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Ageing Well Series

Relationships and intimacy while ageing

Dr Andreas Vossler

Ageing Well series of Public Talks 2022/23- topics



- *Are we prepared to live longer? (Jitka Vseteckova & Catherine Pestano) September 14th 2022*
- *Taking control of dying (Barbara Gale & Amanda Whitehouse) October 19th 2022*
- *Memory and ageing (Jitka Vseteckova & Helen Joannidi & Ellie Broad) November 16th 2022*
- *Equality, diversity & geography of ageing (Carlos M Lequizamon) December 14th 2022*
- *General Practices 'COVID-19 and beyond' (Andrew Potter) January 18th 2023*
- *Living with diabetes and nutrition while ageing (Jitka Vseteckova & Alan Hastings) February 22nd 2023*
- *Relationships and couple intimacy while ageing (Andreas Vossler) March 15th 2023*
- *Lets' talk about sleep (Abi Methley) April 19th 2023*
- *Health Inequalities and Ageing (Sonal Mehta) May 17th 2023*
- *Biomechanics of ageing (Jitka Vseteckova & David Curry) June 14th 2023*
- *Ageing, later life and caring in LGBTQ communities (Joseph DeLappe & Tony Collins) July 12th 2023*

Useful resources:

https://ordo.open.ac.uk/collections/Ageing_Well_Public_Talks_2020-21/5122166

https://ordo.open.ac.uk/collections/Ageing_Well_Public_Talks_2021-22/5493216

Overview: Relationships and intimacy while ageing



- 1. Why relationships matter when ageing*
- 2. Intimacy and aging – a taboo topic!?*
- 3. Factors influencing relationships and intimacy when ageing*
- 4. Women's health and intimacy*
- 5. Men's health and intimacy*
- 6. How to facilitate relationships and intimacy when aging?*
- 7. Conclusion and questions*

Things to keep in mind...



- Scope: Talk mainly about psychological /relational aspects of intimacy (with some biological basics) – no medical expertise
- Evidence-based information: Available research on relationships and ageing in the Western world
- Limitations: Not possible to cover all diverse experiences/positions but focus on the most common issues and factors.

Intimacy

Different forms mapping onto evolutionary theories:

- Sexual intimacy (erotic, sexually arousing contact)
- Emotional intimacy
- Nurturant intimacy (warm, loving, supportive contact)

Sexuality

Multi-dimensional phenomenon including:

- biological,
- psychological
- social influences.

Can include sexual intercourse, kissing, hugging, touching, flirting, acts of bodily and/or emotional intimacy.

*1. Why
relationships
matter when
ageing*



Source: <https://images.pexels.com/photos/8145939/pexels-photo-8145939.jpeg?auto=compress&cs=tinysrgb&w=1260&h=750&dpr=1>

Relationship types and categories

Good relationships matter for our wellbeing and health – perhaps more than most of us are aware of:

- **Social network contacts:** relationships of social familiarity and chit-chat (e.g. the cashier at local supermarket, person who cuts your hair).
- **Acquaintances and friends:** people we spend time with but don't have an emotional relationship with; people who are in your broader friendship circles.
- **Attachment relationships:** deep, lasting and strongly emotional relationships with at least some of the qualities of attachment relationships (romantic/sexual partners, best friends and closer family).

Mounting evidence for a link between strong social relationships/networks and good health and wellbeing in older age



[Elderly People Sitting at Table with Laptop · Free Stock Photo \(pexels.com\)](#)



What happens if there is a lack satisfying relationships and intimacy in older age?

The impact of loneliness



Distinction between social and emotional loneliness:

- *Social*: lack of a wider social network of friends, neighbours etc.
- *Emotional*: lack of a significant other/attachment relationship - major driver of loneliness/depression in old age (Carr & Fang, 2021).

Research on impact of loneliness (based on meta-analysis):

- Older adults (60 plus) in high income countries: 1 in 4 lonely at least some of the time, 1 in 12 experiencing severe loneliness.
- Loneliness associated with: increased mortality (Holt-Lunstad et al., 2015) higher prevalence of cardiac disease/stroke (Valtorta et al., 2016), dementia (Holwerda et al., 2014).
- Loneliness can lead to deep feelings of disconnection from the world, which in turn increase older adults' mortality, morbidity and depression (Courtin & Knapp, 2017).



