

Publication

## Sexual counseling in elderly couples

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**INTRODUCTION:** Sexual health of the elderly has long been either a taboo or a non-medical life style luxury issue. Increasing longevity of women and men, reconceptualization of sexual health as part of general health, and the development of drugs aiming at improvement of sexual function have contributed to a change in the attitude of the elderly and the medical community, thus increasing the demands for help. **AIMS:** To respond to these demands, caregivers need to be informed about the statistics concerning the sex life of the elderly, need to understand the biological, psychological, interaction and social factors that determine the sexual health of the aging population, need a comprehensive diagnostic and therapeutic approach, taking into account the specific characteristics of the aging male, female, and the couple. **MAIN OUTCOME MEASURES:** Diagnostic and therapeutic algorithm integrating the biopsychosocial profile of the aging male and female and the interaction characteristics of the couple. **METHODS:** Review of the literature, analysis of cases, and review of multidisciplinary case discussions of elderly couples with sexual problems consulting the Division of Sexual Medicine at the University Hospital of Basel. **RESULTS:** Sexual dysfunction is highly prevalent in the aging population, with hypoactive sexual desire disorder and pain disorders being the most frequent in women, and premature ejaculation and erectile dysfunction being the most frequent in men. The specific characteristics of the sexual ill health in elderly couples are the interactions of physical and mental morbidity including therapies, multidimensional sexual dysfunctions in both partners, dyssynchrony in personal development and sexual scripts, and a longstanding fixed interactional pattern with rigid "sexual roles." The diagnostic approach has to integrate sexological descriptive diagnoses of both partners, their biopsychosocial profile, and the couple's history and interactional pattern. From this diagnostic framework, caregivers must design specific, multidisciplinary therapeutic strategies for the elderly couple, which include biomedical, individual psychotherapeutic, and systemic interventions in various combinations. **CONCLUSION:** The increasing demand for help of elderly couples with sexual dysfunction requires a multidisciplinary approach in diagnosis and therapy combining the knowledge and skills of urologists, gynecologists, internists, and various mental health professionals to provide individualized age-related care.

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