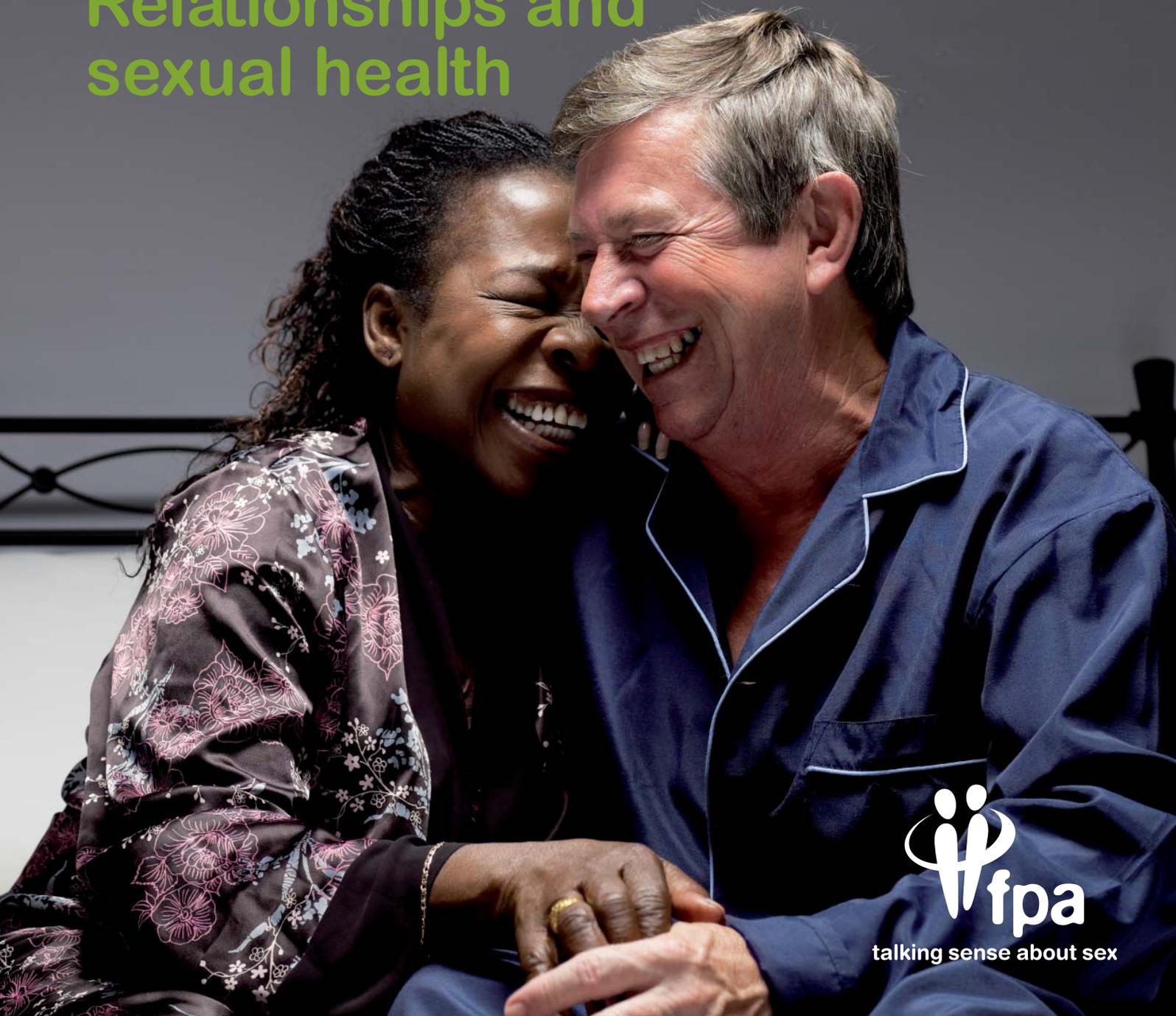


People over 50

Relationships and sexual health



talking sense about sex

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Why this guide?

Is this guide for me?

This guide is for anyone over 50. Some of the issues in the guide will directly affect you and some may just interest you. This guide concentrates on:

- Exploring your relationship or starting a new one.
- Looking after your sexual health.
- Health issues for men and women related to sexual wellbeing, such as the menopause or erectile dysfunction.
- Illness and your sex life.
- How to get help and advice if you need it.

Whether you're male, female, heterosexual, lesbian, gay, bisexual or transgender, if you are over 50 this guide is for you.

We hope you enjoy this guide and that it helps you to maintain and achieve good sexual health.

This guide won't make you an expert but it might answer some questions for you and your friends. You will also find details of organisations which can help on page 33.

Pass it on!

Life after 50

Today people over 50 include the 'baby boom' generation who grew up during the 1960s. This was a time of great social change where feminism, civil rights and more liberal attitudes towards sex were at the forefront of society.

The contraceptive pill was introduced in the 1960s and this gave women the freedom to control their own fertility. The priority at this time was about preventing pregnancy rather than worrying about sexually transmitted infections. People who are in their 50s or older grew up at a time when awareness of sexually transmitted infections was poor.

This means that you may have never or rarely used condoms. If you are now back out on the dating scene and sexually active, use this guide to find out how to help protect yourself from sexually transmitted infections.

If your partner could get pregnant then condoms can also help protect against pregnancy.

**We make the
earth move**



Why this guide?

People over 50 are a growing population whose sexual health needs are often ignored because of the myth that people over 50 no longer have sex. Many people over 50 are still sexually active.

Plus, the divorce rate in people over 50 is rising, which means that more people are single and back out there dating.

Sexuality doesn't stop with age

Sexuality is not just about sexual preferences and whether you are heterosexual, lesbian, gay, bisexual or transgender. Your sexuality is unique to you.