Study (Xu et al., 2022): Social relationship satisfaction and accumulation of chronic conditions and multimorbidity



Study design

- Study began 1996 in Australia
- 7 694 Australian women free from 11 common chronic conditions at 45–50y
- diabetes, hypertension, heart disease, stroke, chronic obstructive pulmonary disease, asthma, osteoporosis, arthritis, cancer, depression or anxiety
- 5 types of social relationship satisfaction (partner, family members, friends, work, social activities) measured every 3 years
- Outcome of interest: accumulation of multimorbidity in 11 chronic conditions

Results

- Over a 20-year period, 4 484 (58.3%) women reported multimorbidities
- Satisfying relationships in the 5 relationship types linked to lower risk of accumulating multiple long-term conditions in old age
- Those with lowest satisfaction level had double the risk of developing multiple conditions (compared with those with highest satisfaction levels)
- Similar results were found in each different type of social relationship - relationship only partly explained by socioeconomic, behavioural, reproductive factors

Intimacy and wellbeing

Research: Significant link between quality of intimate/sexual relationships and overall wellbeing...:

- intimacy can provide warmth, closeness, touch, excitement
- Sex/sexuality: increasingly seen as an important part of older adults' lives influencing quality of life and partnerships (Fisher, 2010)
- Some benefits you might not have thought of:
 - releases chemicals that help you feel happy
 - arousal is good for the skin (we come to that in a minute...)
 - Strengthens the immune system
 - Can relieve physical and emotional stress
 - Good for the heart/mild cardiovascular exercise

Older adults themselves identify intimate relationships of an emotional and/or sexual nature as a priority for their own wellbeing (Strout et al., 2018)



Oxytocin - the 'cuddle hormone'



Skin: largest organ in the human body with receptors communicating positive and negative touch stimuli to our sensory neurons.

- chemicals are stimulated by physical touch (both in giver and receiver) – among them 'feel-good' chemical oxytocin
- involved in sensations of trust, emotional bonding and social connection, while decreasing fear and anxiety
- premenopausal women: frequency of received hugs by husband linked to higher oxytocin levels and lower blood pressure (Light et al., 2005).
- holding hand of romantic partner: seems sufficient to attenuate neural stress response, reflecting stress-buffering effects of touch (Coan, Schaefer, & Davidson, 2006).
- hugging can also help our bodies fight off infections (Cohen et al., 2015).



2. Intimacy and aging – a taboo topic?



Source: <http://www.agesexandyou.com/#health>

Intimacy and ageing – myths and stereotypes



Myth?

Older People no longer have sex and intimacy

The older the less interested in intimacy

For older people intimacy and sexuality is not important anymore

Sex is integral to physical and emotional health in older age

Research evidence

Many older people are still sexually active. Sex and intimacy don't stop as people age, though they might change.

People don't lose their passion for life just because they're older. In a recent Saga survey of 8,000 people over 50y nearly half of them said they had sex once a week.

Research shows that sex and sexuality still hold importance as people move into later life (DeLamater, 2012; Hinchliff and Gott, 2008).

'Successful' and healthy ageing is possible without active sex life. Although more positive towards the idea of active sexual life of older adults, this new myth creates new barriers for those whose body image, physical capabilities and partner status do not conform to the "sexy oldie" model (Sinković & Towler, 2019).

Intimacy and ageing – impact of myths/stereotypes



- Lack of realistic media presentation: myths and clichés around intimacy and ageing
- Negative stereotypes persist - despite intimacy important factor for quality of life.
- Little or no recognition of sexual relationships in older adults - sexual health needs are often ignored.
- Lesbian, gay, bisexual and transgender relationships: often ignored in this age group.
- Health care workers: can perpetuate these stereotypes if they avoid discussion of sexual health topics with older men and women (Bradway & Beard, 2015).

Gail Thorne (Relate Sex Therapist):

"It may seem as though it's only young people with 'perfect' bodies having sex and being intimate but of course this isn't true! In reality, 'sex and intimacy in later life' means different things to different people: for some it's about exploring new and different sexual experiences, and for others it's simply about feeling able to express emotion through a gentle touch or kiss on the cheek."

What do we know from research?

Research evidence does not back myths and stereotypes – reality is far more diverse and complex – here are some examples...:

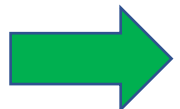
- Health (personal or partner's) often reported as the main deterrent of an active sexual life, rather than age itself.
- Female sexual activity (but not necessarily interest) decreases with age – often as a result of the lack of a partner or a partner's health problems (Sinković & Towler, 2019).
- Ageing can be used as rationalisation for reduced sexual interest and way of coping with sexual decline. (Roney & Kazer, 2015) -> shielding people from negative effects of sexual problems.
- Older gay men: both positive (more acceptance of gay men) and negative (ageism, youth-oriented gay culture, lack of emotional intimacy) changes during the aging process.



Intimacy and aging – what is normal?

