HEALTH BASICS

# Aging, sexuality and physical changes

An explanation of how aging can affect sexual comfort, desire, arousal, and function

**WHAT IT IS**
Age-related changes affecting sexual comfort, desire, arousal, and function

**WHERE IT COMES UP**
Later life, menopause, health visits, and changing relationships

**WHY IT MATTERS**
Influences comfort, intimacy, sexual function, and broader health

**WHAT IT IS NOT**
Not a disease or diagnosis

**WHO TO ASK**
Primary care clinician or sexual health service

**HOW IT IS CHECKED**
Conversation, focused examination, and tests chosen for the concern

## Overview

Aging, sexuality and physical changes describes how your body and sexual experiences may change over time. It is not a disease or diagnosis.

Sexuality includes more than intercourse. It can involve desire, attraction, touch, closeness, body image, sexual identity and relationships. These remain relevant at any age. Some people want an active sex life throughout later life. Others have little or no interest in sex. Both can be healthy.

Aging does not affect everyone in the same way. Your experience may be shaped by hormones, general health, medicines, mobility, stress, relationships and personal preferences. Changes in sexual function are not always caused by age, and you do not have to accept distressing or painful problems as inevitable.

There is nothing you need to change if you are comfortable with your sexual life. Support is available if a change causes pain, distress or difficulty with intimacy.

## How it works

Sexual response involves the brain, nerves, blood vessels, hormones and pelvic organs. Emotions, privacy, trust and stimulation also matter. Changes in any of these areas can affect desire, arousal, orgasm or comfort.

After menopause, lower estrogen levels can make tissues around the vagina and vulva thinner, drier and less stretchy. The vulva is the external genital area. Some people need more time or stimulation to become aroused. Penetration may feel uncomfortable. Urinary urgency, repeated urinary infections or burning can occur alongside genital changes. Clinicians may call this group of changes genitourinary syndrome of menopause , or GSM.

People who have had their ovaries removed, cancer treatment or certain hormone treatments may experience these changes earlier or more suddenly.

With aging, erections may take longer to develop, be less firm or require more direct stimulation. The recovery time before another erection often becomes longer. Semen volume and the force of ejaculation may decrease. A continuing inability to get or keep an erection is called erectile dysfunction . It should not automatically be blamed on age.

Other physical changes can also influence sexuality:

These changes do not determine what intimacy should look like. Couples and individuals may adapt the timing, type or pace of sexual activity.

- Reduced flexibility, pain or shortness of breath may affect comfortable positions
- Changes in sensation can alter the kind of touch that feels pleasurable
- Surgery, disability or changes in appearance may affect body confidence
- Medicines can affect desire, erections, lubrication or orgasm
- Sleep problems, grief, depression, anxiety and relationship stress can reduce interest

## Why it matters for your health

Sexual wellbeing can contribute to closeness, pleasure, confidence and quality of life. A change matters when it is unwanted, painful or distressing to you.

Some sexual concerns can also be connected with broader health issues. Erectile dysfunction, for example, may occur with blood vessel disease, diabetes or high blood pressure. Pain during sex may relate to tissue dryness, infection, pelvic floor problems or another genital condition.

Sexually transmitted infections, or STIs, remain possible at any age. Pregnancy is no longer possible after menopause, but menopause does not protect against infection. During perimenopause-the transition before menopause-pregnancy can still occur.

## What can go wrong

Age-related physical changes can overlap with conditions that deserve assessment. These include:

Arrange routine follow-up if a sexual change persists, is painful, affects your wellbeing or began after starting a medicine. Bleeding after menopause or bleeding after sex should also be assessed rather than assumed to be part of aging.

Seek urgent medical care for sudden severe genital or pelvic pain, marked swelling, or heavy bleeding. An erection lasting four hours is an emergency because delayed treatment can damage tissue. Call emergency services for chest pain, severe breathing difficulty, fainting or other signs of a medical emergency during sexual activity.

Sexual activity should always involve freely given consent. If you have experienced assault, coercion or abuse, emergency care, a sexual assault service or a trusted support organization can help. You can seek support even if you are unsure about reporting what happened.

- Genitourinary syndrome of menopause , which can cause vaginal dryness, irritation, urinary symptoms or painful penetration
- Erectile dysfunction , especially when it is persistent or a new change
- Sexual pain disorders , including pain linked to pelvic floor muscle tension
- Peyronie disease , which causes scar tissue and a new bend or pain in the penis
- Pelvic organ prolapse , where pelvic organs press into the vagina
- Sexually transmitted infections , which may cause sores, discharge, pain or no noticeable signs
- Medicine-related sexual problems , including changes linked to some antidepressants like sertraline or fluoxetine , blood pressure medicines and hormone treatments
- Depression, anxiety or relationship difficulties , which may affect desire and arousal

## What you can do

If you are comfortable and not distressed, the answer may be nothing. Aging alone does not require tests or treatment.

If you want help, note what has changed, when it started and whether it happens every time. Record pain, bleeding, urinary symptoms, erection changes, medicine changes and anything that improves or worsens the concern. This can make a clinical conversation more useful.

Questions you might ask include:

There is no single test for age-related sexual changes. A clinician may ask about your symptoms, goals, relationships, medicines and health history. With your consent, they may suggest a genital or pelvic examination. Blood pressure, blood sugar, cholesterol or selected hormone tests may be appropriate when a specific concern points to them. Hormone testing is not automatically needed for every sexual change.

For dryness or friction, a vaginal moisturizer used regularly or a lubricant used during sexual activity may improve comfort. Different positions, slower pacing, more stimulation or non-penetrative touch may also help. Persistent discomfort should be assessed rather than repeatedly pushed through.

Treatments exist for conditions such as GSM and erectile dysfunction. The right option is influenced by your symptoms, other conditions and medicines. Do not stop a prescribed medicine on your own. Ask for a medication review if you think it is affecting sexual function.

Condoms and other barriers can reduce STI exposure. Testing can be discussed when you have a new partner, more than one partner, symptoms or a possible exposure.

- Could a health condition or medicine be contributing?
- Would a genital, pelvic or cardiovascular assessment be useful?
- Are there treatments suited to my symptoms and health history?
- Should I have STI testing or routine screening?
- Could a pelvic health physiotherapist or sexual therapist help?

## Common questions

Is loss of sexual interest a normal part of aging?

Interest may change, but there is no required level of sexual desire at any age. Low desire only needs attention if it is new, distressing or connected with another concern such as pain, low mood or a medicine change.

Is painful sex something I should accept after menopause?

No. Dryness and tissue changes are common reasons for discomfort, but pain can have several causes. A clinician can help identify the cause and discuss suitable options.

Does erectile dysfunction always mean there is a serious disease?

No. It can have physical, psychological or medicine-related causes. Because it sometimes occurs alongside cardiovascular or metabolic conditions, a persistent change is worth

discussing during routine care.

Can older adults still get STIs?

Yes. Age and menopause do not prevent STIs. Some infections cause few or no symptoms, so testing may be useful after a possible exposure or when starting a new sexual relationship.

Is sexual activity safe with a heart condition?

Many people with stable heart disease can remain sexually active, but individual safety is based on symptoms, physical capacity and treatment. Ask your cardiovascular or primary care clinician if exertion causes chest discomfort, unusual breathlessness, dizziness or palpitations.

## Sources

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