

Aging with a Disability: Tips for your Sex Life

An active and healthy sex life is an important, and often overlooked part of healthy aging. We are sexual beings with desires and needs that thrive through the emotional connection of sexual intimacy.

Sex may be challenging if you're aging with a condition, like multiple sclerosis (MS) or spinal cord injury (SCI). Many different things like chronic pain, mobility, weakness, medications, surgeries, reduced blood flow, heat sensitivity, or fatigue are a threat to being sexually active – both physically and emotionally.

About 15 to 25% of men over the age of 65 and about 40 to 50% of women over the age of 60 report some sort of sex problem. Women with disability may report changes associated with aging, including menopause, as well as due to their disability. Similarly, men may experience changes associated with aging, including prostate problems, in addition to changes in their SCI or MS.

Common Sex Problems:

Women

- Bladder or bowel problems may interfere.
- Vaginal dryness (occurs frequently after menopause).
- Difficulty reaching orgasm.
- Pain or discomfort in your body or genitals.

- Fatigue may interfere.
- Lower interest in sex or difficulty becoming aroused.

Men

- Bladder or bowel problems.
- Difficulty getting and keeping an erection.
- A loss of feeling in your genitals.
- Trouble with ejaculation.
- A lower libido, interest, or arousal.
- Fatigue may interfere.

What Causes Sex Problems?

Often, problems are grouped together based on the potential cause.

- **Damage to the brain or spinal cord** – If you're aging with MS, damaged brain cells may impact how your brain communicates with your body. If you're living with SCI, much depends on your level of injury. This might limit your genital sensations or cause pain, vaginal dryness, erectile dysfunction, difficulty reaching orgasm, or changes in ejaculation frequency or force.
- **Medication Side Effects** – You may experience changes in bladder and bowel functioning, fatigue, spasticity, changes in mobility, tremors, muscle weakness, and cognitive changes (a haze or foginess).

Some medications to treat these, as well as some blood pressure medications and antidepressants may have sexual side effects.

- **Chronic Health Conditions** – Conditions such as diabetes, obesity, hormonal changes, and heart disease can cause sex problems.
- **Self-Image** – Social and cultural factors play a role in our sex lives. You may be experiencing changes in your body as you age with a physical condition and this can impact your self-image.
- **Your role in your relationship** – Relationships may change as you cope with normal aging and aging with your MS or SCI. Your partner may also be your caregiver who helps you with daily tasks, like transitioning from your wheelchair to bed. As your needs for assistance change, your relationship may change as well.
- **Depression, Stress or Anxiety** – Low mood, anxiety, or increased stress can also reduce our sex drive or exacerbate symptoms such as fatigue.

What you can do to Improve Your Sex Life:

Talk with your partner:

- Part of the success in sexual intimacy and sustaining a relationship is being able to relax and feel comfortable and nurtured by the person you're with.
- Talk with your partner about your sex life, your desires, and your problems.
- Sex is never just about sex. It's about

everything that's going on in a relationship. Seeing a counselor or therapist is one way to ensure a healthy relationship with your partner as you go through life's changes.

Talk with your health care provider:

- Talking about sex can be a difficult or even embarrassing topic to discuss, even for some health care providers. Your provider may or may not ask about your sexual health. It may be up to you to start the conversation.
- Find a health care provider that you're comfortable talking about your sex life with. You may be more comfortable talking with a nurse, nurse practitioner, or a provider of the same gender.
- Come prepared to your next appointment:
 - ◆ Write down the questions you have.
 - ◆ Bring your partner along to the appointment. This may help improve your partner's understanding of your issues.
 - ◆ Bring along this factsheet and share it with your health care provider.
- Your health care provider may help determine what's causing your sex problem and suggest potential changes. For example, they might be able to change a medication with sexual side effects or discuss lifestyle changes (like diet) to help reduce your medications.
- Your health care provider may not be able to help you. Ask to be referred to someone who can. For instance, your health care provider may refer you and your partner to meet with an expert in relationships and

sexual functioning. You should bring a list of mental health providers (counselors, psychologists, and marriage and family therapists) covered your insurance with you to your appointment.