When talking about intimacy and ageing: bear in mind that what is normal for one person may not be normal for another....

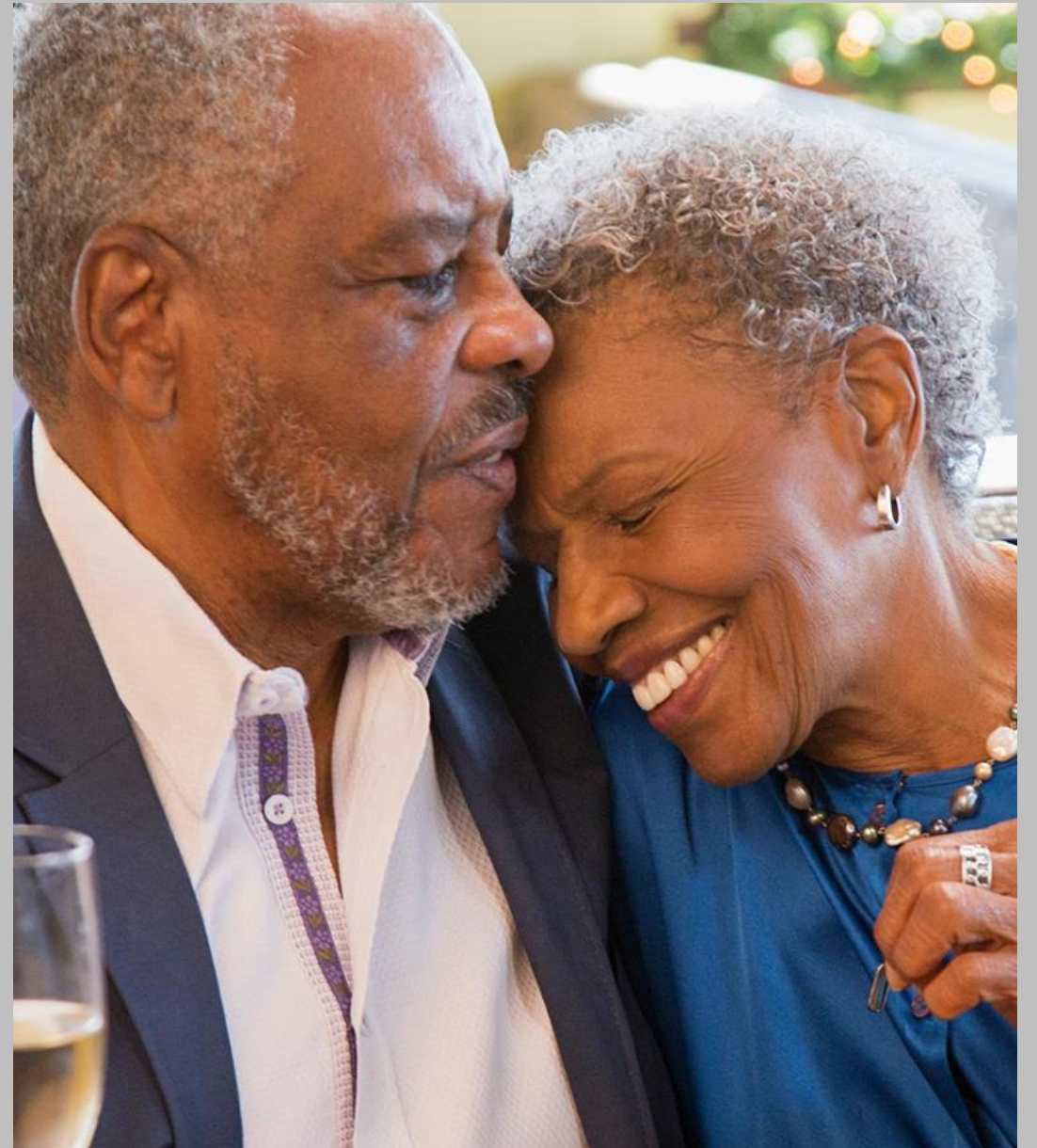
- huge variety and differences in levels of sexual activity, and in what people find sexually desirable.
- Cultural factors (e.g. religion), gender, and family norms influence if, and in what form, sexual desire manifest
- Some people have no interest in sex but enjoy acts of intimacy, whereas others prefer no physical contact at all.
- As people get older sex may no longer have the appeal it once did.
- Sexual activities may lessen for a number of reasons including illness, being single, the loss of a partner or boredom with their partner.



Importance to find your own personal ways/activities to get esteem, affection, appreciation and bonding.



