# Sex, Seniors, and STIs

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#### Disclosures

None

#### Meet Terrence

- Terrence is a 60-year-old man living with HIV since 1984
  - He is in HIV care and virally suppressed
  - Stopped meeting partners on dating apps during 5 months of shelter-in-place then resumed sexual activity
  - Presented with a rash on his trunk and scrotum (signs of syphilis)
  - He came to see me at the STI clinic b/c
     "I didn't want my HIV doctor to know"

#### Breaking the myth of sexless aging

- % of older adults reporting sexual activity in US
  - 73% in 57-64 year olds
  - 53% in 65-74 year olds
  - 26% in 75-84 year olds
- Sex still happens for people living with chronic illness
  - About ½ of people with dementia (59% men,51% women)
  - About ½ of men (55%) and 40% of women after heart attack
  - About ½ of men (55%) and 40% of women living with HIV (cisgender)

Lindau ST, JAMA Cardiol 2018, Lindau ST, N Engl J Med 2007 Lovejoy TI, AIDS Behav 2008. Golub SA, STD 2010. What you should be asked about sexual health



Types of sex, gender/HIV status of partners



Substance use history (drugs + sex)



Travel history/sex tourism



Past STIs, Condom use



Intimate partner violence



Sexual function/pleasure

#### What you might be asked about sexual health

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#### Why the disconnect?

- Many of us (care providers) assume that older adults don't engage or rarely engage in sex, AND...
  - We did not receive adequate training on discussing sex/sexuality.
  - Some of us spent too much time studying and not enough time having sex or talking about it.
  - Now we are not comfortable discussing sex.
- Many you might assume that you are no longer at risk for sexually transmitted infections (STI)
  - You don't ask us about it or ask to be tested

#### STI/HIV Risk among Older Adults

What might drive increased risk of STIs/HIV for some older adults?

- Good health and longer life span= more partners
- Low rates of condom use
- Internet dating
- Use of erectile dysfunction medication
- Sex tourism
- Sex with commercial sex workers
- Clinicians should discuss sexual risk and risk reduction strategies with older patients

#### Meet Bill

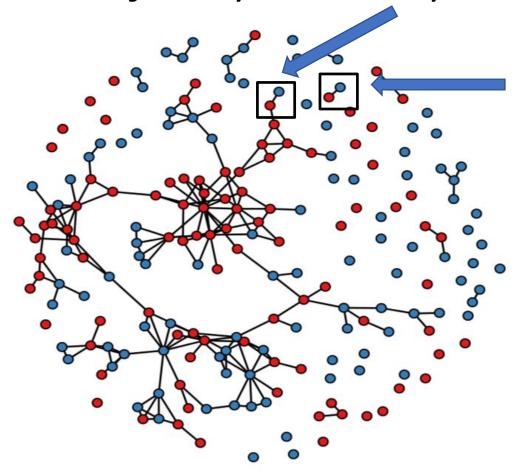
- Bill is a 65-year-old cisgender man who came in for an STI check.
  - He had been stably partnered for more than 30 years
  - He is insured and saw his MD regularly for hypertension and arthritis
  - His MD asked him over the years "how is your partner doing," to which Bill responded, "fine". They had not had sex in decades
  - He had multiple other partners, and didn't use condoms or PrEP
  - His rapid HIV test was positive, he began / ART that afternoon



# "Age is not a condom"

Stephen Karpiak PhD GMHC

#### It's not just you, it's your network



 You may have just one partner, but that partner may have very different levels of risk for STIs/HIV

Martina Morris and Solomon Tsellegellasie, University of Washington

#### Sexuality among older men with HIV

- Sexual activity goes down with each decade (from age 50+), but is similar to HIV-negative men
- Condomless sex associated with recent substance use and loneliness
- Symptoms (weight changes, loss of libido) that affect appearance or sexual functioning associated with lower Quality of Life scores
- Men with an AIDS diagnosis are at higher risk for erectile dysfunction than those without AIDS



This Photo by Unknown Author is licensed under CC BY-SA

Karpiak SE Curr Sex Hlth Rep *2017,* Golub, *STD* 2010 Olson B, Qual Life Res 2019, Shindel AW *AIDS Patient Care STDs* 2011.