Sexuality involves:

- Sex and sexual practice.
- Self image.
- Your personal history.
- Social relationships.
- Sensuality.
- Emotions.
- Spirituality.
- Political identity.
- Cultural identity.
- Religious beliefs.

Fact

In a recent Saga survey of 8,000 people over 50 nearly half of them said they had sex once a week.

Being over 50 today

Today, it might seem like it is more important how people look on the outside instead of who they are on the inside whereas in the past older people were respected and valued for their knowledge and experience. Nowadays, being young and beautiful is highly valued. The marketplace is constantly promoting anti-ageing products, plastic surgery and the hard sell to stay young. So it's not surprising that many women and increasing numbers of men over 50 feel the pressure to beat the ageing process.

Our society places emphasis on the young – politically, culturally and socially – with information and services being targeted towards them.

There is little or no recognition of sexual relationships in older adults and some people struggle to acknowledge that older people are sexual beings with the same desires and rights as the rest of the population.

Lesbian, gay, bisexual and transgender relationships are often ignored in this age group.

Time brings change – your body

There are some challenges to getting older. Wrinkles and middle-age spread can affect how people feel about themselves, but the critical effects of ageing go on inside the body:

- The cardiovascular system becomes less efficient as the heart doesn't pump as strongly.
- Bones lose density and become more brittle. Combined with poorer coordination the chances of fracture increases.
- The movement of food through the digestive system slows down which may result in constipation.
- The kidneys become less efficient at removing waste from the bloodstream. This may affect you more if you have diabetes and/or hypertension, and is also affected by some prescription medications.
- Urinary incontinence becomes increasingly common.
- Short-term memory becomes less efficient and reflexes and coordination slow down.
- Problems with hearing, sight and teeth often increase.
- Ageing skin loses elasticity and becomes more fragile and susceptible to bruising. A reduction in skin oils can result in dryer and more wrinkled skin and age spots are common.
- Sleep patterns can change and many older adults need less sleep and have broken sleep patterns.
- Weight gain is common because fewer calories are needed to sustain the body and people generally exercise less. Women put weight on around their waist line instead of on their breasts, hips and thighs.
- Testosterone, usually associated with men's sex drive, declines in both men and women which can affect levels of sexual desire.

"I would never trade my amazing friends, my wonderful life and my loving family for less grey hair or a flatter belly." – Ray

"I had started to believe that my increased weight was just a part of being older and I felt frumpy and unattractive, then I started going to the gym and eating better and I lost a stone without trying and I feel great." – Jo

Time brings change – your body

Ageing and feelings

Once you are over 50 the likelihood of experiencing the deaths of friends and family increases, and you may think more about your own death. The loss of family and friends can be difficult to deal with and can leave people feeling vulnerable and lonely.

People are more likely to get physically ill as they age and the effects can be very challenging emotionally. Just navigating all the different medications and their side-effects is difficult enough but serious health conditions can have a profound impact on relationships and wellbeing.

When they retire, people might feel they have lost a large part of their identity and it can take some time to adapt. Having a lot of time on your hands can be a good thing but also takes some getting used to. Coping financially on a pension can be stressful and paying the bills and making ends meet might feel increasingly worrying and difficult.

There are lots of things you can do to help yourself overcome any negative feelings you are having about ageing.

Keep young and beautiful

- Stop smoking.
- Avoid drinking more than the recommended units of alcohol.
- Eat plenty of fruit and vegetables and food low in saturated fats.
- Get active! Find an exercise or sport you enjoy.
- Continue learning and exploring your interests.
- Keep an eye on your stress levels and learn to relax.
- Break from the norm. Challenge yourself and try something different.
- Join groups, make new friends and have fun.
- If you live alone get to know your neighbours.
- Invest in healthy loving relationships.

Feeling good



Let's talk about sex

People don't lose their passion for life just because they're older. Sex is potentially one of the most pleasurable experiences anyone can have and that doesn't have to stop as people age, though it might change. If you've been with a partner for a long time you may have years of knowledge about how to please them and yourself.

Sex, whether it's with someone you know well and love or someone you haven't known long, can be pleasurable and great fun. Remember, penetration is not the be all and end all of sex. Mutual masturbation and oral sex can be just as pleasurable.

"We're more experienced, more mature and more confident and we're able to talk about what we want which makes us better lovers." – Pam

"After years of walking by the lingerie shop in town, I actually plucked up courage, went in and ended up buying a vibrator. I felt so pleased with myself!"
– Denise

Bedtime reading

There are lots of good guides out there to help improve your sex life. They might make good bedtime reading – on your own or with a partner.

Masturbation isn't just for the young, it's for everyone.

Doing it for yourself

You may have been brought up to believe that masturbation is not a good thing to do or to talk about. But with masturbation you don't have to please anybody else other than yourself. It is a normal part of your sexuality and what's more it's good for you.

Sex is good for your health!

Sex is good for your health. Some benefits you might not have thought of:

- Releases chemicals that help you feel happy.
- Keeps your juices flowing.
- Arousal is good for the skin.
- Strengthens the immune system.
- Can relieve physical and emotional stress.
- Good for the heart/mild cardiovascular exercise.

“My girlfriend only has to touch me and I get turned on.” – Ted

“I still fancy him. I was looking at him last week, stripped off sitting on the edge of the bed and I thought, what a fine looking man he is and then I just dragged him back into bed.” – Alice

I’d rather have a cup of tea!

As people get older sex may no longer have the appeal it once did, and some people have never been interested in sex or felt that sexual. People’s sex lives may lessen for a number of reasons including illness, being single, the loss of a partner or boredom with their partner. Sexual intimacy provides warmth, closeness, touch, excitement and wellbeing. Finding ways to continue to get these qualities when you are on your own or no longer sexually active is important.

