



Complete Summary

GUIDELINE TITLE

Issues regarding sexuality. In: Evidence-based geriatric nursing protocols for best practice.

BIBLIOGRAPHIC SOURCE(S)

Arena JM, Wallace M. Issues regarding sexuality. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008 Jan. p. 629-47. [42 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Sexual health

GUIDELINE CATEGORY

Evaluation
Management

CLINICAL SPECIALTY

Geriatrics
Nursing

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To enhance the sexual health of older adults

TARGET POPULATION

Older adults

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment

PLISSIT model

Management

1. Communication and education
2. Health management
3. Sexual enhancement

MAJOR OUTCOMES CONSIDERED

Quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Although the AGREE instrument (which is described in Chapter 1 of the original guideline document) was created to critically appraise clinical practice guidelines, the process and criteria can also be applied to the development and evaluation of clinical practice protocols. Thus the AGREE instrument has been expanded for that purpose to standardize the creation and revision of the geriatric nursing practice guidelines.

The Search for Evidence Process

Locating the best evidence in the published research is dependent on framing a focused, searchable clinical question. The PICO format—an acronym for population, intervention (or occurrence or risk factor), comparison (or control), and outcome—can frame an effective literature search. The editors enlisted the assistance of the New York University Health Sciences librarian to ensure a standardized and efficient approach to collecting evidence on clinical topics. A literature search was conducted to find the best available evidence for each clinical question addressed. The results were rated for level of evidence and sent to the respective chapter author(s) to provide possible substantiation for the nursing practice protocol being developed.

In addition to rating each literature citation to its level of evidence, each citation was given a general classification, coded as "Risks," "Assessment," "Prevention," "Management," "Evaluation/Follow-up," or "Comprehensive." The citations were organized in a searchable database for later retrieval and output to chapter authors. All authors had to review the evidence and decide on its quality and relevance for inclusion in their chapter or protocol. They had the option, of course, to reject or not use the evidence provided as a result of the search or to dispute the applied level of evidence.

Developing a Search Strategy

Development of a search strategy to capture best evidence begins with database selection and translation of search terms into the controlled vocabulary of the database, if possible. In descending order of importance, the three major databases for finding the best primary evidence for most clinical nursing questions are the Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline or PubMed. In addition, the PsycINFO database was used to ensure capture of relevant evidence in the psychology and behavioral sciences literature for many of the topics. Synthesis sources such as UpToDate® and British Medical Journal (BMJ) Clinical Evidence and abstract journals such as *Evidence Based Nursing* supplemented the initial searches. Searching of other specialty databases may have to be warranted depending on the clinical question.

It bears noting that the database architecture can be exploited to limit the search to articles tagged with the publication type "meta-analysis" in Medline or "systematic review" in CINAHL. Filtering by standard age groups such as "65 and over" is another standard categorical limit for narrowing for relevance. A literature search retrieves the initial citations that begin to provide evidence. Appraisal of the initial literature retrieved may lead the searcher to other cited articles, triggering new ideas for expanding or narrowing the literature search with related descriptors or terms in the article abstract.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/Consensus panels

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METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Levels of evidence (I – VI) are defined at the end of the "Major Recommendations" field.

Assessment

- The PLISSIT model (Annon, 1976 [**Level VI**]) begins by first seeking permission (P) to discuss sexuality with an older adult. The next step of the model affords an opportunity for the health care provider to share limited information (LI) with the older adult. The next step guides the health care provider to provide specific suggestions (SS) to improve sexual health. The final part calls for intensive therapy (IT) when needed for clients whose sexual dysfunction goes beyond the scope of nursing management.
- Ask open-ended questions such as "Can you tell me how you express your sexuality," "What concerns you about your sexuality?" and "How has your sexuality changed as you have aged?"
- Assess for presence of physiological changes through a health history, review of systems, and physical examination for the presence of normal and aging changes that impact sexual health.
- Review medications among older adults, especially those commonly used to treat medical illnesses that also impact sexuality, such as antidepressants (Montejo et al., 2001 [**Level IV**]) and antihypertensives (Girerd et al., 2003 [**Level IV**]).
- Assess medical conditions that have been associated with poor sexual health and functioning (Morley & Tariq, 2003 [**Level V**]) including cardiac disease (Addis et al., 2005 [**Level II**]); stroke and aphasia (Lemieux, Cohen-Schneider, & Holzappel, 2001 [**Level IV**]); Parkinson's disease (Mott et al., 2005 [**Level IV**]); diabetes (Rockcliffe-Fidler & Kiemle, 2003 [**Level IV**]); benign prostatic hypertrophy (BPH) (Rosen, 2006); and dental problems (Heydecke et al., 2005).

