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Sexuality and Intimacy in Older Adults

[Español](#)

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Sexuality is the way we experience and express ourselves sexually. It involves feelings, desires, actions, and identity, and can include many different types of physical touch or stimulation. Intimacy is a feeling of closeness and connectedness in a relationship that can occur with or without a physical component.

Aging brings life transitions that can create opportunities for older adults to redefine what sexuality and intimacy mean to them. Some older adults strive for both a sexual and intimate relationship, some are content with one without the other, and still others may choose to avoid these types of connections.

The following information is for older adults who want sexuality and intimacy in their lives. Included are common aging-related challenges and opportunities, and approaches to consider making the most of individual situations in these areas.

What are expected changes?

Sexuality is often affected by one's emotional and physical state. How you physically feel may affect what you are able to do and how you emotionally feel may affect what you want to do.

Many older couples find greater satisfaction in their sex lives than they did when they were younger. They may have fewer distractions, more time and privacy, and no worries about getting pregnant. They also may be better able to express what they want and need, which can offer an opportunity for greater intimacy and connection.

Normal aging also brings physical changes that can sometimes interfere with the ability to have and enjoy sex. As we age, our bodies change, including our weight, skin, and muscle tone. Some older adults don't feel comfortable in their aging bodies. They may worry that their partner will no longer find them attractive. Health conditions can cause physical problems, along with stress and worry, that can get in the way of intimacy or enjoying a fulfilling sex life.

Two common changes that older adults experience are related to the sex organs. The vagina can shorten and narrow, and the vaginal walls can become thinner and stiffer. For most, there will be less vaginal lubrication, and it

may take more time for the vagina to naturally lubricate itself. These changes could make certain types of sexual activity, such as vaginal penetration, painful or less desirable.

With age, impotence (also called erectile dysfunction, or ED) also becomes more common. ED is the loss of ability to have and keep an erection, and the erection may not be as firm or as large as it used to be. ED is not a problem if it happens every now and then, but if it occurs often, talk with your doctor.

Menopause is another change that may affect sexuality and intimacy in older adults. During a woman's [menopausal transition](#), which can last for a number of years and ends when she has not had a period in 12 months, there may be a variety of symptoms. These can include hot flashes, trouble falling and staying asleep, and mood changes. The desire to have sex may increase or decrease. Women using hormone therapy to treat [hot flashes](#) or other menopausal symptoms may experience a considerable boost in sexual interest and drive.

What causes sexual problems?

Some illnesses, disabilities, medicines, and surgeries can affect your ability to have and enjoy sex.

Alcohol. [Too much alcohol](#) can cause erection problems in men and delay orgasm in women.



Arthritis. Joint pain due to [arthritis](#) can make sexual contact uncomfortable. [Exercise](#), drugs, and possibly joint replacement surgery may help relieve this pain. Rest, warm baths, and changing the position or timing of sexual activity can be helpful.

Chronic pain. Pain can interfere with intimacy. It can also cause tiredness and exhaustion, leaving little energy or interest in sex. [Chronic pain](#) does not have to be part of growing older and can often be treated. But, some pain medicines have effects on sexual function. Always talk with your health care provider if you have [side effects from any medication](#).

Dementia. People with some forms of [dementia](#) may show an [increased interest in sex and physical closeness](#), but they may not be able to judge what is appropriate sexual behavior. People with severe dementia may not recognize their spouse or partner but may still desire sexual contact. They may sometimes even seek this with someone else. It can be confusing and difficult to know how to handle this situation. Talking with a doctor, nurse, or social worker with training in dementia care may be helpful.

Depression. Lack of interest in activities you used to enjoy, such as intimacy and sexual activity, can be a symptom of [depression](#). If you think you're depressed, [talk with your health care provider](#) about possible treatments that will not further interfere with desire.

Diabetes. This is one of the illnesses that can cause ED. In most cases, medical treatment can help. When not well controlled, diabetes can lead to yeast infections, which can cause itching and irritation and make sex uncomfortable or undesirable.

Heart disease. Narrowing and hardening of the arteries can change blood vessels so that blood does not flow freely. For some, it may take longer to become aroused, and it may be difficult to have or maintain an erection. As a result, this can make it difficult to achieve an orgasm. People who have had a heart attack, or their partners, may be afraid that having sex will cause another cardiovascular incident. Even though sexual activity is generally safe, always follow your doctor's advice.

