Dr. Leslie Kernisan (00:00:00):

Hello, everyone. Welcome to Better Health While Aging, a podcast that gives you strategies and information about improving the health and well-being of older adults. We discuss common health problems that affect people over age 60, the best ways to prevent and manage those problems, and we also often address common concerns and dilemmas that come up with aging parents and other older loved ones. Like what to do if you're worried about falls or safety or memory or even the quality of an older person's health care.

Dr. Leslie Kernisan (00:00:31):

I'm your host, Dr. Leslie Kernisan. I'm a practicing geriatrician. That means I'm a medical doctor specialized in geriatrics, which is the art and science of modifying health care so that it works better for older people and for their families.

Dr. Leslie Kernisan (00:00:46):

In today's episode we are going to be talking about sex in later life. My guest is Dr. Nicole Didyk. She is a board certified geriatrician based in Ontario, Canada, who has a special interest in educating older adults and families. She has been in practice for almost 20 years. Then after completing a Master's in education in 2018, she started an educational website and YouTube channel called The Wrinkle. We met last year through the Helping Older Parents Membership that we have launched here at Better Health While Aging. Since we share a common desire to help families by providing practical information online about age and health, Dr. Didyk has been contributing to Better Health While Aging by helping me answer comments and by starting to share some of her own high quality educational resources. She is also one of our experts in the Helping Older Parents Membership.

Dr. Leslie Kernisan (00:01:39):

It's been really wonderful for me personally to be able to collaborate with a like-minded geriatrician in part because she has covered some topics on her site and YouTube channel that I haven't yet had an opportunity to cover on Better Health While Aging. I'm delighted to have her with us today to talk about a very important such topic which is sex in later life. This is a topic that Dr. Didyk covered last year on The Wrinkle through a series of interviews with Natalie Wilton, a Canadian social worker and sex therapist who has a special interest in older adults and in family caregivers.

Dr. Leslie Kernisan (00:02:14):

Of course, this is something that comes up in practice for us as geriatricians. Dr. Didyk, I'm sure, will share some examples of when it's come up for her. It has come up for me

at times as well. I'm sure it's something that has come up for many of you, our listeners and our community. I learned so much from listening to Dr. Didyk's interviews with Natalie Wilton because this is really an important topic that generally doesn't get enough attention not only from health providers but also, I think, from older adults. It's something that is often poorly understood by doctors and nurses and may even be misunderstood by older adults themselves and their families.

Dr. Leslie Kernisan (00:02:51):

We are, of course, going to link to the series of interviews that Dr. Didyk did with Natalie Wilton in the show notes. But I'm also just delighted that Dr. Didyk could join me here today on the podcast to talk with me about some of these common questions that come up about sex in later life and key things that we should all know. Nicole, welcome to the show.

Dr. Nicole Didyk (00:03:12):

Thank you so much for having me. I'm delighted to be here, too.

Dr. Leslie Kernisan (00:03:16):

Oh, it's so exciting to finally have you on the podcast after having you as part of the Membership and also a contributor to Better Health While Aging for the past few months. Before we get into the topic at hand, why don't we have you start by telling us just a little bit more about you and what you do as a geriatrician in Canada because what geriatricians do there is often slightly different than what they do in the United States.

Dr. Nicole Didyk (00:03:42):

It can be a little different. Yes. I'm a geriatrician, so like you said, about yourself, so I'm a medical doctor. I have certification in internal medicine and geriatric medicine. In Canada, it's a very consultative type of practice. I'm not like a primary care provider, but I do see some people repeatedly several times. I see a lot of older adults who are living with cognitive changes. A large part of my practice is people who are living with Alzheimer's and similar types of neurological conditions. Then just the medical challenges that older people run into. A lot of it is reviewing medications, trying to stop medications that people are on if they no longer need them. Looking at mobility. Chronic pain is another thing that we see a lot of. Every once in a while sex does come up, but it's usually in the context of one of those other issues.

Dr. Leslie Kernisan (00:04:42):

If I understand right, in Canada geriatricians are really specialists. I guess the primary providers or others will refer a patient or family to a geriatrician when they want some of that extra expertise.

Dr. Nicole Didyk (00:04:58):

That's right. Yes. We have to have a referral from another physician or nurse practitioner who's doing primary care or another type of practice. But we have the opportunity to go into a lot of different settings. For example, my practice I do consultations in hospital for people who are admitted to hospital. I go to the rehab center that we have here. I even do home visits. I have a busy clinic where people come in to see me, and I like that. I like to be able to see people all across the continuum of where they are.