Here are a few ideas:

- Indulge your sensual side through dancing, eating food that excites your taste buds or wearing clothes that make you feel sexy. Whatever works for you!
- Discover your erotic side. Watch a sexy movie or read an erotic book.
- Masturbate.
- Join a class or learn a new hobby – something that really excites you.
- Spend time with close friends and family and share affection.

Moving on?

Separation and divorce

Moving out of any relationship can be difficult. Perhaps your relationship was unloving or has run its course or you have decided you want to start a relationship with someone else. Sometimes when children leave home you have more time to focus on an unhappy relationship. If you choose to separate or divorce it can be a challenging time but it can also offer new opportunities. However, if your partner has left you it can be very difficult. Either way, it takes a lot of courage to learn to live alone again but there is support out there to help you move on.

“When my husband first left I felt devastated, I could hardly drag myself to work and I certainly couldn’t have imagined being with someone else ... I felt so unattractive. Then I got myself together, and started doing new things, met more people and a couple of years later I met Phil at a line dancing class.”
– Nuala

Domestic abuse

Definition

The Home Office definition of domestic abuse is: ‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality’.

Men and women can be victims of domestic violence though it mainly affects women. Domestic violence also occurs in same sex relationships.

You might feel embarrassed reporting abuse if you have put up with it for a long time. If you are an older woman experiencing abuse from a partner who is also your carer, you may fear losing your home, support or independence. If you think you might be experiencing domestic abuse and you want to talk to someone you can get support.

Refuge

Tel: 0808 2000 247

www.refuge.org.uk

Support and services for people who have experienced domestic violence.

Bereavement

When someone close to you dies, the sense of shock and loss can be overwhelming. Grief can often be a deeply painful and confusing process. Life won't be quite the same again and it will take time to adjust. Over a period of time the memories will become less painful. For some people the loss can also bring great relief, for example after a partner's prolonged illness or suffering. Everyone's experience of grief and loss is different but common feelings might include:

- Numbness and shock.
- Anger.
- Sadness and tearfulness.
- Guilt.
- Intense loneliness.
- Anxiety and panic about the future.
- Erratic sleeping.
- Mood changes.
- Loss of appetite.

Part of your bereavement may include the loss of intimacy and sexual closeness. You won't necessarily find this an easy thing to talk about but it is important to acknowledge.

If you lose a same sex partner and find it hard to get support or recognition for your loss you can talk to the LGBT Bereavement Helpline.

"I'm not going to pretend that I don't miss her every single day but the pain does get easier." – Linda

"When Dave died it was especially hard because some of the places I went to for support reacted like he was just a friend of mine but he'd been my lover, companion and soul mate for the last 15 years." – Michael

"I miss her love, the feel of her kisses and her body snuggled against mine." – Jamil

What might help?

- Take things slowly.
- Express your grief in your own way, everyone is different.
- Talk about your loss, and your worries, concerns and thoughts for the future.
- Let others help you with practicalities, for example bills, banks and cooking.
- Remember to eat and get plenty of rest.
- Talk to your GP or go and see a counsellor if you think you need extra support.

Cruse Bereavement Care

Tel: 0844 477 9400

www.cruse.org.uk

Support for anyone bereaved by death.

Lesbian, Gay, Bisexual and Transgender (LGBT) Bereavement Helpline

Tel: 020 7403 5969

www.londonfriend.org.uk

Support for lesbian, gay, bisexual and transgendered people who have been bereaved.

A positive spirit
is timeless



New relationships

People over 50 are increasingly likely to be single or starting new relationships because of separation, divorce or bereavement.

It might have been a while since you were dating or thinking about starting a new sexual relationship.

Some people may use the opportunity of being single again to explore aspects of their sexuality that they haven't in the past. For some, this may involve having a relationship with someone of the same sex or with the opposite sex for the first time.

“When I lost Mark, I thought my life was over but with time and friends' help I'm starting to come out of my shell again.”
– Brian

Coming out in later life

You may have always felt an attraction for the same sex and never acted on it, or you might be considering a same sex partner for the first time. There are over one million gay men and lesbians in the UK over 50 and the world is a changing and more supportive place to be out and proud. There are organisations which can help if you want support around your sexuality.

The Lesbian and Gay Foundation

Tel: 0845 3 30 30 30

www.lgf.org.uk

Support around sexuality for lesbians and gay men.

“I'm not sure who I am sexually anymore ... I feel like I am a teenager just discovering myself all over again.” – Jess

Sexually transmitted infections (STIs)

Sexually transmitted infections are not just a problem for younger people. Unplanned pregnancy might not be an issue for women over 50 but sexually transmitted infections can be.

It is important to practise safer sex to help prevent you getting a sexually transmitted infection by using a male or female condom every time you have sex. If your partner could get pregnant then condoms can also help protect against pregnancy.

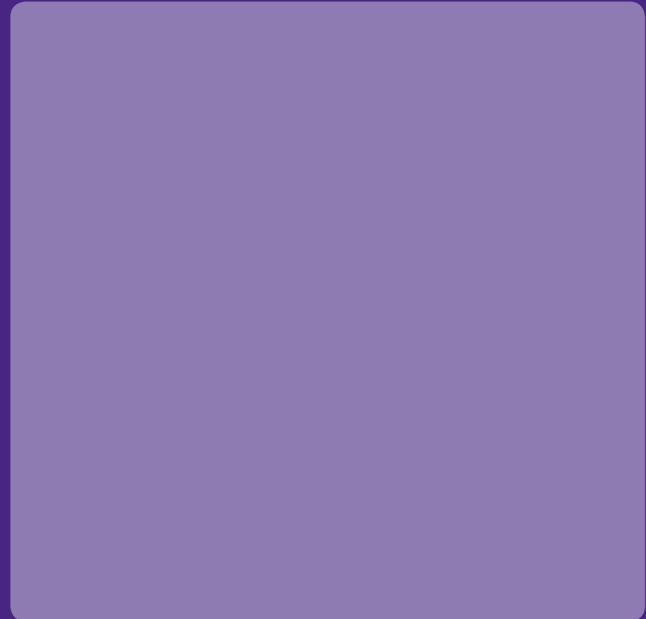
You cannot tell whether someone has a sexually transmitted infection just by looking at them and as there are often no symptoms people don't always realise they have one. Sexually transmitted infections pass from person to person through unprotected oral sex, vaginal sex and anal sex as well as close genital rubbing. So, it is very important to use condoms.

