often perceived by society as taboo and invisible (Grabovac et al., 2023). Older adults are further faced with challenges such as ageism, medical biases, and institutional barriers that prevent health care providers from addressing their sexual health concerns (Cameron & Santos-Iglesias, 2024). Unaddressed sexual health concerns can lead to feelings of isolation, emotional distress, life dissatisfaction, and undetected sexually transmitted infections (STI) (Karaye et al., 2024). To address this, a proactive sexual health assessment that normalizes intimate discussions will dismantle ageist beliefs and promote holistic, person-centered care (Stowell et al., 2023).

TARGET POPULATION: The target population for sexual health assessment is older adults aged 65 years and older across diverse care settings such as community-dwelling, aged care facilities, and outpatient settings (Luria et al., 2026). In addition, coupled and uncoupled individuals, married or dating partners, as well as sexual and gender minorities (LGBTQ+) older adults, who often face healthcare disparities and heteronormative assumptions, should be included (Brennan-Ing et al., 2021).

BEST PRACTICES: Best practice for assessing sexual health should structure clinical evaluation and intervention based on the [PLISSIT model](#) (Permission, Limited Information, Specific, Suggestions, and Intensive Therapy) (Annon, 1976). The Personal Assessment of Intimacy in Relationships (PAIR), developed by Schaefer and Olson in 1982, evaluates multidimensional aspects of sexual intimacy and aligns with the PLISSIT model. The [PAIR](#) is a self-report tool with a 36-item questionnaire that can be completed within 15 minutes. It has five domains:

- emotional (sharing feelings)
- social (shared social network)
- sexual (sharing affection and physical closeness)
- intellectual (sharing ideas)
- recreational (shared pastimes)

A 6-item social desirability scale is also included in the questionnaire. Older adults rate each item on a 5-point Likert scale across two columns: how their relationship is at present (perceived reality) versus how they like it to be (expected ideal). PAIR has no numeric cutoff score; instead, it is interpreted based on individual item ratings and discrepancies across intimacy domains. Higher scores on individual items or domain totals reflect greater perceived sexual health satisfaction.

Sexual health assessment is an essential component of comprehensive geriatric assessment. It should be done in an unharried manner in a private setting. Conversation around this topic can be weaved into the discussion of medications, a new physical or mental health diagnosis, genitourinary issues, and when an older adult is pursuing a new relationship (e.g., dating). Persons at risk for STI would require follow testing and education on safe sex practices. For those at risk for HIV, preventative measures such as PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis) should be discussed as needed.

VALIDITY AND RELIABILITY: The [PAIR](#) has been shown to be valid and reliable for sexual health among older adults in acute care settings. PAIR demonstrated high internal consistency Cronbach's α of 0.96 across selected item scales (Schaefer & Olson, 1981). The dual-column structure provides construct validity by measuring discrepancy scores between ideal and expected perceptions of their sexual health.

STRENGTHS AND LIMITATIONS: The PAIR inventory provides a comprehensive, holistic view of sexual health assessment for both men and women. It has been validated among older adults. It is easy to administer. The tool is user-friendly and requires no special training; it is freely accessible. Most importantly, the tool captures the interpersonal gaps between actual and desired intimacy. Some limitations include administration, such as the potential burden of a 36-item questionnaire, which requires 15 minutes to complete among frail older adults with cognitive impairment. Additionally, it does not directly evaluate for physiological dysfunction such as erectile dysfunction or vaginal atrophy (Schaefer & Olson, 1981).

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MORE ON THE TOPIC:

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