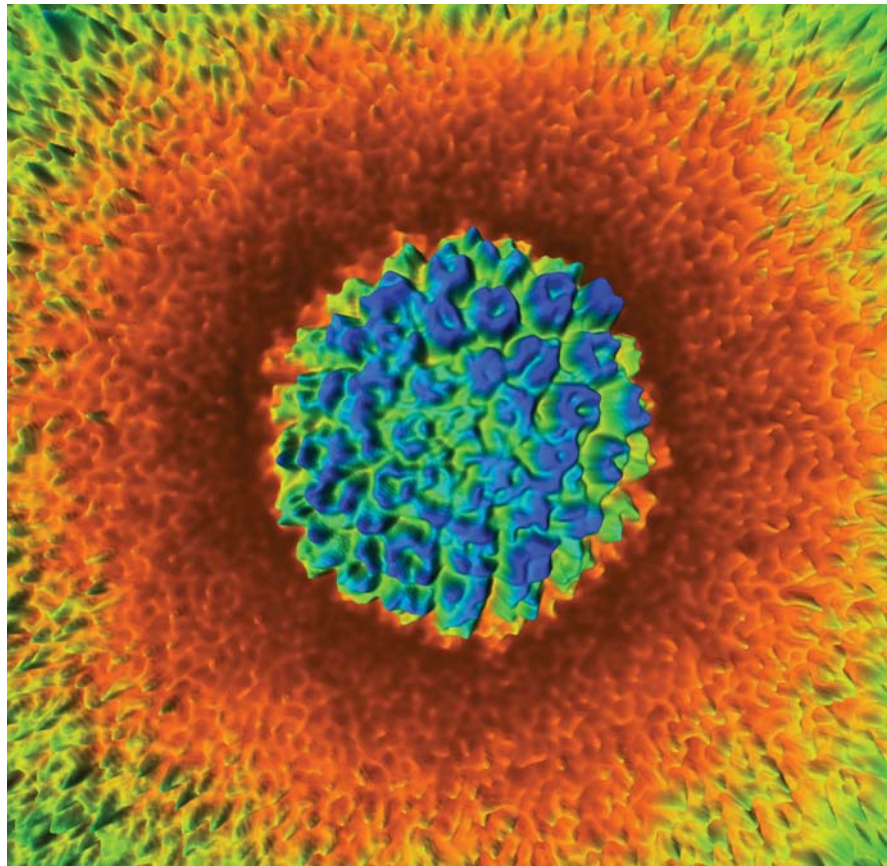


Risks of Being Sexual in Midlife: What We Don't Know Can Hurt Us

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There is increasing evidence that midlife women are at a higher risk than previously thought for sexually transmitted infection and unintended pregnancy because they've become single after separation, divorce, or widowhood.

The sexual health of midlife women is a topic often overlooked by both primary care providers and researchers. Traditionally, sexual health research and risk reduction strategies have focused on younger women who have higher rates of sexually transmitted infection (STI) and unintended pregnancy.^{1,2} However, there is now evidence that midlife women are at greater risk of new STIs and unintended pregnancy than previously thought. Why? Recent separation, divorce, or widowhood makes many women single again.³ Other reasons for increased chance of pregnancy include a limited knowledge of safer sexual practices, less predictable menstrual cycles, and a health care provider who may not evaluate sexual health risks at midlife. Additionally, the growing use of medications to treat erectile dysfunction in men may have created a greater



Human papillomavirus, 3D color-coded scanning electron micrograph model.
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number of available sexual partners for these women.^{2,3}

Sexually Transmitted Disease

It is certain that midlife women are sexually active. According to data of single, unmarried women aged 35 to 44 years, more than 90% were sexually active within the last 3 months, and many re-

ported 2 or more sexual partners within the last year.⁴ Of the single women who reported 2 or more partners during the last year, less than one-third reported condom use in the previous month, and only a few reported consistent condom use during the previous year.⁴ Another study looked at the rates of sexual activity in the past 3 months for women older than age 44.⁵ Of the women aged 50 to 59 years, 65% reported sexual activity within the last 3 months, and women aged 60 to 94 years reported rates of 20%.⁵ Similar rates of sexual activity were found in a study of over 1,000 women aged 60 to 89 years.⁶ Married midlife women are also at risk for an STI or unintended pregnancy. While married women reported high levels of contraceptive use in the previous month, only 1 out of 10 had used condoms during that time.⁴

Older women may also have worse outcomes when infected with an STI, such as a high-risk strain of human papillomavirus (HPV). Research from Denmark comparing the risk of subsequent development of cervical cancer after a positive HPV test in women aged 22 to 32 years versus women aged 40 to 50 years, demonstrated a higher risk of cervical cancer development in the older group of women.⁷ State and national data highlight increasing rates of STIs, such as chlamydia and genital herpes, in women aged 40 years and older.^{2,3,8} For example, increasing rates of infection with chlamydia have been reported in people over age 40 for the last 10 years,⁸ and the rate of genital herpes was higher among women aged 40 to 49 years than for men.³