The common STIs are:

- genital warts
- chlamydia
- genital herpes
- gonorrhoea
- syphilis
- HIV.

If you experience any of the following you should seek advice:

- Unusual discharge from the vagina.
- Discharge from the penis.
- Pain or burning when you pass urine.
- Itches, rashes, lumps or blisters around the genitals or anus.
- Pain and/or bleeding during sex.
- Bleeding after sex.
- Pain in the testicles.
- Pain in the lower abdomen.



Tell your GP if you think you might have a sexually transmitted infection.

Getting help

Where can you go if you are worried you might have an infection?

You can get all tests and treatments at a genitourinary (GUM) or sexual health clinic. General practices, contraception clinics and some pharmacies may also provide testing for some infections. If they can't provide what you need, they will be able to give you details of the nearest service that can.

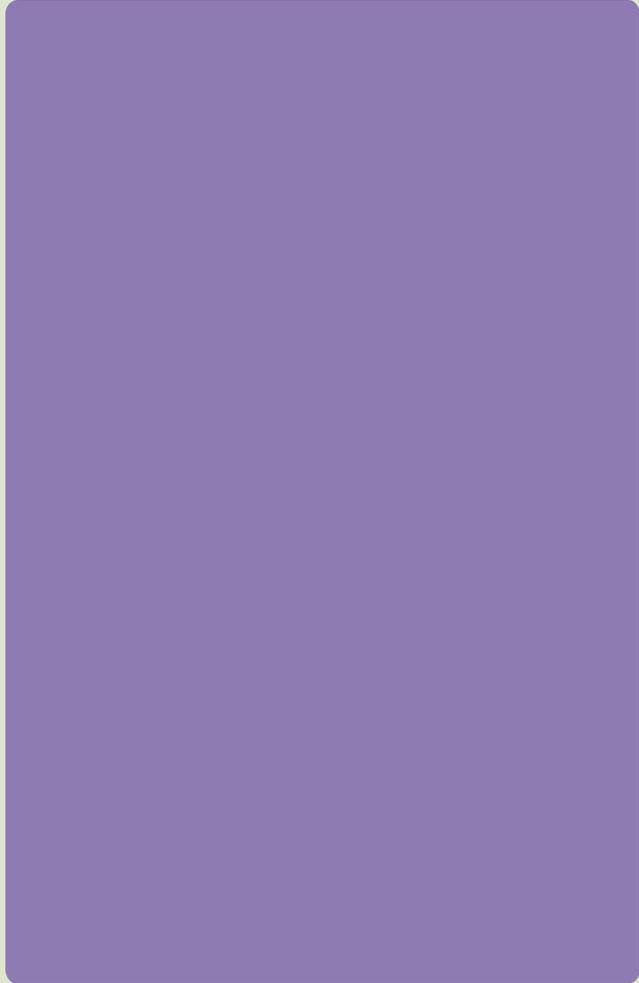
Services are confidential and there probably isn't anything most sexual health nurses and doctors haven't heard or seen before. It is better to get tested so that you can put your mind at ease or get the treatment needed to be healthy again.

Can they be treated?

Most sexually transmitted infections are very easily diagnosed through urine or blood testing.

Most can be treated and it is usually best if treatment is started as soon as possible.

Some infections, such as HIV, genital warts and genital herpes, never leave the body but there are drugs available that can reduce the symptoms. Drugs can also help prevent or delay the development of complications in HIV.



If left untreated, many sexually transmitted infections can be painful or uncomfortable, can permanently damage your health, and can be passed on to someone else.

HIV

What is HIV?

HIV stands for Human Immunodeficiency Virus. Once someone is infected with HIV the virus will remain in their body for the rest of their life. There is currently no cure for HIV and no vaccine to prevent people from becoming infected. However, drug treatments can help most people with HIV to live much longer and feel well.

HIV can be transmitted in a number of ways including through sex.

Why get tested?

It is extremely important that older people are tested as early as possible because without treatment, you are likely to develop late stage HIV infection faster than younger people. In older people, immune systems are weaker due to age. According to studies, untreated older people are twice as likely to get seriously ill and die compared with younger people.

“I didn’t think I’d ever have to worry about HIV but now I’m back on the dating scene, I realise it could happen to anyone.” – Audrey

Living with HIV

Most people with HIV benefit from antiretroviral treatment or combination therapy and live longer and have better health than if they had not been treated.

There has been a significant rise in gay men being diagnosed with Hepatitis C (liver inflammation) as well as HIV. This has a massive impact on the success of treatment. Gay and bisexual men who are sexually active are therefore encouraged to be tested annually for Hepatitis C and HIV.

If you and your partner are both HIV positive you still need to use condoms as you might have different strains of HIV.

Older age brings with it other health issues that can complicate treatment. Make sure your HIV doctors know about any other medications you are taking. Medications for heart disease, depression, high blood pressure, Alzheimer’s disease and arthritis can all affect antiretroviral treatments.

Erectile problems in men who are HIV positive can occur from nerve damage and HIV medications. If you would like support around this issue, see the Men’s health section on page 27.

Practise and be prepared!

These days you can get male and female condoms. They will help protect against HIV and other sexually transmitted infections. Even if you or a partner no longer need to worry about getting pregnant you may still need to use condoms.

Get used to carrying condoms. Practise using male condoms on yourself if you are a man or if you are a woman practise on a banana. Women can practise using female condoms on themselves.