Dr. Leslie Kernisan (00:05:34):

Yes. It sounds like a great mix. Well, I think it's so interesting to hear about geriatrics in Canada because, as you know, in the United States, geriatricians have historically often worked as primary care providers. But I think that's, first of all, something that I have stopped doing. I only do consultative care. But there is this question of whether we are all going to, more of us as geriatricians, are going to move towards that because we're such a limited resource. That there's a good argument for saying that we should really be coaching and supporting other providers, helping to build better systems. Then, of course, you and I believe we should also be coaching and supporting and educating older adults and families.

Dr. Nicole Didyk (00:06:14):

Absolutely, yes. That is the way that people do need education in all areas of their health, so aging is just one topic.

Dr. Leslie Kernisan (00:06:23):

Well, first of all, tell us briefly about how you came to start your own site, and then how did you become interested in this particular topic of sex in late life? How did you connect with Natalie Wilton?

Dr. Nicole Didyk (00:06:34):

Well, thanks for the opportunity to talk about it. Because it is a project that I'm so passionate about. I just found after almost 20 years of doing the work that I was doing, I found myself seeing the same challenges. People were asking the same kind of questions and grappling with the same kinds of dilemmas. I found myself honing an approach to give people advice. I was constantly updating my knowledge base and

interacting with other professionals in the geriatric arena, so people like Natalie. I just thought, "There's got to be a better way than just doing these one-off encounters." Maybe I could write down or do a video about some of the stuff that I'm dealing with every day. That way we could reach a bigger audience.

Dr. Nicole Didyk (00:07:26):

That's why The Wrinkle came about. I watch a lot of YouTube, so that was my chosen platform to start with was making YouTube videos. The response was really good. I think that people are wanting information, and they're wanting it in a way that's very practical and entertaining. That's where that came from. Then trying to cover topics that aren't really easy to get information about. Dementia is one, talking about the aging brain. There's a lot of information, but there's also a lot of misinformation, so that's a topic that we cover.

Dr. Nicole Didyk (00:08:04):

Then the idea about sex in later life, well, Natalie Wilton is a sex therapist, but I got to know her as a social worker. Because her other role is actually in working with people who are living with dementia and their families as a behavior therapist. We're really lucky in our area that we have a program if there's an older adult who has dementia, who has what we are calling responsive behaviors, then Natalie will go in as a therapist and try to work with the family and the older adult to come up with a solution so that we don't have to use medication or we don't have to use as much medication.

Dr. Nicole Didyk (00:08:43):

I got to work with Natalie in that respect trying to help people with behavior. Then I talked to her a little bit more about her other hat, which is as a sex therapist. I just knew that that had to be a topic for a podcast. It turned out to be a topic for three podcasts. Three podcasts and videos. Yes.

Dr. Leslie Kernisan (00:09:03):

Yes. Yes, so I have listened to them. You have three interviews, audio interviews, with Natalie Wilton that you've turned into YouTube videos as well. We'll definitely link to them for the audience, and I want to recommend them. And, I'm excited to have you just share with us some of the highlights and key points for the three topics that you covered with her, which, if I remember right, you had one that was about sexuality and sexual health in older adults in later life. I would love for you to talk more about that.

Dr. Leslie Kernisan (00:09:35):

Then I know you and Natalie also talked about sex and sexuality specifically in the context of a caregiving relationship when one spouse has really taken a caregiving role for the other spouse. Then when that caregiving relationship is related to dementia because not all caregiving spouses are living with dementia but many are. Dementia itself brings up some special challenges.

Dr. Leslie Kernisan (00:10:00):

Maybe let's start off with the broader topic, sexuality and older adults. Why is this such an important issue to bring up and for us to all get some education about?

Dr. Nicole Didyk (00:10:12):

Right. I think first of all we have to recognize as geriatricians we're not doing a great job of talking about it. One thing that I read was that ... This doesn't sound too bad but ... 58% of geriatricians will occasionally ask about sex with their patients. The rest of them never ask about it. We're not really bringing it up. It is an important issue because it's a part of life. We as geriatricians pride ourselves on being comprehensive. We ask people all kinds of details about how they're doing in their day-to-day life. If we neglect talking about the sexual aspect, we're ignoring a big part of somebody's health and somebody's identity. I think it is important in comprehensive care, you can't leave the sexuality part out of it.