Possible Solutions for Specific Problems:

■ Vaginal Dryness:

- ◆ Try water-soluble **lubricants**. Avoid petroleum-based jellies as they can increase risk of infection.
- ◆ Prescribed topical estrogen (hormonal or soy-based) applied daily may improve dryness.
- ◆ Pelvic floor muscle training, or Kegel exercises may improve vaginal lubrication.

■ Erectile dysfunction or difficulty with ejaculation:

- ◆ Prescription medications taken by mouth or by injection may be helpful. Note, these medications are expensive and may not be covered by your health insurance.
- ◆ **Vacuum constriction devices** pull the air out of a tube to achieve and erection.
- ◆ Penile vibratory stimulation devices have proved helpful for people living with spinal cord injury and multiple sclerosis.

■ A loss of feeling or discomfort in your genitals:

- ◆ Prescription medications can sometimes provide relief for burning, pain or tingling sensations, although for some, these

medications also have an effect on reduced desire and arousal. For this reason, individuals should work closely with their prescribing provider.

- ◆ For women, estrogen replacement therapy can help with burning and painful intercourse, although some will want to weigh benefits versus potential negatives with their provider.
- ◆ Topical estrogen can sometimes improve clitoral sensitivity or reduce pain during sex.
- ◆ You might try a body mapping exercise. You or your partner begin by touching your body from head to toe with different types of touch (light pressure or varying rhythm). Talk with your partner about what feels good and what doesn't feel so good.
- ◆ You might also try more vigorous stimulation or use of a **vibrator**.

■ Difficulty reaching orgasm or low libido:

- ◆ These problems may be caused by many different factors. Treatment comes from understanding the cause of your current symptoms. Discuss your symptoms with your health care provider.

■ Fatigue:

- ◆ Many people find that they have the most energy in the morning. Set aside time for sex when you have the most energy.
- ◆ Use energy conservation techniques such as naps, ambulation devices and pacing to preserve energy for sexual activity. See our factsheet on **Managing**

your Energy.

- ◆ Choose sexual positions that are less taxing.
- ◆ Explore less taxing alternatives to intercourse or use devices (such as vibrators).

Additional Resources:

Miriam Kaufman, Cory Silverberg & Fran Odette's book: *The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness.*

Sex and Aging:

- Senior Planet
 - ◆ Joan Price's book *Naked at Our Age: Talking Out Loud about Senior Sex.*
 - ◆ *A Senior's Guide to Lubrication*
 - ◆ *A Senior's Guide to Vibrators*

Multiple Sclerosis:

- National Multiple Sclerosis Society's article "*Sexual Problems.*"
- Severson, B.J. (June 2010) *Sexual Dysfunction and Multiple Sclerosis*, Multiple Sclerosis Centers of Excellence, U.S. Department of Veteran Affairs.
- Foley, F.W. (2006) *Optimizing your love and sex life*, MS Workbook, Chapter 14.
- Foley, F.W. & Beier, M. (2015) *Assessment and Treatment of Sexual Dysfunction in Multiple Sclerosis*, National MS Society Clinical Bulletin.

Spinal Cord Injury:

- Northwest Regional SCI System's video: *Conversations from the Bedroom: Sex after Spinal Cord Injury.*
- University of Alabama Birmingham SCI Model System Information Network: *Sexual Dysfunction.*
- Christopher and Dana Reeve Foundation: *Sexual Health.*
- *Spinal Cord Injury Sex and Intimacy Forum.*
- The National Spinal Cord Injury Association's (NSCIA) *Sexuality for Women with SCI.*

Post-Polio Syndrome:

- Silver, J.K. & Halstead, L.S. (2001) *Post-Polio Syndrome: A Guide for Polio Survivors and Their Families*, Chapter 25: Sex and Intimacy.
- March of Dimes Canada. *Intimacy and post-polio.*

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Disclaimer: This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

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