



# Keeping Your *Sex Life Alive*

Older folks get to frolic, too

By Wendy Haaf

**Y**ou know the basics of healthy aging—keep your brain sharp, maintain your muscle strength, bolster your heart and lung function—but one important aspect of life is often left out of the deluge of messages about successfully navigating the physical changes that begin occurring in mid-life. Apart from the ubiquitous ads for meds to treat erectile dysfunction (ED), there's such a dearth of information on sustaining a satisfying sex life after 55 that you might assume that sexual function naturally fizzles with age—and that notion might persist if your physician never asks you about your sex life as a routine part of taking a patient history.

"A lot of people don't realize that it's not necessarily normal to lose your desire or to lose your erections as you get older," says Dr. Jeff Campbell, a urologist at the St. Joseph's Healthcare London (ON) urology centre. "A lot of people I see in the clinic think, Oh, it's just aging—but reaching 50, 60, or 70 isn't a sexual death sentence," he stresses. In fact, while sexual problems are common, they can often be overcome. What's more, age-related changes

can even potentially "really build intimacy and connection and pleasure for both partners," says Robin R. Milhausen, a sexuality researcher and professor in the Department of Family Relations and Applied Nutrition at the University of Guelph (ON). Here's what you can do to increase your chances of that happening.

### Protect Your Health

One of the main factors affecting sexuality and sexual well-being in later life is health. Men, it might be in your best interests to pay particular attention to this next point: in heterosexual relationships, at least, "one of the biggest predictors of sexual satisfaction for women later in life is their partner's health," Milhausen says.

"For both men and women, diabetes is a huge risk factor for sexual dysfunction," Campbell explains. "So are cardiovascular disease, hypertension, smoking, and obesity." For example, one Harvard study found that a man with a 42-inch waist is 50 per cent more likely to have erectile dysfunction than one whose waist measures 32 inches. All of the lifestyle habits that help pre-



vent or at least reduce the impact of these conditions—such as eating a healthy diet and making sure your blood pressure, blood sugar, cholesterol, and triglycerides are well controlled—can improve your chances of avoiding collateral damage to your sex life. In another study, for instance, eating an abundance of vegetables, fruits, fish, and whole grains, with only minimal amounts of red and processed meats and refined grains, was linked with a lower likelihood of ED. And the benefits of working up a sweat go beyond mere prevention. “Exercise, independent of weight loss, has been proven to improve sexual function in both men and women,” Campbell says.

### **Appreciate Your Partner**

“The other thing that really predicts sexual satisfaction later in life is having a partner, period,” Milhausen says. That means that—thanks to the positive things that can come with growing older, such as greater self-confidence, familiarity with your own body, and appreciating what your body can do rather than comparing it to unrealistic media standards—“if you’re fortunate enough to be partnered with somebody you care about and are still excited by, you’re likely to be the happiest you’ll be in your whole sexual life,” she adds.

Time spent expressing affection after the main event is also linked with sexual satisfaction for both men and women: for example, in a study, just 44 per cent of women who shared zero to five minutes of post-coital kissing and cuddling after their most recent intimate encounter rated the experience as very pleasurable, versus 71 per cent for those who canoodled for six to 10 minutes.

And if you’re looking for a new partner, that same confidence and life experience will help you find someone who’s well-suited to your age-55+ self, she says. But if you’re embarking on a new relationship, keep in mind that rates of sexually transmitted diseases are rising among people over 50, no doubt at least in part because “our mid-life sample subjects were less likely to use condoms than our university student sample,” Milhausen says. Indeed, “for every year you’re alive, you become less likely to use condoms.”

### **Rethink Your Routine**

“With some of the body changes that come with age, you have to become a little more creative with your sexuality,” Milhausen says. If you’re a man partnered with a woman, for example, the extra time it takes to achieve an erection can actually be a good thing. “That can be a really positive experience for women because it means longer foreplay,” less of a focus on tab-a/slot-b intercourse, “and more emphasis on other activities that are pleasurable and intimacy-building,” she continues. “And intercourse is longer. So if a couple can kind of roll with it and adapt psychologically, they can still have a very pleasurable sex life, and one that’s potentially even more satisfying because it forces them to expand their sexual repertoire.”