Dr. Leslie Kernisan (00:11:09):

If we're not doing it and I think also regular providers are probably even less likely. Or, what do we know about people bringing this up with their general primary care providers who are often supposed to be there tending to their health maintenance, their ongoing health and prevention? What do we know about that?

Dr. Nicole Didyk (00:11:27):

Yes. I mean, it's probably, again, around that 50%. It doesn't really, unless it's part of a questionnaire or part of a comprehensive exam, which family doctors are doing less of now at least in Canada. We used to have the periodic checkup type of head-to-toe exam. Now it's much more focused and episodic. If it's not brought up, then probably less than half are even talking about it. In primary care or in specialized geriatric medicine, it's not coming up.

Dr. Nicole Didyk (00:12:00):

Probably in psychiatry it comes up a little bit more. I think that that is because part of the comprehensive psychiatric exam is to take a very detailed history where, unfortunately, usually there's questions about sexual abuse and sexual trauma. But

that's often an opportunity to just talk about sexuality and that in generally. Psychiatry does a little bit better. But in primary care and geriatric care, we need to do a better job. That sexual literacy, I guess we could call it, isn't great for medical doctors. Then sometimes it's not so great in people, the patients and families either.

Dr. Leslie Kernisan (00:12:41):

Well, it sounds like partly our health providers are often not asking even though, as you bring up, sexuality is an important aspect of people's life and well-being and health. I think also it seems that often people may not bring it up unless they're asked because in general in society it's a topic that often people are less comfortable bringing up.

Dr. Leslie Kernisan (00:13:08):

Then my guess would be that also I would guess that just when I think about family practice doctors or even general internists, my guess is that they may even be less likely to bring it up as people get older than when they're younger. Because I think when they're younger, we're more attentive to the possibility of sexually transmitted diseases. That I think there is this very real question of ageism. That one of the things we think happens less as you get older is less interest in sexuality or just that's less of their lives or how we envision their lives. Can you speak a little bit about what you've learned about that? The role of ageism in this?

Dr. Nicole Didyk (00:13:46):

For sure. That was one thing that Natalie brought up, too, and she brought to my attention because it's so true. I've probably even posted some things on Facebook that show an older couple maybe looking horny. We think that's so cute. That we just think it's adorable that older people could be sexual beings. That's one of the common stereotypes that is very ageist, is that it's cute. It's childlike and chaste for older adults to be in love. Or, we stereotype older adults as being asexual. As you say, that part of life is just over, and we don't need to ask about it because it's not an issue. But that's not accurate and that's ageist as well.

Dr. Nicole Didyk (00:14:29):

Then I'm sure you can think about the stereotypes of the dirty old man who's lecherous. Or the woman who's the cougar, who's an older woman on the prowl for a younger man. All of those stereotypes are really prevalent in the culture and in advertising and in the media and they're ageist. They can be negative. They're just not realistic and they're not accurate. That's a lot of how people see sexuality in older people. But the truth is that ... I find this as I get older, too ... your brain doesn't really

change that much. Your perspective doesn't really change that much as you get older. Just because you turned 65, it doesn't mean that all of a sudden now you're childlike and you're cute. You still have the same sexual needs and desires and the same needs for intimacy as well.

Dr. Leslie Kernisan (00:15:23):

Well, so maybe you can speak a little bit more about that. You mentioned the term sexual literacy earlier. I would love for you say more about what that means. But also in terms of the ageism, I think also that it's often not just in the health providers and in the people around the older person, but that a lot of people may have internalized some of it. People may not bring something up, their sexual concerns, because they've internalized the idea that I shouldn't be caring about this at my age. Or, it's not appropriate or something like that because we've created this climate where there are signals that this should be less so. I think there's a lot of misunderstandings among everyone.

Dr. Leslie Kernisan (00:16:07):

Can you speak a little bit more about sexual literacy and what you think everybody, providers and older adults themselves, should know about sexuality in late life? Also, about how it may be affected by aging?

Dr. Nicole Didyk (00:16:22):

Well, sure. I mean, sexual literacy is really just knowing that sexuality is a normal part of life and that it's a part of your identity throughout your life spam. I get reminded of that every once in a while in the office. I must say that I'm getting better at asking about a person's sexual health. But the way I used to always ask about it was when I took a sleep history. I would say, "Do you share a bed?" Or, "What's going on?" Then sometimes people would just say, "Oh, we don't share a bed." Or, "That's all over. We're 80." They would say things like that. "Well, we're 85. We've been married for 70 years."