*3. Factors
influencing
relationships
and intimacy
when ageing*



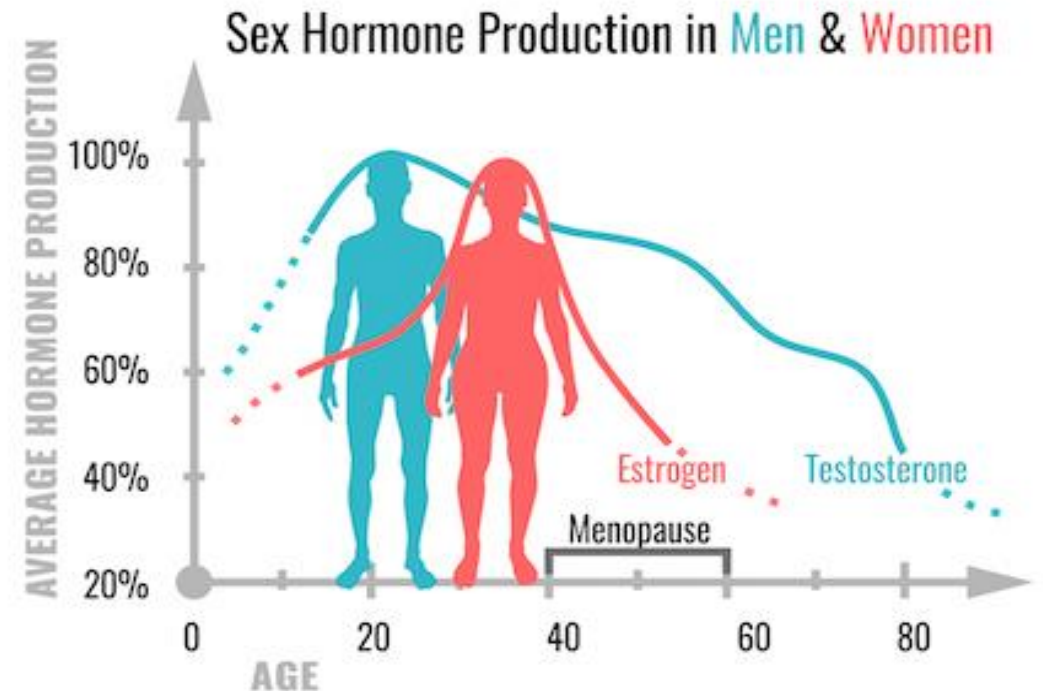
Source: <http://www.agesexandyou.com/#health>

Biological factors



Biological changes during the ageing process naturally impact on sexual lives and they way how intimacy is experienced:

- Testosterone, usually associated with men's sex drive, declines in both men and women which can affect levels of sexual activity (not so much libido)
- Decreasing estrogen levels (menopause) can impact female sexual experiences
- However: relationship hormones - sexual function is complex and (like most other physical/physiological processes), not well understood
- Variations within normal limits (e.g. T-levels differ substantially from man to man) are not associated with variations in sexual desire, responsiveness, or behaviour in a straightforward manner (Bancroft, 2005).



Individual perceptions and attitudes



The way how age related biological changes are experienced and coped with seems to depend on individual perceptions and attitudes...:

- Experience of sex in later life: predicted by both the person's subjective age and their views towards aging (Estill, Mock, Schryer, & Eibach, 2017).
- Individuals feeling older/negative opinions of aging: less interest in sex and lower quality sexual experiences (compared to people who felt more positively about themselves and the aging process)
- Being in better health also predicted higher quality of sex and interest in sex (Estill et al., 2017)
- Differences in sexual desire: common among couples of all ages
- Couples can become stuck in a pattern where one person initiates contact while the other avoids it

Results of Midlife in the United States - MIDUS project



Emotional and psychological changes in later life

Emotional issues play an important role for intimacy. Factors such as stress or worries can influence our desire, arousal, and satisfaction with sex...:



1. Retirement:

- possible loss of part of identity with need to adapt
- coping financially on a pension can be stressful

2. Bereavement:

- deaths of friends/family increases (and possibly thoughts of own mortality)
- loss can be difficult to deal with and leave people feeling vulnerable and lonely
- part of bereavement may include the loss of intimacy and sexual closeness.

3. Poor/declining health:

- serious health conditions can have a profound impact on relationships and wellbeing
- navigating the impact of health problems and treatment/medication can be emotionally challenging.