Unintended Pregnancies

Almost half of all pregnancies in the United States are unintended.⁹ While the rate of unintended pregnancy is the highest among women aged 24 years and younger, the second highest rate occurs in women over age 40, and pregnancy risk persists throughout perimenopause.¹⁰ It has been conjectured that reasons for unintended pregnancy in midlife women may include the potential for confusion of a missed menstrual cycle due to pregnancy versus normal perimenopausal changes, a potential for decreased contraceptive options, increased risk while learning a new contraceptive method, and renewed need for contraception due to relationship status changes.¹ Whether experienced as a young woman or in midlife, unintended pregnancy has negative consequences that affect the woman experiencing it, the child that may be born to that woman, and society as a whole.¹¹ Also, wom-

al women due to a loss of estrogen. This fragile mucosa may be more likely to tear, creating an opening for viral or bacterial infection.¹⁻³ These women may not be aware that simply being a woman increases their STI risk; the vagina is made up of tissue that is more susceptible to infection than the skin of the penis.¹

Suggested Questions for Initiating a Conversation About Sexual Health¹³⁻¹⁶

1. Are you currently involved in a sexual relationship?
2. Do you have any questions or concerns about your sexual life?
3. Would you be willing to tell me about your sexual activity, so I can ask you the best questions?
4. How do you protect yourself from sexually transmitted infections?
5. How long would you like to wait until you become pregnant (again)?
6. What do you plan to do to delay becoming pregnant until then?

Midlife women have lower rates of STIs than their younger peers, but their risk of acquisition may be elevated when exposed. Physical changes may contribute to an increased risk because the vaginal mucosa is more fragile in perimenopaus-

en who did not intend to become pregnant are more likely to continue risky behaviors, such as smoking or consuming alcohol, during their pregnancy.¹² As many as two-thirds of midlife pregnancies are terminated.¹⁰ Prevention of an unintended pregnancy and information about options when an unintended pregnancy has occurred must be available to every fertile woman regardless of age.

Reducing the Risks: What Women and Their Health Care Providers Can Do

Recent research has demonstrated that while women want to discuss their sexual health with their health care providers, they prefer that the provider initiate the conversation.¹³ A proactive, matter-of-fact approach works best.¹⁴ Assuring the patient that the discussion is routine and confidential will increase her comfort level.^{13,14} Additionally, asking open-ended questions is likely to elicit more useful information (*see box*).¹³⁻¹⁶ Practicing a nonjudgmental, respectful approach is perhaps the most important characteristic of a therapeutic sexual health discussion.¹⁴

There are many methods that midlife women can employ to reduce their risk of a new STI or an unintended pregnancy. First, each woman should discuss her personal risk with her health care provider. She may need to initially bring up her risks because her health care providers might neglect this aspect of care for midlife women.¹⁻³

Women should be screened for STIs prior to the initiation of a new sexual relationship. Many couples agree to be tested before a new relationship. It is also important to screen when oral, vaginal, or anal intercourse without a barrier has occurred.

Latex condoms, when used consistently and correctly, remain the primary tool to prevent STI transmission. Condom use decreases the risk of acquiring human immunodeficiency virus (HIV), chlamydia, gonorrhea, syphilis, genital herpes, and HPV, the virus that leads to

cervical cancer.¹⁷ Correct condom use is a skill that midlife women should master and incorporate into sexual activity if uncertain about their partner's STI history. Health care providers can be resources to women and can aid a woman in learning or relearning proper condom use.

The use of combined or progesterone-only oral contraceptives and other hormonal methods of contraception, such as implants, vaginal rings, patches, and hormonal intrauterine devices, may be available to midlife women. A levonorgestrel-releasing intrauterine system may provide women transitioning through menopause with a method that prevents unintended pregnancy, helps to manage heavy menstrual bleeding, and offers endometrial protection for peri- and postmenopausal women taking estrogen therapy.^{18,19} The use of a hormonal method of contraception must be individualized for each woman and will depend on her overall health. Nonhormonal methods, such as copper intrauterine devices, diaphragms, and cervical caps, are also

FOCUSPOINT

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options. Sterilization may be appropriate for women who desire a permanent end to fertility. As these methods do not prevent STI acquisition, consistent condom use should continue for all women at risk.

Midlife women experiencing an unintended pregnancy need information on all of their pregnancy options. Reproductive health clinics, such as local community health centers or Planned Parenthood, are open to women of any age or life situation and should be con-

sidered resources to obtain accurate counseling about options. If a woman desires pregnancy termination, her health care provider should be expected to provide timely, nonbiased, and non-

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If a woman desires pregnancy termination, her health care provider should be expected to provide timely, nonbiased, and nonjudgmental information and a referral.

judgmental information and a referral. Internet resources that explain pregnancy options for women experiencing unintended pregnancy are available.²⁰

Summary

Midlife women who are sexually active remain at risk for both unintended pregnancy and STI acquisition. They can, however, proactively protect themselves and their partners. Each woman, in collaboration with her health care provider, can create a plan that will maintain her sexual health.

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For a **PATIENT HANDOUT** on the risks of being sexual in midlife, see page 49.