There is a huge array of male condoms these days – flavoured, thin for sensitivity, non-latex for those with allergies, textured and lubricated for extra pleasure and lots of different shapes and sizes for a better fit.

How to use a male condom

Condoms need to be put on when the penis is erect and before there has been any genital contact.

- Check the 'use before' date.
- Squeeze the air out of the teat at the top.
- Place the condom over the tip of the erect penis.
- Roll the condom down to the base of the penis, it should roll down easily, if it doesn't it might be on the wrong way, if this has happened throw it away as it might have sperm on it and get a new one.

- After sex, hold the condom at the base of the penis while the man withdraws.
- Throw the condom away in a bin.

How to use a female condom

You can put the female condom in any time before sex, but always before the penis touches the vagina or genital area.

- Check the 'use before' date.
- Hold the closed end of the condom and squeeze the inner ring between your thumb and middle finger.
- With your other hand, separate the folds of skin around your vagina. Then put the squeezed ring into the vagina and push it up as far as you can.
- Now put your index or middle finger, or both, inside the open end of the condom, until you can feel the inner ring. Then push the inner ring as far back into the vagina as it will go. It will then be lying just above your pubic bone.
- Make sure that the outer ring lies close against the area outside your vagina.
- To remove the condom, twist the outer ring to keep the sperm inside. Then pull the condom out gently.
- Throw the condom away in a bin.

Sexual health and alcohol

Many people enjoy a drink and in moderation this does not generally affect your health. However, as people get older the effects of drinking alcohol are stronger because of reduced liver efficiency and an increased responsiveness in the central nervous system. Women might want to bear in mind that alcohol increases menopausal symptoms and men be aware that alcohol can affect erections.

Women are recommended to drink no more than 2–3 units per day.

Men are recommended to drink no more than 3–4 units per day.

Alcohol and safer sex

There is a fine line between lowering inhibitions to increase your confidence in social encounters and being too drunk to be able to take responsibility for yourself. Too much alcohol is also often the reason why people use condoms incorrectly or forget to use condoms at all. So think twice about how much alcohol you drink if you are thinking of getting frisky!

Alcohol Concern

Tel: 0800 917 8282

www.alcoholconcern.org.uk

Help and advice if you are concerned about your own or someone else's drinking.

Women's health

This part of the guide is divided into Women's health and Men's health, but we hope that if your partner is of the opposite sex you'll read both parts. It will help you be more aware and understand how their health might be affecting your relationship.

Cervical health

Cervical cancer is a common cause of cancer deaths in women in the UK. Regular cervical screening tests are one of the best defences against cervical cancer.

A cervical screening test is used to check the health of your cervix (the lower part of the womb). It will show any changes in or on the cervix that could develop into cancer. Found early these changes can usually be treated successfully.

- Screening is offered to all women aged 20–25, up to the age of 64, every 3–5 years. All women are encouraged to have a test. They can be done by your doctor/practice nurse or at a contraceptive and sexual health service.
- Women aged 65 and over who have had three normal test results in a row are not called back for further tests. The way that cervical cancer develops means it's very unlikely that women in this category will go on to develop the disease.

Women aged 65 and over who have never had screening are entitled to a test.

- Women who have had a total hysterectomy no longer have a cervix so they are not invited for a cervical screening test. Women who have had a total hysterectomy for the treatment of cancer, or who have had cervical cell changes that can lead to cancer at the time of total hysterectomy, will be offered follow up treatment as part of their hysterectomy follow ups.
- Women who have had a hysterectomy which has left all or part of the cervix in place will be invited to screening once their post-operative care has finished.

Breast care

Breast cancer is the most common form of cancer in women and the risk increases as you get older.

The NHS offers free breast screening to all women between the ages of 50 and 70 every three years if they are registered with a GP. This screening involves a mammogram which is an examination by x-ray that can locate any small changes in your breast. If changes are caught early there is a good chance that you can be successfully treated.

Women's health

Here are some important ways you can look after your breast health:

- Get to know the look and feel of your breasts and any changes that take place on a monthly basis.
- Look at them while you are getting changed or feel them while you are in the bath or shower.
- Look for any changes such as a lump or thickening in the breast or armpit, any unusual pain or discharge from the nipple or changes to overall shape.
- Attend routine screenings.
- Go and see your GP straightaway if you notice something unusual.

Sexuality and breast care

If you are diagnosed with breast cancer the feelings you have and the treatment you receive may affect your self confidence and sexual desire. You may feel different or be concerned about how your partner will react. Your desire for closeness and sexual intimacy might increase or you may not want sex at all.

Pain and discomfort from surgery and radiotherapy can mean that it is painful or uncomfortable to hug or get close during sex. Pain killers can help with this, as well as changing your position during sex so that you don't put any pressure on your chest. As you heal the pain will lessen. Remember it's important to keep talking to your partner about how you are feeling.

Ovarian cancer

Most ovarian cancers happen in women over the age of 50. Ovarian cancer is difficult to detect – and as a result it is often advanced by the time diagnosis is made.

The ovary is responsible for the production of key sex hormones, and the effect of surgery can prematurely bring on the menopause.

It can be difficult for women to recognise the symptoms of early stage ovarian cancer. They may feel swollen or bloated, experience appetite or weight loss, constipation or frequent urination – or feel a general discomfort in the lower abdomen. But these are all symptoms that could easily be caused by something else. If you are experiencing any of these symptoms, consult your GP.

You may be at increased risk if:

- You have a close relative who has had the disease.
- You have never had a child.
- You have previously had breast cancer.

Macmillan Cancer Support

Tel: 0808 808 00 00

www.macmillan.org.uk

Support for people affected by cancer.



**Every line
tells a story**

Women's health

Menopause

When a woman is around 50 years old her ovaries stop producing eggs. Her periods stop and she is no longer fertile. This is called the menopause.