Impact of illness

Older people are more likely to experience illness and disabling conditions – impact on intimacy and self-esteem

- Decline in sexual activity often caused by start of illness/disability
- Many health conditions can have an impact, including those older people are most likely to encounter (e.g. dementia, stroke, heart disease).
- Chronic diseases that affect the arteries, central or peripheral nerves, musculoskeletal function, and hormones can impact sexual functioning.
- Prescribed medicines can have sexual side-effects (e.g. long-term conditions, cancer treatments)
- Sexual well-being may also be affected through indirect effects of changes in body image (e.g. after surgery), general physical discomfort, and mood or mental state fluctuations
- Shift of roles from partner to caregiver: sexual intimacy often suffers, emotional intimacy may strengthen (through care) or decrease due to the stress of caregiving

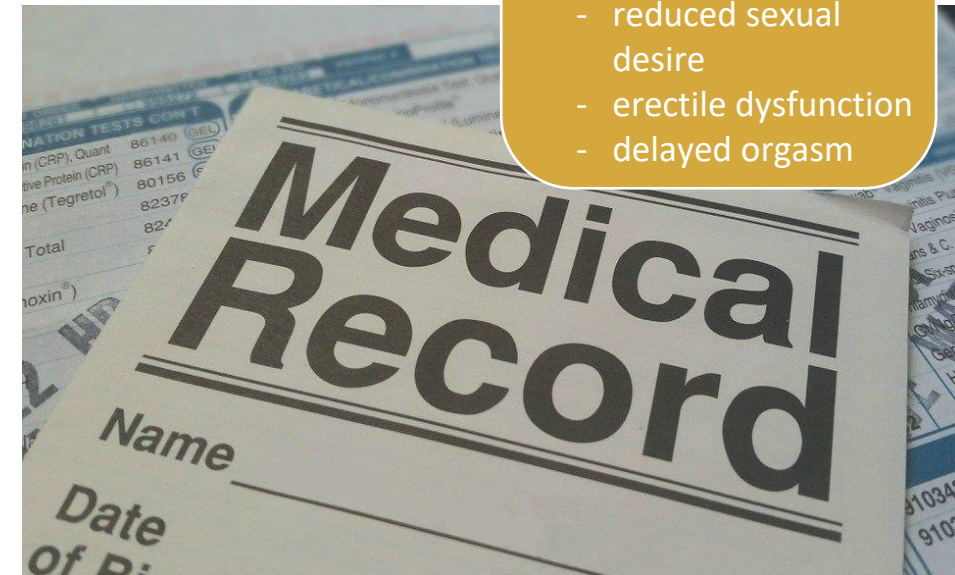
Direct impact

Illness and disabling conditions can affect intimacy and self-esteem directly – in both physical and emotional ways.

Indirect impact

Medical examination or treatment and medication can cause e.g.

- reduced sexual desire
- erectile dysfunction
- delayed orgasm



Coping with illness-related problems

If sexual intimacy has been vital for your relationship before illness, then finding ways to resolve illness-related problems is important...:

- Partner support: less impact if partner is understanding & lack of sexual pressure (Gilbert et al., 2013).
- Talk to your partner about your concerns/feelings and what works well for both of you.
- Show affection and appreciation to each other.
- Sexual intimacy does not have to be restricted to sexual intercourse and penetration.
- Get informed about illness and its impact on sex/intimacy (e.g. ask GP, information from websites/helplines).
- Seek professional help and see a relationship counsellor if you need help to talk.



AGEING WELL
Mental wellbeing Joy
Breakfast Swimming Exercise
Joy Nutrition Pharmacokinetics
BONE CHANGES Bone changes Dinner
Pharmacokinetics
Joy Malnutrition
Eat well Hydration Morning
Atrophy AGEING WELL Walking LUNCH
EXERCISE WALKING Fitness Joy Fitness AGEING WELL Morning
OSTEOPOROSIS Atrophy Joy Fitness Ageing Muscle changes Dinner
Physical activity Nutrition Exercise Muscle changes
Swimming Lunch Physical activity
Joy Breakfast Pharmacotherapy PHARMACODYNAMICS
Pharmacodynamics Ageing Nutrition
Learning new things Osteoporosis MORNING
Hydration Meeting friends
Learning new things

*4. Women's
health and
intimacy*



Source: <http://www.agesexandyou.com/#health>

National Survey of Sexual Attitudes and Lifestyles (Natsal-3; 2010-12)

Among sexually active women aged 65-74 years:

- 55.7%: one or more sexual problem lasting three months or longer in the past year
- The most common sexual problem reported:
 1. Lack of interest in having sex: 34.25% (men:13.6%)
 2. Uncomfortably dry vagina: 20.0%
 3. Difficulty reaching climax: 13.7%
- 9.5%: 'distressed or worried' about their sex life
- 43.3%: reported their partner has sexual difficulties (23% avoided sex because of this) (Mitchell et al., 2013)