Incontinence. Loss of bladder control or leaking of urine is more common as people grow older. Extra pressure on the belly during sex can cause urine to leak. This can be helped by changing positions or by emptying the bladder before and after sex. The good news is that [incontinence](#) may be treated with medical treatments, bladder control training, and behavioral and lifestyle changes.

Medications. Some drugs can cause side effects that interfere with sex, such as ED, difficulty ejaculating, difficulty with arousal and orgasm, reduced sexual desire, and vaginal dryness. Drugs that can cause these problems include some [blood pressure](#) medicines, antihistamines, antidepressants and drugs for other mental health conditions, sedatives, medications for [Parkinson's disease](#) or cancer, appetite suppressants, and anti-ulcer drugs. If you experience any of these side effects, check with your health care provider to see if there is a different drug you could take.

Obesity. Adults with overweight or obesity have an increased risk of erection problems.

Peyronie's disease. This is a disorder in which scar tissue forms under the skin of the penis and pulls on the surrounding tissues, causing the penis to curve or bend, usually during an erection. Curves in the penis can make erections painful and may make sexual intercourse painful, difficult, or impossible. If you are affected by [Peyronie's disease](#), discuss treatment options with a doctor.

Stroke. The ability to have sex is sometimes affected by a [stroke](#). A change in positions or medical devices may help people with ongoing weakness or paralysis to have sex. Some people with paralysis from the waist down are still able to experience orgasm and pleasure.

Surgery. Any kind of surgery can cause worry, and this can be even more troubling when the breasts or genital areas are involved, such as with the surgeries listed below. Most people are able to return to the kind of sex life they enjoyed before surgery. For some, these types of surgeries may even help them to increase their sex life options.

- *Hysterectomy* is a surgery performed to remove the uterus because of pain, bleeding, fibroids, or other reasons. Often, when the person is older, the ovaries are also removed during this procedure. Deciding whether to have this surgery can leave both women and their partners worried about their future sex life. If you're concerned about any changes you might experience with hysterectomy, talk with your gynecologist or surgeon. You may also wish to talk with other people who have had this procedure.
- *Mastectomy* is the removal of all or part of a breast, often because of [breast cancer](#) or cancer prevention. This surgery may cause some people to lose their sexual interest, or it may leave them feeling less desirable or attractive. If you are considering breast reconstruction, you can discuss this with your cancer health care provider or surgeon. In addition to talking with your doctor, sometimes it is useful to talk with other people who have had this surgery.
- *Prostatectomy* is surgery that removes all or part of the [prostate](#), commonly because of cancer or an enlarged prostate. It may cause [urinary incontinence](#) or ED. If you need this operation, talk with your health care provider

before surgery about your concerns.

For some people, talking with their health care provider about sexual problems may feel uncomfortable. It's important to remember that these are topics your doctor needs to hear about to treat you most effectively. You may also consider speaking with other physical and mental health professionals, such as a nurse or therapist. Many health care providers now use online patient portals through which people may feel more comfortable opening a discussion with their health care team.

Are you too old to worry about safe sex?

Age does not protect you from sexually transmitted diseases (STDs). Older people who are sexually active may be at risk for diseases including syphilis, gonorrhea, chlamydial infection, genital herpes, hepatitis B, genital warts, and trichomoniasis.

People who are sexually active, no matter their age, may also be at risk of being infected with HIV, the virus that causes AIDS. In fact, the number of older people with [HIV/AIDS](#) is growing. You are at risk for HIV/AIDS if you or your partner has more than one sexual partner, if you are having unprotected sex, or if either you or your partner is sharing needles.

To protect yourself, always use a condom during vaginal or anal sex and use a dental dam or other barrier method during oral sex. Learn more about using [condoms](#), [dental dams](#), and other ways you can [prevent STDs](#).

Talk with your health care provider about ways to protect yourself from STDs and infections during your regular check-ups and if you have any concerns between visits. Remember, you are never too old to be at risk.