It’s also possible to put a positive spin on the vaginal dryness that often occurs with menopause. Not only can the lubricants available in pharmacies help, but they can introduce a little additional novelty and fun into the equation. “I always say lubricant isn’t just for vaginal dryness anymore,” Milhausen quips. “There are different textures, different flavours, and different scents.”

A willingness to experiment with new positions can also help when muscle weakness, chronic pain, joint soreness, or limited range of motion make the old standards uncomfortable or even impossible.

“One of the major issues I see in my practice is difficulty maintaining certain positions,” says Lori Brotto, a registered psychologist, sexuality researcher, and professor of gynaecology at the University of British Columbia in Vancouver. Resources that can help include an e-booklet from the Arthritis Society called “Intimacy & Arthritis” (visit [arthritis.ca](http://arthritis.ca) or call 1-800-321-1433), as well as chairs, angled pillows, and other devices originally developed for people with spinal cord injury and neuromuscular disorders.

### **Communicate**

Obviously, adapting to reduced mobility means being able to talk openly with your partner about the problem and how you might go about getting around it. “If this is a couple who have never really had good sexual communication skills,” rather than discussing it, the affected person “might just start avoiding sex, avoiding intimacy, and avoiding situations that typically would lead to sexual activity,” Brotto says. And the other partner might understandably interpret this as rejection, setting off a spiral of hurt feelings and a strain on the relationship.

On the other hand, “in our sample of 40-to-59-year-olds, frequently communicating about your sexual likes and dislikes was one of the biggest predictors of sexual and emotional satisfaction,” Milhausen says. “It’s kind of hard to fall backwards into sexual satisfaction; for most people, it takes some work to get there, and communication helps.”



But how do you go about broaching the subject if you don't have any practice doing so?

"I would say that an article like this one is a great conversation starter," Milhausen says. "You could say, 'I read that most people don't discuss their sexual likes and dislikes, but it's hugely associated with satisfaction. So maybe we can have a talk about this sometime.' And then approaching it from a positive perspective—'Let's talk about what we're really happy with in our relationship and what we want to build on.' Maybe, 'I love it when you snuggle with me and we talk about our day.'"

"Talking about things that are going well provides a nice sense of intimacy to then launch into the things that are going to be more dif-

ficult to talk about. And you don't have to say all the things you've been holding on to for the last 50 years in one conversation. Start with one thing. Maybe something like, 'Could we explore what touch that doesn't lead to intercourse feels like, because I read about it and I think we might like it.' Start slow and build on successes."

If you both agree that you're both satisfied with other types of physical touch, "that's okay, too," Milhausen says. "This idea in the media that sex is the most important thing is great in one way—it normalizes sexuality—but it can also set high standards. I wouldn't want people to put too much pressure on themselves to be sexual dynamos."

## Consider Underlying Causes

What if you'd both like to keep the fires burning, but physical problems or even lack of libido on one partner's part is standing in the way?

First, it's worth seeing your doctor to find out if the cause might be one of three common treatable problems.

"One thing I often see with older people is the effects of medications interfering with sexual response," Brotto says, "whether it's loss of erection, difficulty getting aroused, pain with sexual contact, dizziness and light-headedness, or difficulty concentrating." If the culprit is indeed a drug side effect or interaction, there's usually at least one strategy that will help, such as taking the medication at a different time of day.

## Step with confidence into a safer and more comfortable bathing experience.

Designed for Seniors and for those with mobility issues who want to enjoy a safe and relaxing bath again.



Summer Sale!

**50% OFF**

ON THE INSTALLATION COST OF YOUR NEW WALK-IN TUB \*



Now you can shower or soak in the walk-in tub as it gives you the best of both worlds. \*\*

Canadian  
**SAFE STEP**  
WALK-IN TUB CO.