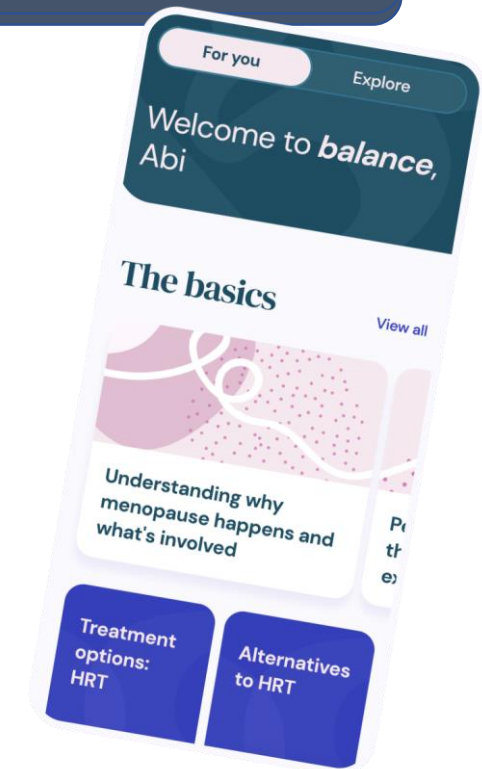


Menopause and sex impact



Menopause is associated with physiological and psychological changes that influence sexuality...:

- Hormonal changes - one year without periods is medical definition (52y average but huge variation)
- Significant physical, mental and emotional changes but many unprepared
- Typical symptoms include hot flushes/night sweats/mood swings/brain fog/tiredness
- Decreased estrogen: decline in vaginal lubrication/elasticity -> soreness and discomfort during penetrative sex (dyspareunia)
- Orgasms can become less intense or take longer to reach
- Decreased testosterone: possible decline in sexual desire/sensation



<https://balance-app.com/>

Menopause support by Dr Louise Newson: Provides knowledge and guidance on what's right for the body during the perimenopause and menopause and allows users to track your symptoms, access personalised expert content, share stories.

Menopause impact – treatment options



Menopause impact – things that can be done...:

- **Natural treatment options:** Physical/mental wellbeing, balanced diet, pelvic floor exercises, relaxation techniques
- **Vaginal lubrication:** Using artificial lubricants and moisturisers (can be bought from pharmacies)
- **Hormone replacement therapy (HRT):** replaces hormones that the body stops producing
- Possible HRT side effects and incompatibilities: need to discuss with GP
- Survey study: Lack of information main reason for rejecting HRT (96.1%).

...on the plus side...

Many older women:

- more responsive to sex
- more confident in voicing their desires and feelings

*5. Men's health
and intimacy*

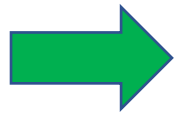
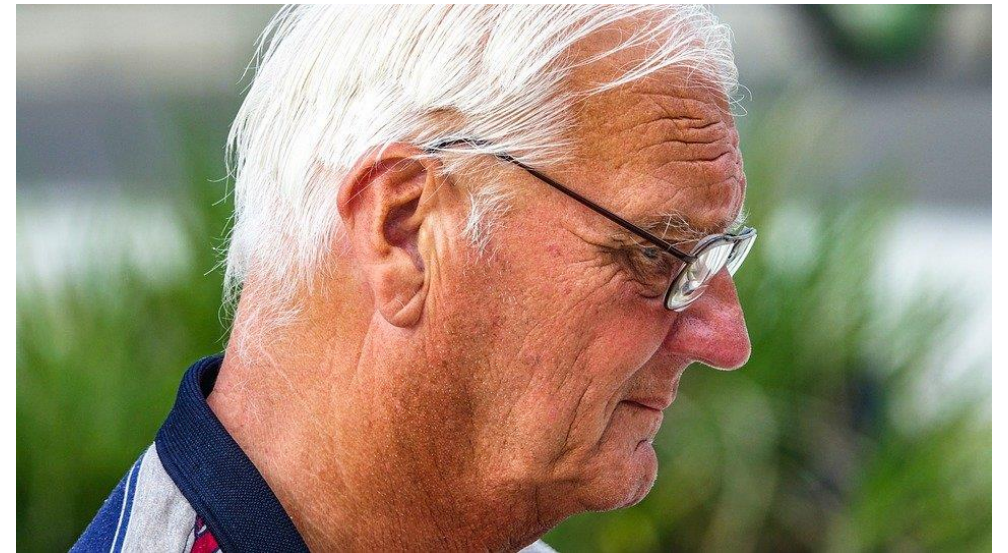


Source: <http://www.agesexandyou.com/#health>

Survey results on men's sexual health

The prevalence of sexual problems among men tends to increase with age...:

- Men aged 60 to 67: 27% reduced sexual desire, 34% erection problems (population-representative sample Norway)
- Natsal-3 survey men over 65: 30% reporting erection problems (under 45: less than 10%) – but no age differences in the prevalence of problems with low desire.