#### Sexuality among older women with HIV

- Sexual activity goes down with each decade, but is similar to HIV-negative women
- More than 1 in 4 women living with HIV report condomless sex (detectable and undetectable VL)
- Common themes from focus groups of Black/Latina women
  - Pleasure and sense of sexual freedom increases for some
  - Less physical ability (for certain positions) and partner dysfunction
  - Must confront ageist stereotypes from younger family members: "too old" to have sex



#### Meet Marta

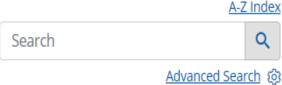
- Marta is a 59 yr old female who presented for vaginal discharge
  - She was having vaginal and oral sex in exchange for crystal methamphetamine
  - She also had an extensive rash on her feet and hands and trunk (a sign of syphilis)
  - She ended up also having gonorrhea/chlamydia
  - After extensive counseling she agreed to start HIV PrEP

#### Changing the game: U=U plus PrEP

- HIV Treatment as Prevention (TaSP), Undetectable=Untransmittable plus PrEP for HIV-negative people
  - Allows greater bridging between partners from HIV- and HIV+ communities
  - Reduces/eliminates the need for serosorting or having oral sex only as a method to reduce transmission
  - Reduces pressure to have disclosure conversations
  - TaSP + PrEP is great for HIV, but not for STIs...

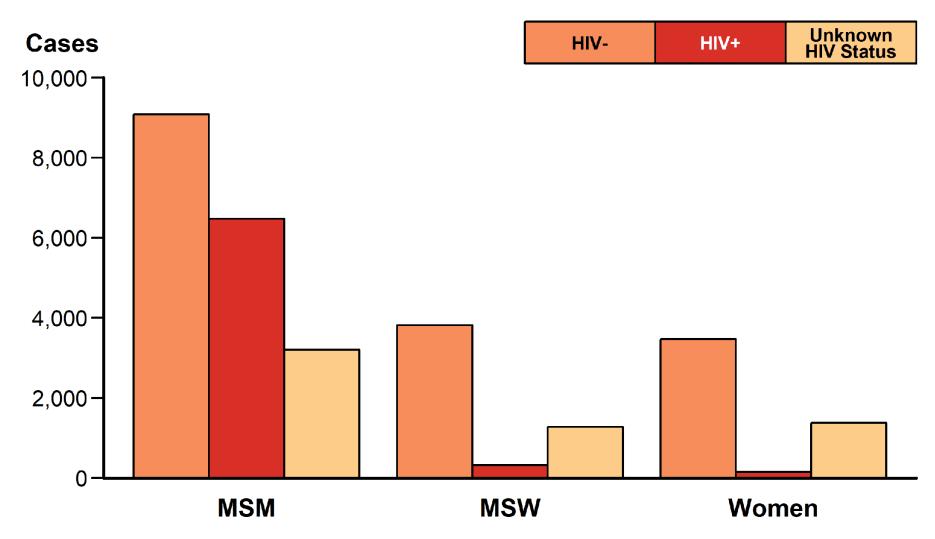
#### October 2019: STIs reach an all-time high





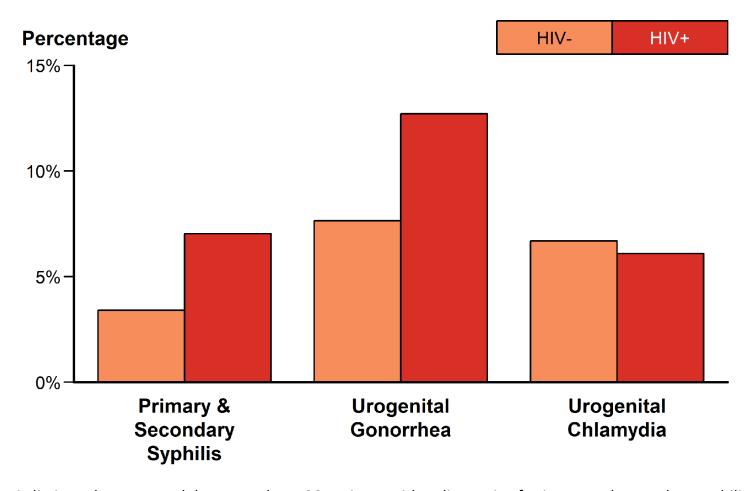


# Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners and HIV Status, United States, 2018





