

Aging and Intimacy

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By [Dr. Deepak Kapoor](#), [President of Advanced Urology Centers of New York](#)

Did you know 73% of individuals between the ages of 57-64 are participating in sexual relationships? Studies documented in the New England Journal of Medicine also show 53% of people ages 64 to 75 and 26% between the ages of 75 to 85 are having sexual intercourse. These active seniors may face medical conditions that inhibit or make sexual activity more problematic.

At any age, sexual relations can be challenging due to health and emotional factors. Physical obstacles such as erectile dysfunction, urinary tract infections, stress incontinence and sexually transmitted diseases impact healthy intimate relations among seniors.

Erectile Dysfunction (ED)

Erectile dysfunction affects an estimated 30 million men in the United States. Commonly defined as the inability to achieve and or maintain an erection, it is caused by a reduction in the blood flow within the penis. Depression or side effects from medications including diuretics, antidepressants, antihistamines, or non-steroidal anti-inflammatories, can cause erectile dysfunction.

Erectile dysfunction may also be a sign of more serious health issues such as diabetes, high cholesterol, high blood pressure or cardiovascular disease. Atherosclerosis (the

hardening of the arteries causing strokes, heart attacks or peripheral vascular disease), hormone imbalances or neurological disorders can also cause erectile dysfunction.

Urinary Tract Infections

When bacteria seeps into the urinary tract through the urethra and travels into the bladder, kidneys, or ureters, Urinary Tract Infections (UTIs) develop. Menopausal women are likely to be affected as the decrease in estrogen causes a loss in protection from these types of bacteria. The use of vaginal estrogen cream and sprays can also lead to UTIs.

Each type of urinary tract infection has a specific set of signs and symptoms. For example, in kidney infections (acute pyelonephritis), patients may experience back pain, fever, chills, nausea and vomiting. Infections in the bladder (cystitis) may cause lower abdominal pain, painful urination, or blood in the urine. In the urethra, infections can produce a burning sensation during urination.

Should a patient be diagnosed with a UTI, a cystoscopy may be performed to view the urethra and bladder. The doctor will typically prescribe antibiotics to treat this condition.

Stress Incontinence

The stretching or weakening of the pelvic floor muscles resulting from prior pelvic surgeries, menopause or childbirth can cause stress incontinence. This allows urine to leak out of the bladder and can cause women to discharge urine during intimacy.

To diagnose stress incontinence, urine samples will be tested for blood and physical exams and/or urinary stress tests will be performed. Treatment plans will be created based upon previous medical history, current weight, and condition of the bladder.

Depending on the severity of the stress incontinence, kegel exercises (pelvic floor muscle strengthening exercises), scheduled toilet trips, or caffeine avoidance may be

viable treatment options. Surgery is the best option for cases of stress incontinence that involve prolapsed bladders, urethras needing support or weak sphincters.

Sexually Transmitted Disease (STD)

An alarming number of sexually transmitted diseases have been diagnosed in recent years, as seniors are having unprotected sex. According to the Centers for Disease Control and Prevention, chlamydia infections among Americans more than 65 years old rose by 31 percent while syphilis cases increased by 52 percent in the same age group.

Have Abnormal Symptoms?

Seek medical advice to avoid complications and enjoy sexual relations. Many of these medical issues can be alleviated with the correct diagnosis and treatment plan.

To learn more about Advanced Urology Centers of New York, call 516-931-0041 or visit www.aucofny.com.

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Dr. Deepak A. Kapoor, President, Advanced Urology Centers of New York (<http://www.aucofny.com>), headquartered in Melville, NY, is one of the youngest physicians to have been certified by the American Board of Urology. His medical background is diverse with both laboratory and clinical experience, both in the academic and private sectors.