Dr. Nicole Didyk (00:17:04):

I mean, that's sad. You're right that speaks to that internalization that sex is just over for me. But it doesn't have to be. There are some age-related changes that are normal and that can affect sexual function. If you look at women, the menopause is a time when the estrogen production changes and there are physical changes that are almost universal. There's changes in the actual vaginal tissues, so they become thinner and dryer. That can definitely affect sexual function and can cause some discomfort, unfortunately, sometimes with intercourse. Then also it just physiologically can take

longer for arousal to happen. The arousal cycle might be up to 24 hours. It might start before it might that somebody would be ready to go in 20 minutes, but now it might take longer. It might take even hours. Those are normal changes.

Dr. Nicole Didyk (00:18:07):

But they don't mean just because if a woman is getting that signal that intercourse is painful or something like that, it doesn't mean that a person should stop having sex. It just means that they might need to find a different way to do the same thing. I think that that might be something that people need to understand is that if it is painful or if it's different, it doesn't mean that you need to stop. It just means that you need to find a different way.

Dr. Nicole Didyk (00:18:35):

That might be something like for a woman it might be getting a lubricant, which is readily available. That was one thing Natalie was able to talk about was they're available in drug stores. They're pretty much everywhere, so you don't have to go to a special place to get what you need. A doctor might even be able to prescribe one or to recommend one. Lubricant can be important.

Dr. Nicole Didyk (00:19:02):

Or sex toys. That's another thing that a lot of people have maybe never thought of or didn't think were for them, but they really could be. That's, again, just doing it in a different way is something that sometimes people need education about and almost like permission to know that that can be normal and that it's not something to be ashamed of or be worried about.

Dr. Leslie Kernisan (00:19:26):

Yes. Well, it sounds like what people should know is that the better approach is to remember that everyone has a sexual dimension to their health and life and has needs, first of all, always for intimacy. Then often for some type of sexual stimulation, and that that can change as people get older. It's normal to be still interested as you get older. It's certainly appropriate to ask for help and assistance in addressing it.

Dr. Nicole Didyk (00:19:56):

Yes. Absolutely.

Dr. Leslie Kernisan (00:19:57):

The aging body may create certain changes. Libido is something that is affected by the brain and one's emotional state but also by hormones, some things that are very

physiologic that can change as we get older. Even as those change, the answer is not to give up on that aspect of your life altogether. It's to be thoughtful about what kinds of adaptations could be made to help you still get the most out of that dimension of the human experience and of relationships.

Dr. Nicole Didyk (00:20:30):

Absolutely. You can still have that sex life in your life. That's very important.

Dr. Leslie Kernisan (00:20:37):

Right. Yes. What kinds of concerns have you had patients bring up in the clinic or have come up when you've asked. You mentioned one is that intercourse can become painful for women because of certain things that tend to change in the pelvic area with menopause and changes in hormones. What else have you had people bring up or has come up when you've explored this with patients?

Dr. Nicole Didyk (00:21:04):

Well, one thing that I notice ... This is borne out in the literature as well ... is that for a lot of people who are older adults right now, so in this cohort, the sex is very much defined as the penis and vagina intercourse. If I ask someone about sex and that's not what's happening, then the couple might say, "Well, that, we don't have sex because that's not what's happening." That sometimes needs to be reframed. A lot of the challenges that I hear about are around intercourse. It could be for the women, that painful, dry sensation and the changes in the tissues there.

Dr. Nicole Didyk (00:21:44):

For men, a lot of it is around erectile dysfunction, which for males, yes, there is a higher incidence of erectile dysfunction as age advances. But it's multimodal or multifactorial. Erectile dysfunction is complex. It involves a lot of different aspects. But a lot of it is related to prostate disease and medications. A lot of people will ask me specifically about that, about the penis, what to do if there's erectile dysfunction. We can talk about medications for that, so it could be stopping medications that are getting in the way of erections or ejaculation. Or, it could be trying, even in older adults sometimes it is appropriate to try something like Viagra or something like that. Or, a mechanical device so there are pumps and different things that can be used to mechanically promote erections and help people to achieve erections. A lot of the discussion is around that, so it's medical things that are getting in the way of intercourse.

Dr. Nicole Didyk (00:22:53):

Then the other big issue, I mean, it's funny because a lot of these issues happen in younger adults, too, I'm sure.

Dr. Leslie Kernisan (00:22:59):

Right. Of course.