The time leading up to the menopause is called the perimenopause, and it is during this time that the hormonal and biological changes associated with the menopause begin. For example, a woman's periods could become more or less frequent, or shorter, before stopping altogether.

The menopause is a significant change in a woman's life. The way women experience the menopause varies enormously. For some women the ending of periods is a welcome relief, for others the loss of fertility can be upsetting. For most women the combination of menopausal symptoms and a changing body can be difficult.

Common symptoms:

- Hot flushes/night sweats.
- Insomnia, leading to fatigue/tiredness.
- Mood swings, irritability, anxiety and difficulty concentrating.
- Joint aches and headaches.
- Palpitations.
- Vaginal dryness/vaginal discomfort.
- Frequent urinating, stress incontinence/urine infections.

Many of these symptoms can have a profound effect on how women feel about themselves emotionally and sexually, and on their relationships.

General tips to combat symptoms:

- Eat a low fat and low sugar diet.
- Drink plenty of water.
- Limit alcohol and caffeine.
- Exercise regularly.
- You may want to talk to friends and partners about your experience.
- Get information from your GP, the internet and books.

Lubrication

The vagina becomes naturally lubricated when women are aroused. However, vaginal dryness is a common menopausal problem. The reduction and slower production of lubrication in the vagina and the thinning and shortening of the vaginal canal can mean that women experience soreness and discomfort during penetrative sex. This can be helped by using artificial lubricants and moisturisers that can be bought from pharmacies.

Fact

If you are going through the menopause it is even more important to use condoms because the combination of less lubrication and thinning vaginal walls can make women more vulnerable to contracting sexually transmitted infections.

Not tonight darling I've got a headache!

Whether the menopause is directly responsible for the drop in sex drive that some women experience is unclear. The hormone responsible for sex drive is testosterone and it's produced in the ovaries. As the ovaries cease to function, testosterone drops off and this can affect the level of sexual desire. On the up side women's responsiveness to sex actually increases with age, maybe because they no longer worry about pregnancy. Maturity for many women does mean that they are more confident in voicing their desires and feelings.

Hot flushes

Hot flushes can occur several times a day and be disconcerting and tiring, especially at night. Some women experience severe night sweats during the menopause often waking up drenched in sweat. As a result, sleep can be disrupted and result in fatigue.

"I think he mistook my hot flush for shyness, I felt embarrassed, but he thought I fancied him – I did actually!"
– Sue

What helps?

- Keep the bedroom temperature cool.
- Rest as much as possible if tired.
- Wear layers and loose fitting clothing.
- Avoid excessive alcohol and caffeine.
- Wear cotton rather than man-made fibres.
- Hormone replacement therapy (HRT).

HRT

HRT replaces the hormones that women's bodies stop producing during the menopause. You can take HRT once you start experiencing menopausal symptoms. There are three types of HRT and they can be taken in different forms such as creams, gels, tablets, patches and implants. Most women can stop taking HRT once their menopausal symptoms have ceased. See your GP for advice.

HRT might not be suitable for some women with:

- A history of breast cancer, ovarian or endometrial cancer.
- A history of blood clots or thrombosis.
- A history of stroke.
- A history of heart disease or high blood pressure.
- Liver disease.

Women's health

Pelvic floor

During the menopause the muscles of the pelvic floor weaken and will continue to do so throughout the post-menopausal years. The result of this is a loss of sexual sensitivity in the vagina and the inconvenient and sometimes embarrassing symptom of stress incontinence. This is where a small amount of urine is lost when pressure is put on the pelvic floor muscles through sneezing, laughing, coughing, exercise, lifting, pushing or blowing the nose.

Doing regular pelvic floor exercises will not only help with stress incontinence but will increase vaginal sensation and stronger orgasms.

Here's how

Tighten the muscles around your bottom, vagina and urethra – the tube where you urinate. Lift yourself up inside as if you are trying to stop urinating. Practising this ten times a day in a relaxed and slow way will improve the strength of the pelvic floor. Avoid holding your breath and tightening your bottom, stomach and thigh muscles while you do it.

Post menopause

Once periods have stopped for at least a year women are considered post menopausal.

Post-menopausal women start to lose bone mass at a much higher rate than before which can lead to osteoporosis (thinning of the bone).

What helps prevent bone loss?

- Regular weight-bearing exercise such as walking.
- Eating a healthy diet adequate in calcium and vitamin D.
- Cutting down on alcohol, caffeine and smoking.
- Medication called bisphosphonates.

Carry on using contraception for one year after your last period if you're over 50.

National Osteoporosis Society

Tel: 0845 450 0230

www.nos.org.uk

Information and advice about osteoporosis.

Men's health

If you are a man with a female partner you may want to also read the Women's health section. It will help you understand how their health might be affecting your relationship.

Up, up and away!

In the UK, one in every ten men has erectile problems (also known as impotence) and as men get older problems become much more common. It often takes older men longer to get an erection, maintain an erection, or be as firm as they used to be. This is often the cause of much embarrassment for men. These problems can have a profound effect on a man's self-esteem, his desire to initiate sex and his ability to have sex. Relationships can also be affected. Talking to partners is essential so that misunderstandings don't occur, for example the other partner thinking they aren't desired any more.

If you are having consistent difficulty in achieving or maintaining an erection then there are plenty of solutions available. Sometimes erectile problems can be an indicator that something else is wrong. See your GP.

Common causes of erectile dysfunction:

- Emotional and relationship problems.
- High blood pressure.
- High levels of cholesterol.
- Diabetes.
- Smoking heavily.
- Heavy drinking.
- Drug use.
- Side-effects of some medications.



Men's health

What helps erectile dysfunction?

- Talking to a partner.
- Getting fit/losing weight.
- Reducing stress levels.
- Stopping smoking.
- Reducing alcohol intake.
- Psychosexual therapy.

