

You Never Know

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Each Gerontology Update will focus on a topic that will offer information that is timely and useful to the practicing rehabilitation nurse. Over the next year, updates may include the following topics: myths of aging, sensory deficits or communications, functional assessments, cognitive impairments, depression, falls or immobility or deconditioning, sleep and rest, incontinence, pain, nutrition or hydration, polypharmacy-medication issues, restraint reduction, current best treatment of skin tears, current trends in pressure ulcer treatment, PEG tubes, sleep disorders, life expectancy and predictors (i.e., life-care planners would appreciate this).

If there are topics not included in the above list that you would like to know more about or if you are interested in writing an article, please contact the ARN office at 800/229-7530.

I was admitting a woman in her late 70s who complained of back pain. She told me that she was widowed, living alone, and not in an intimate relationship. I told her that we had a pamphlet “Chronic low back pain and how it may affect sexuality” (available at www.mc.uky.edu). I asked her if she wanted a copy, and she said “Yes, you never know.” This brings up an issue often ignored by rehabilitation nurses. Older people may want information about intimacy and sex, even if you know they are widowed or single. Sometimes we forget that the elderly are a very diverse population. Some have been married to one person, others to many. Some have had literally hundreds of partners over their lifetime, others only a few, others one, and still others none.

Another wonderful example of “you never know” is the story of Bill Crane, a 95-year-old singer/songwriter and music teacher. After losing his wife of 50 years, he decided to pursue romance and sex. His story is the subject of a 30-minute film *Eager for your Kisses, Love and Sex at 95* (2006) by Liz Cane, available from New Day Films.

It is much better to assume that an older person will want information about coping with or overcoming changes with intimacy with regard to aging or a disability than to ignore his or her sexuality. It is

true that some patients don't care about this, but it is impossible to know without giving them the information first.

What is the easiest way to get information? Reputable Web sites have wonderful information. Here are a few of the many wonderful (and legitimate) Web sites available.

- www.womenshealth.org
- www.erectile-dysfunction-impotence.org
- <http://marriage.about.com>
- www.sexualhealth.com
- www.sexed.com
- <http://sexsupport.org>
- www.4woman.gov (sexuality and disability for women)

If you are interested in specific health problems, conduct an Internet search for “sex and (the specific disorder).” For example, a search of “sex and arthritis” led to a wonderful pamphlet “Arthritis and Sex” (2005; available at www.orthop.washington.edu). Search on the Internet for any disabling condition and you will find helpful information in minutes.

Another great resource for all rehabilitation nurses working with elderly clients is the new book *Gerontological Nursing: Competencies for Care* (2006) edited by Kristen Mauk, PhD RN CRRN-A, a longtime ARN member. I wrote chapter 15, “Appreciating diversity and enhancing intimacy,” which contains more information about changes in intimacy with aging, changes due to chronic diseases, strategies to overcome vaginal dryness and erectile dysfunction, and even a section on strategies to extinguish sexually inappropriate behavior.

For decades, research has shown that nurses and the rest of the rehabilitation team often avoid sexual issues with patients. There are many resources to assist nurses when addressing sexual issues with their patients. I believe the most important intervention is to give people information that they can take home with them and refer to when they need it most—at home, in private, with someone they love. Research has also shown that many people give up on intimacy because they don't know what to do about minor problems, such as vaginal dryness. It is better to give them the information and let them throw it away if they don't want it than to assume that they don't need it. When we give a patient or his or her partner information to enhance intimacy, we may change their lives forever. After all, “you never know.” 