Dr. Nicole Didyk (00:23:00):

Another big thing is mismatch. The mismatch between the husband maybe has a different libido than his wife, and so the couple is experiencing a mismatch. That's very common throughout the age span. But it's probably more likely to happen in an older adult. Some of that is related to the health changes. Then maybe that gets into a little bit in the changing roles. If somebody is having a health challenge and now maybe the wife has to do an additional job. Maybe the husband can't drive anymore and the wife has to drive now. Now she feels like, "Well, I'm driving. I'm doing this. I'm doing that. I don't feel like having sex anymore." Or, "I don't feel like doing the things that we used to do." That mismatch can be for a multitude of reasons, and it needs to be addressed in a very individualized way. But the first step is to talk, to acknowledge it, and say that, "Yes, you know what? That is a problem. You don't just have to live with that. Let's work on it."

Dr. Leslie Kernisan (00:24:03):

Right. Right. Well, I want to hear more about your thoughts about how it can be worked on. But I would agree that I probably haven't asked about sexuality and sexual health often enough in with patients and families. Part of it is that I feel like often the patients that I see ... I imagine for you, too ... they have so many health and other issues going on that we're starting with what seems the most pressing. It can be harder to get along to other things.

Dr. Leslie Kernisan (00:24:33):

But I do remember for several years I had a primary care clinic at the Veteran's Hospital in San Francisco for four years. That clinic, it was all men, right?

Dr. Nicole Didyk (00:24:45):

Yes. Veterans.

Dr. Leslie Kernisan (00:24:46):

It was all male patients.

Dr. Nicole Didyk (00:24:47):

Sure.

Dr. Leslie Kernisan (00:24:47):

They were all older, usually in their 80s, some in their late-70s. Many of them would come with their wives. I have to say it happened not infrequently, but probably the most common way that their sexual health came up would be that at the end of the visit, it was almost always at the end of the visit. You know how it is, right?

Dr. Nicole Didyk (00:25:05):

A hand is on the doorknob.

Dr. Leslie Kernisan (00:25:06):

As you're [crosstalk 00:25:08]. Exactly. They're like, "Oh, doctor." They would say, "Actually, I was wondering, could I get some Viagra?" What was very interesting to me is that often the wife looked distinctly unexcited about this. I even had once or twice the wife standing behind shaking her head at me. You can imagine the position this puts me in. Because the thought that I had was that, of course, a healthy sexual relationship is about more than the mechanics of whether the erection is there. There's more to it, and that clearly there was going on there that needed to be addressed. I felt like, "Well, even if I were to prescribe the pill, that doesn't ... " I guess actually there was clearly a mismatch issue showing up right there. I felt really not very equipped to address it, so I would love for you to talk a little bit about-

Dr. Nicole Didyk (00:26:04):

That's uncomfortable.

Dr. Leslie Kernisan (00:26:04):

... first of all, not just what providers could do. But for listeners. If actually it's seeming like part of the issue, when should they wonder is the mismatch part of it versus other physical or health things? Then what would you recommend to help address these kinds of mismatch issues? Again, as you pointed out, they show up much earlier in people.

Dr. Nicole Didyk (00:26:27):

Yes, it can.

Dr. Leslie Kernisan (00:26:28):

I mean, they say just in general for all of couple-hood the most common sources of conflict are sex and finances or something, right?

Dr. Nicole Didyk (00:26:36):

Yes. Yes.

Dr. Leslie Kernisan (00:26:38):

Can you speak a little bit about that, the mismatch?

Dr. Nicole Didyk (00:26:40):

Sure. Sure. Well, and it's very closely tied to issues of health and maybe issues of finances as well. I mean, if we think about aging, and I've said often times that getting older a lot of it, it's almost like going through puberty again. There are so may challenges. There are so many changes, physical changes, emotional changes, situational changes. All of those changes will naturally affect your sexual health. Other examples might be even things like a separation and that could be involuntary. If somebody needs more help and needs to move into a home or into a setting with more help, so that could be a real mismatch in terms of a separation.

Dr. Nicole Didyk (00:27:30):

But it could be something health-related so it could be something like pain. If somebody is living with chronic pain and just doesn't feel in the mood. Or, if somebody is recovering from an illness, so that's a very common thing, too. That I think with doing some research, the Cancer Society and the Heart and Stroke Foundation, they do have some literature on returning to sex after going through a major health issue, if it's cardiac or cancer-related. Because that's a big thing is people are worried about is my heart healthy enough to do this? What's going to happen? Maybe I should hold back? Or, if your body has changed because of an operation. Or, you might have even had a body part that for you was a really important part of your sexuality. Maybe that part is changed or is missing because of your health.