Treatments

- Vacuum pumps.
- MUSE (pellets).
- Penile injections.
- Drugs, for example Viagra, Cialis or Levitra.

It is very important to talk to your GP if you are having erectile problems so that they can work out what is best for you. Some treatments are available on the NHS and some only if you have particular medical conditions such as diabetes, Parkinson's disease or prostate cancer.

Treatment might also be available if you are experiencing severe distress.

Vacuum pumps

This device is placed over the penis and uses suction to draw blood into the penis. The blood is kept in place with a plastic ring that is placed around the base of the penis. They have a high success rate and they are cheap to buy.

MUSE

MUSE is a small pellet of a drug called alprostadil which alters the blood flow in the penis and can be inserted into the urethra using an applicator.

Penile injections

Alprostadil is injected into the penis and like MUSE (above) increases the blood flow to the penis. Men and their partners can be taught how to self inject. It is easy to learn and doesn't hurt.

If you suffer from sickle cell anaemia, leukaemia or multiple myeloma, you should not use MUSE or penile injections.

Viagra/Cialis/Levitra

Erections can be enhanced by taking the drugs Viagra, Cialis or Levitra. They improve the erectile function of the penis. However, on their own they will not increase sexual desire as they are not aphrodisiacs. Sexual stimulation is still required to bring about a sustained erection.

It is possible to buy most of these drugs on the internet. This is risky as they should only be taken after advice from your GP. Your GP will tell you if the drug is suitable for you, how much you should take and discuss possible side effects. Drugs ordered from the internet could also be out-of-date, fake and dangerous to your health.

Keeping active



Men's health

Caution before taking Viagra, Cialis/Levitra!

Anyone with a heart condition, angina, high blood pressure or on HIV medications should see a GP before taking Viagra, Cialis or Levitra as the combination of medications can be dangerous.

Amyl nitrate (poppers) is a drug often sold in sex shops, clubs and bars. It should not be used at the same time as Viagra, Cialis or Levitra.

“As we have got older we do have less sex, but the sex we do have is great because we are so much better at talking about things, there is nothing I wouldn't say to her or ask.” – John

“Well, physically things are different, if you know what I mean; we don't have as much sex now, so instead I think we're both more affectionate than we ever were.” – Ron

The prostate gland

The prostate gland is a small gland about the size of a walnut. The prostate surrounds the first part of the urethra, which carries urine from the bladder to the penis. The prostate gland produces the fluid which is added to sperm and gives semen its white creamy appearance.

As men get older their prostate gland often enlarges. This often causes no problems.

Prostate cancer is the most common cancer in men in the UK. Most men with prostate cancer have very mild or no symptoms at all.

Symptoms of all prostate problems include:

- Passing urine more often than usual, especially at night.
- Difficulty in passing urine.
- Pain on urinating or during sex.
- Straining to urinate or taking a long time to finish.

Other less common symptoms include:

- Pain in the back, hips or pelvis and other bony areas.
- Blood in the urine or semen (rare).

If you have any of these symptoms get checked out by your GP.

Macmillan Cancer Support

Tel: 0808 808 00 00

www.macmillan.org.uk

Supports people affected by cancer.

Illness and your sex life

As people age they are more likely to experience illness and disabling conditions that can affect their sex lives and self-esteem. In fact, it is usually the start of illness and disability, not less will to have sex, that causes the decline in sexual activity in older people. Some illnesses and medications can have a direct affect on physical responsiveness but all health conditions and illnesses can affect the way people feel about their sexuality.

Any of the following may impact on relationships:

- Fears about over-exertion.
- Insecurity about a body that has undergone surgery and looks different.
- A change to relationship dynamics.
- Mobility restrictions.

If sexual intimacy has been an important part of your relationship before illness then finding ways to resolve problems that arise through illness is important.

During or after an illness it is common for couples to become anxious about sex. This can affect both of them. The partner who isn't ill may fear hurting the other or overexciting them. The ill partner might worry about disappointing their partner.

“One breast or two breasts she’s always been the most beautiful woman in the world to me.” – Paul

“One of the worst things about having the stroke was how it affected our sex life. My wife used to get anxious even if we just had a cuddle but we worked it out.”
– Phil

People who have had surgery which has affected the look of their body, such as a mastectomy or amputation, often need time and support to adjust to their new appearance. Anxieties about attractiveness and desirability can have an impact on sexual relationships.

Illness can also change a couple’s relationship. Someone who was previously independent who now relies on being looked after by their partner, for example may struggle with feeling desirable. Equally, the well partner may have issues of their own, such as fatigue and resentment.

Arthritis, joint replacements and any health condition which affects mobility can be a challenge during sexual activity. Experiment with getting comfortable. Take your time and talk to your partner until you find something new that works well for both of you.

Illness and your sex life

What can help?

- Talk to your partner about your concerns and feelings. Talking about what you really want is an essential part of good sex between any couple. If you need help to talk you can see a relationship counsellor.
- Talk to your GP about your concerns. If your GP isn't very helpful, think about going to see a relationship counsellor.
- Remember that sex does not have to be about sexual intercourse and penetration.
- Showing affection and appreciation to each other is very important. All couples have their own way of doing it but you could try hugs, cuddling, massage, candlelit baths or flowers.
- Get as informed as possible about the illness and its impact on sex (ask your GP and get information from websites and helplines).

“After my operation the doctor asked about sex, which was a bit embarrassing because me and my partner had hardly touched each other for months, but it turned out to be the shot in the arm our love life needed. We talked frankly to each other and really took our time getting it right for us.”– Colin

- If your partner is ill, remember to make time for yourself, and get others to help out, your partner might appreciate this too.
- Your sexual desires don't have to go on hold just because your partner is ill – enjoy yourself through masturbation.