However...

- Most population-based surveys find that about 50% or more of older men report no sexual difficulties

Erection changes and sex impact



Changes in erections are not uncommon as men get older...:

- erections maybe less firm
- takes longer to achieve or not possible at all
- cannot be maintained for very long

However: not just a problem of old age:

- erection problems reported by men of all ages (1 out of 10)
- variation in men re propensity for sexual excitation and inhibition

Erection: central aspect of male sexuality...

Difficulties can impact men & partners on different levels:

- Psychological: self-esteem
- Relational: performance pressure/ frustration
- Sex life: Lack of desire

How to deal with erection problems?



Different options/approaches available...:

- **Healthier lifestyle:** Reducing stress levels, stop drinking/smoking, reducing weight...
- **Talking to partner:** To avoid misinterpretation and increase understanding/support
- **Medical evaluation/treatment:** e.g. drugs (e.g. Viagra), vacuum pumps, injections to increase blood flow – need to talk to GP
- **Hormone therapy:** testosterone therapy does not seem to improve erectile function in older men (Andrea et al., 2013)
- **Psychosexual therapy:** Helping couples adjust to medical treatment and try new ways of sexual relating.

...on the plus side...

Dealing with problems can lead to:

- increased intimacy between partners
- development of alternative sexual practices
- greater sexual satisfaction

*6. How to
facilitate
relationships
and intimacy
when aging?*



Source: <http://www.agesexandyou.com/#health>

General lifestyle

Importance of maintaining an active, healthy lifestyle...:

- Stop smoking and avoid drinking more than the recommended units of alcohol
- Eat plenty of fruit and vegetables and food low in saturated fats
- Get active! Find an exercise or sport you enjoy
- Continue learning and exploring your interests
- Keep an eye on your stress levels and learn to relax
- Join groups, make new friends and have fun
- If you live alone get to know your neighbours
- Invest in healthy loving relationships



Relational aspects

Key role of partner support and communication in adapting to age related changes...:

- Talk, talk, talk – to avoid misconceptions, misunderstandings and ‘silent suffering’...
- Hug, hug, hug - Regular hugs can have a big impact on our health and wellbeing.
- Those who hug more often enjoy better physical and psychological health, improved relationships and are better able to handle conflict. (Light et al., 2005).
- ‘Get intimate’ – if in relationship, find things that work for both of you..



Tackling loneliness



Loneliness is a public health problem - not just an individual one:

- Recognized by **governments** across the UK - strategies to try and mitigate it (HM Government, 2018; Scottish Government, 2018).
- **Campaigns and charities** offering advice and support (e.g. 'Campaign to end loneliness', Age UK Befriending programme)
- **Social prescribing** (NHS): linking socially isolated people up with organisations/groups in the community for the benefit of their health (e.g. 553 Open Men's Sheds in the UK).
- **Counselling** programmes to improve loneliness: improve social skills and way a person thinks about socialising (social cognition); increase social support and opportunities for social interaction

Campaign to
EndLoneliness



Where to find help and support?

Relate

www.relate.org.uk

Advice, relationship counselling, psychosexual therapy and support, face-to-face, by phone and through their website.

Family Planning Association

Sexual Health Helpline on 0300 123 7123 offering free advice and/or clinic information.

GP

See your GP for advice around medical issues, e.g. sexual dysfunction, medication, hormone replacement therapy (HRT), sexually transmitted infections etc.

LGBT Foundation

Advice Support & Information under 0345 3 30 30 30
A helpline around sexuality for lesbians, gay men, trans & Non-Binary people.

Barriers to help-seeking

Research: many older people would be happy to receive professional help aimed to improve intimacy (Hannaford et al., 2019; Gewirtz-Meydan et al., 2019).

But: The acceptance of sexual problems as a part of normal aging can act as a barrier to seeking help:

- Stigma around intimacy in later life
- Lack of available information about sexual issues
- Lack of rapport/openness with healthcare providers

Overall, older people more likely to seek help when they feel

- a personal connection with healthcare provider
- confident and empowered to talk about intimacy/sexuality
- communication about sex and sexuality has been normalised by healthcare providers.

Relate Counsellor:

'I think it's part of being British that we live with major sexual problems and are simply too embarrassed to get any kind of help. The great thing with Relate sex therapists is that there is nothing you can say that will shock us – we know how complicated sexual problems can be and we know how difficult it is to open up to your partner about them.'