Dr. Leslie Kernisan (00:28:22):

Right. We should mention, too, that I gave the example of men asking for the Viagra and their wives seeming to hesitate. Because the clinic, the nature of the clinic, was that all the patients were male. But, of course, we also have women who are expressing more interest or a higher libido are the ones who seem to have more "demand" on their partner than their partner may be comfortable with for a male partner.

Dr. Leslie Kernisan (00:28:48):

Or, we also have increasingly partners who are out. I know for lesbian and gay people that the older generation had a lot of pressure to remain in the closets. I think as the

generations evolve we'll see more same sex couples or other permutations as we get older. But right now a lot of what we have in clinic, I would say it's most common to see heterosexual couples, but sometimes some of the other. I want to again say it's open for that.

Dr. Leslie Kernisan (00:29:17):

But it's sounding like you were saying mismatch is fairly common and maybe part of what people should think about starting with is maybe one possibility would be before bringing it up to the health provider or maybe along with that maybe you want to talk to the health provider first before approaching your partner. But it's that it is important to have that conversation with your partner to understand what might be going on. What they feel onboard with or what they think they might need to move forward or make the changes. Because I definitely got the impression that the husbands had either not asked their wives. Or, clearly their wives weren't quite onboard, right?

Dr. Nicole Didyk (00:29:57):

Yes. Yes, or they just assumed. I think that's good for people to hear about is that it's okay to ... Again, we don't want to be ageist, so we want people just because you've had this operation or that operation or because you're 80, sex is still ... It's okay to want it and it's okay to talk to your partner about it. It's not okay to just say, "Well, I'm 80 and that's over." It's okay to talk about it, and it's worth talking about.

Dr. Nicole Didyk (00:30:28):

The one thing that I've heard about that mismatch is the three Ts. The one of them you mentioned is the talking. You need more talking. Talking to each other about your needs, about what you would like and what you'd like to do or just what the issue is. The other T is time. It might take more time for one of the partners to feel like they're in the mood. It might be that 24 hours ahead of time. You start planning ahead and you start thinking, "Well, let's have a nice dinner, or let's watch a movie, or I'm going to vacuum." Whatever gets the person in the mood, that might take more time.

Dr. Leslie Kernisan (00:31:08):

Gets the other person in the mood.

Dr. Nicole Didyk (00:31:10):

Yes, yes, yes. Vacuuming might get you in the mood.

Dr. Leslie Kernisan (00:31:13):

Because generally for women, doing the vacuuming themselves is unlikely to get them in the mood.

Dr. Nicole Didyk (00:31:15):

Well, it depends probably on the vacuum cleaner.

Dr. Leslie Kernisan (00:31:19):

Okay.

Dr. Nicole Didyk (00:31:21):

Be creative.

Dr. Leslie Kernisan (00:31:22):

So, more talking, more time.

Dr. Nicole Didyk (00:31:24):

Time, more talking and more ... Oh, I'm going to forget the other T ... more touch. I heard Natalie say, too, sometimes taking sex off the table. People get so fixated on that intercourse. You know what? Forget about intercourse. Intercourse is not going to happen. We're going to focus on something else. Maybe that will be touch. Maybe it'll be-

Dr. Leslie Kernisan (00:31:48):

Right. Let's have some romantic time that is about touch and connection in a sexy way.

Dr. Nicole Didyk (00:31:57):

Maybe it'll be a massage. Yes. Yes, and just not, don't ... Take the pressure off.

Dr. Leslie Kernisan (00:31:57):

But doesn't have to be intercourse right away.

Dr. Nicole Didyk (00:32:00):

Yes. That can be a real change in mindset for a couple. If it's always been that this is what our sex life is about and now we're going to take that out of there and we're going to focus on something else. Those would be the three approaches, I think, is the touch, the talk and the time. Sometimes a sex therapist can help with that. Because Natalie, one of the things she says is that ... You've probably heard, too ... the most important sex organ is the brain. What most sex therapists do is related to just talking. Getting to the root of the issue and then talking about it and coming up with strategies

to try to move forward. They can make recommendations. They can make very practical recommendations, but a lot of it is that talking.

Dr. Leslie Kernisan (00:32:53):

Right. Because a moment ago you were saying that if you're 80, it's okay if you're still interested. I think the converse is if you're 80 is it okay if you're feeling not interested? Right?

Dr. Leslie Kernisan (00:33:06):

Because I think there's the feeling not interested because you've internalized these messages. You shouldn't be interested. Right?

Dr. Nicole Didyk (00:33:13):

Yes. That's too bad.