Medications and sexuality

These days many people over 50 may be taking a variety of medications. Some medications have an affect on sex drive, vaginal lubrication and loss of sensation and can be one of the main factors behind erectile problems. It's important to read the information about side effects carefully and if you are concerned talk to your GP. If you were struggling with sexual problems before starting the medication it may make things worse.

Relate

Tel: 0300 100 1234

www.relate.org.uk

Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website.

Useful organisations

How FPA can help you

Call **sexual health direct**, the helpline run by FPA. It provides:

- confidential information and advice and a wide range of booklets on common sexually transmitted infections
- details of sexual health and GUM clinics and sexual assault referral centres.

FPA helplines

England

helpline 0845 122 8690
9am to 6pm Mon to Fri

Northern Ireland

helpline 0845 122 8687
9am to 5pm Mon to Fri

www.fpa.org.uk

Visit the FPA website for confidential information and advice or send your enquiry to Ask WES, the FPA Web Enquiry Service at www.fpa.org.uk.

Getting help locally

You can get sexual health help and advice in your area from:

- GUM clinics
- a general practice
- a sexual health clinic.

Age UK

Tel: 0800 169 6565

www.ageuk.org.uk

Help and advice for older people.

Alcohol Concern

Tel: 0800 917 8282

www.alcoholconcern.org.uk

Help and advice if you are concerned about your own or someone else's drinking.

Arthritis Care

Tel: 0808 800 4050

www.arthritiscare.org.uk

Information and support to help you to take control of your arthritis.

The Beaumont Society

Tel: 01582 412220

www.beaumontsociety.org.uk

A national self help body run by and for those who crossdress or are transsexual.

British Association for Sexual and Relationship Therapy

Tel: 020 8543 2707

www.basrt.org.uk

Offers sexual and relationship therapy from experienced therapists.

British Heart Foundation

Tel: 0300 330 3311

www.bhf.org.uk

Information for everyone living with heart disease.

Useful organisations

Cruse Bereavement Care

Tel: 0844 477 9400

www.cruse.org.uk

Cruse enables anyone bereaved by death to understand their grief and cope with their loss.

Diabetes UK

Tel: 0845 120 2960

www.diabetes.org.uk

Offers help and advice to people living with diabetes.

The Gender Trust

Tel: 0845 231 0505

Supports those affected by gender identity issues.

The Lesbian and Gay Foundation

Tel: 0845 3 30 30 30

www.lgf.org.uk

A helpline, counselling, advice and support around sexuality for lesbians and gay men.

Lesbian, Gay, Bisexual and Transgender (LGBT) Bereavement Helpline

Tel: 020 7403 5969

www.londonfriend.org.uk

Support and practical information for lesbian, gay, bisexual and transgendered callers who have been bereaved or are preparing for bereavement.

Macmillan Cancer Support

Tel: 0808 808 00 00

www.macmillan.org.uk

Improves the lives of people affected by cancer by providing practical, medical and financial support.

Menopause Matters

www.menopausematters.co.uk

Information about the menopause, menopausal symptoms and treatment.

Men's Health Forum

www.malehealth.co.uk

Advice and information on male health.

National Osteoporosis Society

Tel: 0845 450 0230

www.nos.org.uk

Information and advice about osteoporosis.

NHS Choices

www.nhs.uk

Information on conditions, treatments, local services and healthy living.

NHS Smokefree

Tel: 0800 022 4332

www.gosmokefree.nhs.uk

Information about free NHS services to help people stop smoking.

Outsiders

Tel: 0707 499 3527

www.outsiders.org.uk

Help for people with physical and social disabilities to make friends and find partners.

Rape Crisis

England and Wales

Tel: 0808 802 9999

www.rapecrisis.org.uk

Scotland

Tel: 08088 01 03 02

www.rapecrisisscotland.org.uk

Northern Ireland

Tel: 028 9032 9002

www.rapecrisisni.com

Confidential information and advice about rape and sexual violence.

Refuge

Tel: 0808 2000 247

www.refuge.org.uk

Support and services for people who have experienced domestic violence.

Relate

Tel: 0300 100 1234

www.relate.org.uk

Advice, relationship counselling, sex therapy and support, face-to-face, by phone and through their website.

Relationships Scotland

Tel: 0845 119 2020

www.relationships-scotland.org.uk

Relationship counselling, family mediation and other forms of family support across Scotland.

Sexual Advice Association

Tel: 020 7486 7262

www.sda.uk.net

Helps improve sexual health and wellbeing.

The Stroke Association

Tel: 0303 3033 100

www.stroke.org.uk

Essential information if you or someone you care about has had a stroke.

Survivors UK

Tel: 0845 122 1201

www.survivorsuk.org

Information, support and counselling for men who've been raped or sexually assaulted.

Terrence Higgins Trust

Tel: 0845 1221 200

www.tht.org.uk

Information on safer sex, HIV and late stage HIV infection.

Women's Health Concern

www.womens-health-concern.org

Advice, reassurance and education for women about their health concerns.

People over 50

Relationships and sexual health

This booklet is for anyone over 50 who would like to find out more about:

- Exploring your relationship or starting a new one.
- Looking after your sexual health.
- Health issues for men and women related to sexual wellbeing, such as the menopause or erectile dysfunction.
- Illness and your sex life.
- How to get help and advice if you need it.

It also covers the all important issue of sexually transmitted infections and how to help protect yourself, including practical information on how to use male and female condoms.

Acknowledgments

FPA would like to thank Manchester Primary Care Trust for their kind permission to adapt this booklet.

Many thanks to all the people who participated in the focus groups and photography for this guide.

All photography by Richard Moran, www.moranphoto.co.uk, and John Birdsall/Press Association, www.johnbirdsall.co.uk, www.pressassociation.com. All library photos posed by models. Printed by Newnorth.

ISBN: 978-1-905506-81-1

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talking sense about sex

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ISBN 978-1-905506-81-1

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