Nursing Care Strategies

- Communication and Education
 - Discuss normal age-related physiological changes.
 - Address how the effects of medications/medical conditions may affect one's sexual function.
 - Facilitate communication with older adults and their families regarding sexual health as desired, including:

- Encourage family meetings with open discussion of issues if desired.
 - Teach about safe sex practices.
 - Discuss use of condoms to prevent transmission of sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV).
- Health Management
 - Perform a thorough patient assessment.
 - Conduct a health history, review of systems, and physical examination.
 - Effectively manage chronic illness.
 - Improve glucose monitoring and control among diabetics.
 - Ensure appropriate treatment of depression and screening for depression (see the National Guideline Clearinghouse [NGC] summary of the Hartford Institute for Geriatric Nursing [HGNI] guideline [Depression](#)).
 - Discontinue/substitute medications that may result in sexual dysfunction (e.g., hypertension or depression medications).
 - Accurately assess and document older adults' ability to make informed decisions (see the NGC summary of the HGNI guideline [Health Care Decision Making](#)).
 - Participation in sexual relationships may be considered abusive if an older adult is not capable of making decisions.
- Sexual Enhancement
 - Compensate for normal changes of aging
 - Females:
 - Use of artificial water-based lubricants
 - Treatment of female sexual arousal disorder (FSAD) with sildenafil citrate (Viagra) (Berman et al., 2004).
 - Use of centrally acting serotonin agonists and vasodilating creams (Walsh & Berman, 2004).
 - Males:
 - Recognizing the possibility for more time and direct stimulation for arousal due to aging changes.
 - Use of sildenafil citrate (Viagra) for erectile dysfunction (Fink et al., 2002).
- Environmental adaptations
 - Ensure privacy and safety among long-term-care and community-dwelling residents (Wallace, 2003)

Definitions:

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

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CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Patients

- Report high quality of life as measured by a standardized quality of life assessment
- Provision of privacy, dignity, and respect surrounding their sexuality
- Receive communication and education regarding sexual health as desired
- Ability to pursue sexual health free of pathological and problematic sexual behaviors

Health Care Providers

- Inclusion of sexual health questions in their routine history and physical
- Frequent reassessment of patients for changes in sexual health

Institutions

- Inclusion of sexual health questions on intake and reassessment measures
- Provision of education on the ongoing sexual needs of older adults and appropriate interventions to manage these needs with dignity and respect
- Provision of needed privacy for individuals to maintain intimacy and sexual health (e.g., in long-term care)

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Staff Training/Competency Material

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2008

GUIDELINE DEVELOPER(S)

Hartford Institute for Geriatric Nursing - Academic Institution

SOURCE(S) OF FUNDING

Hartford Institute for Geriatric Nursing

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: Jacqueline M. Arena and Meredith Wallace

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Hartford Institute of Geriatric Nursing Web site](#).

Copies of the book *Geriatric Nursing Protocols for Best Practice*, 3rd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: www.springerpub.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Sexuality issues in aging: post-test instructions. Continuing education activity. Available from the [Hartford Institute for Geriatric Nursing Web site](#).
- Sexuality issues in aging: evaluation. Continuing education activity. Available from the [Hartford Institute for Geriatric Nursing Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on June 16, 2008. The information was verified by the guideline developer on August 4, 2008.

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