Sexual and gender minority older adults

People who identify as part of a sexual and gender minority (SGM) group, such as lesbian, gay, bisexual, transgender, or queer, may experience additional difficulties with sexuality in later life. For example, studies have found that:

- SGM older adults are more likely than heterosexual older adults to experience certain conditions that could interfere with sex and intimacy, such as increased mental distress and higher rates of various health conditions such as cardiovascular disease, obesity, and disability.
- SGM older adults may be less open about their sexual orientation in assisted living, nursing home, or other long-term care environments out of fear of being mistreated and discriminated against.
- Many SGM older adults don't disclose their sexual orientation to their health care providers, and some people have reported negative reactions when they do.

Researchers are partnering with people in SGM communities to learn more about the health disparities and other factors affecting these groups. For example, the [Aging with Pride: National Health, Aging, Sexuality and Gender Study](#), funded in part by NIA, is a long-term effort involving more than 2,000 older adults to better understand the aging, health, and well-being of SGM populations and their families.

Years of hiding their identity and other factors can cause stress and fear that may make it difficult for SGM older adults to talk openly with doctors or other health care providers. If you're not comfortable talking with your doctor, it may be helpful to talk with another medical professional like a nurse or medical assistant. Learn about [talking with your doctor about sensitive topics](#).

Many organizations maintain provider directories that can help connect people to local health care providers with appropriate experience and expertise, such as the CDC's [LGBT Health Services](#) and [World Professional Association for Transgender Health](#). The organizations listed below may also have helpful information for SGM older adults.

What can you do?

There are approaches you can take for an active and enjoyable sex life. If you have a partner, talk openly with them about the changes you are experiencing, and try not to blame yourself or your partner. Take time to enjoy each other and to understand the changes you both may be facing. This time in your life can be an opportunity to form more intimate bonds and explore your sexual relationship in a new way.

You may also find it helpful to talk with a therapist, either alone or with your partner. Some therapists have special training in helping people with sexual problems. If you sense changes in your partner's attitude toward sex, don't assume they are no longer interested in you or in having an active sex life with you. Many of the things that cause sexual problems in older adults can be rectified.

For example, if you are experiencing pain due to vaginal dryness, your health care professional or a pharmacist can suggest over-the-counter lubricants or moisturizers to use. Water-based lubricants can be used to make sex more comfortable, whereas moisturizers can be used regularly over time to replenish moisture and reduce dryness. Your provider also might suggest prescription hormones, such as a [vaginal estrogen](#), or nonhormone medications that are also approved by the U.S. Food and Drug Administration to treat painful sex.

If ED is the problem, it can often be managed with [medications or other treatments](#). A health care professional may suggest lifestyle changes, such as limiting alcohol or increasing physical activity, to help reduce ED. A health care professional may also prescribe testosterone for people with low levels of this hormone. Although taking testosterone may help with ED, it may also lead to serious side effects and can affect how other medicines work. Make sure to talk with your health care provider about testosterone therapy and testing your testosterone levels. Be wary of any [dietary or herbal supplements](#) promising to treat ED. These products may have dangerous side effects or interact with prescription medicines. Always talk to a health care provider before taking any herb or supplement. Another important reason to see your health care provider for ED is that it may be a sign of an underlying health problem that should be treated, such as clogged blood vessels or nerve damage from diabetes.

Physical problems can change your sex life as you get older. If you are single, dating may be easier later in life when you're more confident and sure of what you want. If you're in a relationship, you and your partner may discover new ways to be together as you grow older. Talk to your partner or partners about your needs.

You may also be interested in

- Learning more about the [sexual and gender minority communities](#)
- Viewing this infographic about [making the most of your doctor visits](#)
- Finding out more about [HIV/AIDS](#)

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For more information about sexuality and intimacy in older adults

American College of Obstetricians and Gynecologists

800-673-8444

resources@acog.org

www.acog.org

Health in Aging Foundation

800-563-4916

info@healthinaging.org

www.healthinaging.org

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

800-860-8747

866-569-1162 (TTY)

healthinfo@niddk.nih.gov

www.niddk.nih.gov

MedlinePlus

National Library of Medicine

www.medlineplus.gov

Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)

212-741-2247

info@sageusa.org

www.sageusa.org

Urology Care Foundation

800-828-7866

info@urologycarefoundation.org

www.urologyhealth.org

The World Professional Association for Transgender Health (WPATH)

www.wpath.org

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