Dr. Leslie Kernisan (00:33:14):

Or, you're too old for this. But are there also people who just really either have never been that interested? Or are feeling less because they're tired, because their body and health have changed? In a moment we're going to talk about sexuality when one of the partners has taken on a very hands-on caregiving role. But before going into that, what would be your response if somebody came and said, "Well, my partner keeps wanting this, but I'm not so interested. Is that okay?" What would you say there?

Dr. Nicole Didyk (00:33:46):

Well, I think you're right. I think we shouldn't expect people to have a massive change in their libido or their desire. That's probably getting more into couples therapy I guess. If suddenly the mismatch is just coming out of the blue, and why is this happening if you knew what you were signing up for and your relationship was one way and now it's changing? Of course, it's okay if somebody says that they don't have an interest.

Dr. Nicole Didyk (00:34:15):

But it's important. Sexuality is a part of everyone's life. There are some people, yes, who are asexual who really have no interest, but that's more likely to be a lifelong pattern. There's great things about sex. It releases really good chemicals so people having sexual contact and having an orgasm, I mean, it releases endocannabinoids, which is the body's own cannabis. It releases all of those positive chemicals, so I would encourage people if they're not interested, so maybe they need to explore solo sex a little bit more for a while. Because it's good to have some kind of ... I guess I would explore that a little bit more and say, "Okay. Well, what is it? Is it that you want some

time to yourself? Or, is it that you just don't want any kind of activity?" Then as a doctor, I would probably screen for depression or find out if this a medication-related issue or something else.

Dr. Nicole Didyk (00:35:17):

It is okay to not be interested, but I think as long as we've explored why that is and made sure that there isn't some other way that we could bring a positive sexuality into it, then that's okay.

Dr. Leslie Kernisan (00:35:30):

Right. I think also you said some things that were important before which is that people may, again getting to sexual literacy, start off with a quite narrow conception of sex. It means intercourse or it means orgasm every time or something like that. That there is this more expanded view where it's really about connecting with your body. Then when the other people are involved connecting with that other person in an intimate way that involves some attraction. Right?

Dr. Nicole Didyk (00:36:01):

Yes, yes. Well, that's the intimacy.

Dr. Leslie Kernisan (00:36:03):

That there is this more expanded version where it is closely tied to romance and that it doesn't necessarily have to be intercourse. It can be touch and other things that once we present it as a more expanded thing that there may actually be more people who would be interested in that expression.

Dr. Nicole Didyk (00:36:23):

Yes. It could just be talking. You know?

Dr. Leslie Kernisan (00:36:25):

Yes.

Dr. Nicole Didyk (00:36:26):

It could just be sharing fantasies or talking about things. It could be varied.

Dr. Leslie Kernisan (00:36:29):

But if it was this narrower conception that wasn't an especially good fit for where their body felt right now, that that was part of it. I like that you brought up that it's probably worth exploring a little bit more to find that out.

Dr. Leslie Kernisan (00:36:42):

But now let's talk about sexuality in the context of caregiving, caregiving for your partner, I guess, we'll say, spousal. Although not everybody is actually married to the person that they're caring. I know this is something that Natalie has had a special interest in and that you talked about with her. That's of interest to me because so many older adults who are seeing geriatricians do often have a caregiver involved and often it is the spouse if they have one. Tell us more about what you have observed and what you learned from Natalie about how that hands-on caregiving relationship can affect sex and sexuality in later life.

Dr. Nicole Didyk (00:37:23):

Yes, so Natalie is actually doing a research project about this and she's interviewing some caregivers. We can call them caregivers or care partners, or caregiver is the term that most people are pretty comfortable with. She wants to talk to them.

Dr. Leslie Kernisan (00:37:36):

As long as people realize we're not talking about the health providers. Because sometimes people use caregivers to refer to people like you and me.

Dr. Nicole Didyk (00:37:42):

Yes. Yes, yes.

Dr. Leslie Kernisan (00:37:43):

I'm like, "No, no, no."

Dr. Nicole Didyk (00:37:43):

No.

Dr. Leslie Kernisan (00:37:44):

We're not talking about sex with your doctor.

Dr. Nicole Didyk (00:37:45):

No.

Dr. Leslie Kernisan (00:37:47):

Yes, so, okay.

Dr. Nicole Didyk (00:37:48):

Yes, so your intimate partner who is also [crosstalk 00:37:50].

Dr. Leslie Kernisan (00:37:50):
We'll say your spousal caregiver for now or your partner caregiver.