More research needed on how to support intimacy...



The screenshot shows a web browser window with the URL <https://societal-challenges.open.ac.uk/challenges/intimacy-and-ageing-well/162>. The page header includes the 'OPEN SOCIETAL CHALLENGES' logo and navigation links: 'Sign in | Contact the OU | Accessibility' and 'Home About Challenges Submit a new challenge'. The main content area features a challenge titled 'Intimacy and Ageing Well' with a 'DECEMBER 2022' status and a 'BUILD' button. The challenge initiator is Naomi Moller (naomi.moller@open.ac.uk). The team members listed are Rebecca Jones (WELS, rebecca.jones@open.ac.uk), Andreas Vossler (FASS, andreas.vossler@open.ac.uk), and Diana Teggi (diana.teggi@open.ac.uk). The challenge description states: 'In the UK, and globally, the rapidly ageing population poses challenges economically (in terms of funding health and social care) and socially (in terms of supporting quality of life for older adults). Existing research suggests that fostering physical and emotional intimacy can improve the wellbeing and health of older adults – bringing personal quality of life gains, reduced health and social care costs and improved community and social cohesion. Yet there is little empirical work on how to support intimacy for this population. Consequently, our long-term aim in this research is to make it easier for older adults who are experiencing difficulties with achieving 'good' intimate relationships (however they personally define those) to seek and receive effective personalised help, in particular non-pharmaceutical help – e.g. (depending on need) family and relationship counselling, social prescribing, psychosexual therapy or sexual health advice. Concurrently, the aim is to reduce stigma and increase understanding about the range of what constitutes intimacy and intimate relationship wellbeing for older adults and how empirical research and older adults themselves understand it as contributing to 'living/ageing well'. Research has shown that many older people would be happy to receive professional help aimed to improve intimacy (Hannaford et al., 2019; Gewirtz-Meydan et al., 2019). Research also suggests a diversity in the way that older adults understand what intimacy is, from emotional closeness, connectedness and companionship to comfort or sexual touch (Bildtgård and Öberg, 2019; Carr and Fang, 2021; Kleinplatz and Menard, 2021; Towler et al., 2022). The Challenge involves the 4 UK Nations (Wales Scotland)'. The page also includes links to 'REGISTER YOUR INTEREST' and 'BECOME A SUPPORTER'. The browser's taskbar at the bottom shows the Windows logo, a search bar, and various application icons. The system tray in the bottom right corner displays the time as 16:24 on 07/03/2023 and a notification icon with the number 21.

CHALLENGE INITIATOR

DECEMBER 2022 **BUILD**

Intimacy and Ageing Well

In the UK, and globally, the rapidly ageing population poses challenges economically (in terms of funding health and social care) and socially (in terms of supporting quality of life for older adults). Existing research suggests that fostering physical and emotional intimacy can improve the wellbeing and health of older adults – bringing personal quality of life gains, reduced health and social care costs and improved community and social cohesion. Yet there is little empirical work on how to support intimacy for this population.

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The Challenge involves the 4 UK Nations (Wales Scotland)

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7. Conclusion and questions



Source: <http://www.agesexandyou.com/#health>

To summarize: Relationships and intimacy while ageing

1. Satisfying relationships and intimacy play an important role for wellbeing and health when ageing.
2. Significant link between quality of intimate/sexual relationships and overall wellbeing.
3. Older age per se is not the cause of a decrease of the quantity or quality of sexual activity in a couple (as can be seen in older adults who are in love).
4. Physiological changes when aging may impact expressions of intimacy and sexuality. Health problems are the main deterrent of an active sexual life, rather than age itself.
5. The relationship context/quality is the main factor determining whether sexual problems have an impact on wellbeing.



Attribution: Alpha Stock Images - <http://alphastockimages.com/>

...Ten things we should talk about..cont..

6. There is no blueprint or norm for intimacy in older age – huge diversity of individual importance placed on sexuality at that life stage -> partners need to agree and both be happy with it.
7. Satisfying sex does not have to be limited to intercourse and does not need to include it at all - partners should talk to each other about what they like and don't like.
8. Key to talk about unmet needs/desires and problems to avoid 'silent suffering' and unhealthy relationships.
9. Professional health care worker can facilitate help-seeking by normalising the conversation about intimacy.
10. With proper guidance/support: many older people can adapt to changes and continue to experience satisfying relationships and intimacy while ageing.



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Thank you for your attention

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Ageing Well series of Public Talks 2022/23- topics



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- *Equality, diversity & geography of ageing (Carlos M Lequizamon) December 14th 2022*
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