## MSM Attending STD Clinics with Primary and Secondary Syphilis\*, Urogenital Gonorrhea, or Urogenital Chlamydia by HIV Status, 2018





\* Includes SSuN jurisdictions that reported data on at least 20 patients with a diagnosis of primary and secondary syphilis in 2018.

**NOTE:** See section A2.2 in the Appendix for SSuN methods.

**ACRONYMS:** MSM = Gay, bisexual, and other men who have sex with men.

#### Anal HPV is almost universal

- >80% of HIV+ Men who have Sex with Men have anal HPV
- >30% have HPV16, the type that causes anal cancer.

Anal HPV is this common regardless of age

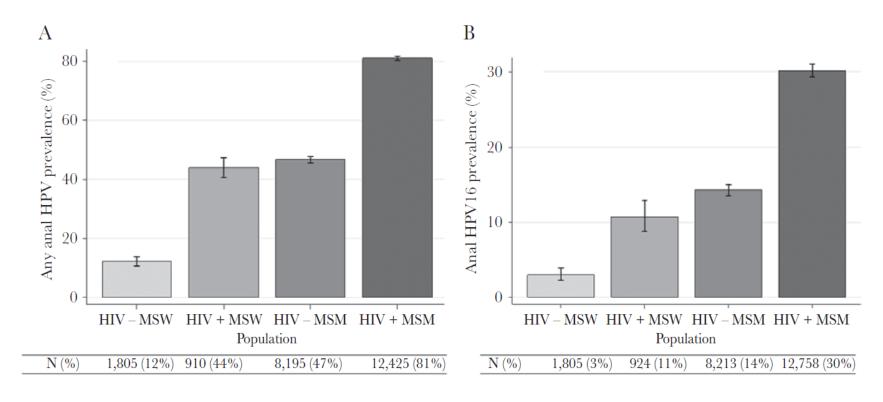


Figure 2. Prevalence of any anal human papillomavirus (HPV) infection (*A*) and anal HPV16 infection (*B*) by human immunodeficiency virus (HIV) status and sexual preference irrespective of anal diagnosis, including studies for which anal cytopathology diagnosis was unknown. Error bar: 95% Cl. Abbreviations: MSM, men who have sex with men; MSW, men who have sex with women.

MSW. men who have sex with women.

#### Should I be screened for anal cancer?

- In the general population, HPV-related anal cancer is more common among women than men (~2 cases vs 1.3 cases per 100,000)
- Among HIV+ MSM, anal cancer rates are ~70-130 times higher than the general population
- Anal cancer rates unclear for HIV+ women
  - Some centers are using anal Pap tests to screen for cancer, national guidelines still don't recommend strongly
  - Large clinical trial (ANCHOR) trying to determine whether screening/treatment will prevent cancer (all genders)
  - Until then, an annual digital anorectal exam may help detect early cancer

https://anchorstudy.org/

Poynten M, 2018, IPVC
Machalek D, 2016, Papillomavirus Res
CDC/NIH/HIVMA/IDSA Opportunistic Infections
Guidelines 2020

#### Parting Thoughts

- If you or your sex partner(s) have other partners
  - Get tested at least once a year (folks of all genders)
    - Up to once every three months for men who have sex with men
       & people
- You may need to ask your provider for STI testing because they may assume you are not sexually active
- For MSM, make sure testing includes rectal/throat swabs, and an annual digital anorectal exam
- Encourage HIV- partners to ask their providers about PrEP, regardless of age



You're never too old express your true self. Kenneth Felts, came out in Summer 2020, at age 90.

### THANK YOU



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