For a free brochure or quote

**1-800-519-8692**

[www.MySafeStep.ca](http://www.MySafeStep.ca)

\* Offer can't be combined with other advertised offers. Some conditions apply.

\*\* Only available on new installations.





Anxiety and depression—which can result from later-life stressors such as adapting to the diagnosis of a chronic illness—can also cause sexual problems ranging from erectile difficulties to a deadening of desire. However, while some medications used to treat these conditions can have similar effects, “often psychotherapy, or cognitive-based therapy, or mindfulness-based therapy can improve mental health and sexual function,” Campbell says. In fact, according to Brotto, research has shown that women who start practising mindfulness report more desire, arousal, and sexual satisfaction. She’s even written a book on the subject: *Better Sex Through Mindfulness: How Women Can Cultivate Desire* (Grey-stone Books, 2018).

### Seek Expert Help, If Needed

If difficulty achieving or maintaining an erection is the main issue, there are a number of effective treatments, including options (such as urethral suppositories) for the minority of men who aren’t able to take oral medications such as Viagra (sildenafil) and Cialis (tadalafil).

Pain during vaginal intercourse that’s not sufficiently remedied with lubricant, which affects 20 to 30 per

cent of sexually active post-menopausal women in the general population, can be a little trickier to treat, says Natalie Rosen, an associate professor in the departments of psychology and neuroscience/obstetrics and gynaecology at Dalhousie University in Halifax. Thought to be caused by declining estrogen levels resulting in thinning of, loss of flexibility in, and decreased blood flow to the genital tissue, this can sometimes be remedied with hormone replacement therapy (HRT). Options include vaginal creams and tablets. However, some women experience pain that persists even after taking HRT, and recent evidence suggests that dysfunction of the pelvic floor muscles and psychological factors may also play a role. In such cases, “treatments might include medications such as topical hormones, but also pelvic floor physiotherapy,” Rosen says, “and psychological interventions such as sex therapy and pain management.” (Pelvic floor physiotherapy is also effective for treating another condition that can sometimes interfere with sex: urinary incontinence.)

While it can take time and persistence to sort out such issues, the effort is worthwhile—for not only does being sexually active predict a

longer, healthier life, but your best years in the bedroom might still lie ahead: one 2017 study found that if relationship strength and mental and physical health are taken into account, sexual quality of life actually increases with age. ■

#### Solution to Puzzle #1

2	6	1	9	7	3	8	4	5
3	5	4	8	1	6	7	2	9
9	8	7	4	2	5	1	6	3
1	3	2	7	4	9	5	8	6
6	4	9	5	3	8	2	1	7
5	7	8	1	6	2	3	9	4
7	1	5	2	9	4	6	3	8
4	2	6	3	8	7	9	5	1
8	9	3	6	5	1	4	7	2

#### Solution to Puzzle #2

7	9	1	8	4	6	5	3	2
5	6	3	2	9	1	8	7	4
4	2	8	7	3	5	1	6	9
9	5	6	3	8	4	7	2	1
8	1	4	5	7	2	3	9	6
2	3	7	6	1	9	4	8	5
6	7	5	1	2	3	9	4	8
1	8	9	4	6	7	2	5	3
3	4	2	9	5	8	6	1	7

Above are the solutions to this month’s Sudoku puzzles, [page 24](#).

#### Solution to this month’s Crossword, page 66.

GIC	THETA	BALDLY							
ONO	HORUS	AURORAE							
OFMY	YEARS	TRIVETS							
POEM	STAIR	LEST							
	COB	LIMITS	SIP						
ESCAROLE	MAO	DICE							
MOO	POE	GOLDMINER							
IMP	IMATUR	DING							
RAYON	FERAL	LACES							
	ABET	ALLITERATE							
AMNESIACS	MOA	SAC							
CUDS	NTH	SNUGGEST							
TSP	SELECT	TEA							
TAMP	ARRAS	UPTO							
ASSORTS	INTHERAIN								
RETREAT	SCORN	LEI							
KEENED	PEASE	EST							

Photo: iStock/Morsa Images.