Dr. Nicole Didyk (00:37:53):
Spousal, yes.

Dr. Leslie Kernisan (00:37:54):
Okay.

Dr. Nicole Didyk (00:37:54):
Very good. Yes. Important to get that. She's really delving into this topic because it is often ignored. Being a caregiver changes the relationship. Of course, it's going to change a lot of aspects of the relationship and sex is one of those. But, again, care partners who have less sexual satisfaction, they report more depressive symptoms and more symptoms of stress. The less sexually satisfied they are, the more stressed the are. If you can be a caregiver who's having some kind of sexual release or satisfaction or enjoyment, your caregiving journey is going to be a little bit easier. It goes back to all of what we hear about caregiving and self-care and all that kind of stuff. But sex can be an aspect of allowing the care partner to feel better. Sex is really important for self-esteem as well. It's important, I think, for care partners to have sex. But it changes because there's so much-

Dr. Leslie Kernisan (00:39:03):
Things are coming up, so what are the things that are getting in the way?

Dr. Nicole Didyk (00:39:06):
Yes. Yes. Yes. I mean, the one big thing is that you might be with your partner so much and doing those hands-on things. This is one thing that I learned from Natalie is the types of touch. A caregiver has to do more of that instrumental touch. You have to touch someone for a purpose. You have to touch someone because you have to wipe away some drool or something like that. Or, you have to help the person have a bath or you have to help the person get dressed.

Dr. Leslie Kernisan (00:39:38):
Get dressed.

Dr. Nicole Didyk (00:39:41):

You feel like you're always touching them. You're aching for that touch or to be touched. You maybe want to be left alone as opposed to-

Dr. Leslie Kernisan (00:39:48):

You're taking care of them in way that I think some people can find it's not-

Dr. Nicole Didyk (00:39:55):

It's not romantic.

Dr. Leslie Kernisan (00:39:56):

Yes. It's not feel romantic to be in this very working role taking care of them.

Dr. Nicole Didyk (00:40:02):

Yes. Then as opposed to that affectionate touch. That's touching someone for the pleasure of it or for the sensuality or to demonstrate affection. Caregivers, I think that's a big part of it is just the touch and the being around the person. It's different. You're providing care in so many ways. It might be that physical care. It might be that now that the partner's health has changed, the care partner is taking on a lot more administrative responsibility. If they're younger, it might even be with parenting or doing more shopping or running the household more because the other partner can't do that. That kind of caregiving takes a toll.

Dr. Nicole Didyk (00:40:45):

Then if we talk about the partner with dementia, it's the cognitive caregiving, doing the cognitive care. Having to think about all the things that the other partner used to think about. It's a big workload for a care partner, but if there can be some satisfying sexual activity, then I think it can make the caregiving more satisfying and more enjoyable and create some of that intimate connection back. Not just the therapeutic connection, there can be that intimate connection between the partner and the caregiver.

Dr. Leslie Kernisan (00:41:20):

Maybe we can talk more about sex and dementia in a moment because I feel like that brings up a lot of specific issues for that. But just for the person who has just taken on a lot of this caregiving role for a partner who is cognitively intact but needs a fair amount of help and has some health issues, what are some suggestions for people in that situation to help them get more of their sexuality back if they feel like they're having difficulty with it?

Dr. Nicole Didyk (00:41:54):

Yes. It might be reframing it. Saying, "Okay, our sex life used to involved these activities. What is it going to be now?" Now that it's changed and our abilities have changed and our types of contact have changed, maybe it's going to be converting some of that instrumental touch into an affectionate touch. Maybe bathing and getting in the bathtub with the person. Or, maybe if you have to massage somebody for a therapeutic reason, turning it into a more sensual massage. Or, doing something that's a bit more romantic like maybe changing the setting a little bit or adding music or candles. Just bringing in, getting a little bit creative in terms of ways to bring in that sensuality.

Dr. Nicole Didyk (00:42:40):

Sometimes solo sex has to be a part of it. It might be that the care partner needs to take control of things for themselves and find ways of what that's going to look like. That might be introducing a toy or some other activity. It might be on a solo or it might be with the partner but in a different way. Those are probably the things that are likely to be adaptations that a caregiver can do. The first step, I guess, is probably acknowledging that the person needs to take care of this part of their life. That it's not just another thing to sacrifice and give up. That their sexual life is important and that they have the care partner role but they're still going to have their sexual needs met.

Dr. Leslie Kernisan (00:43:27):

Well, as you know, I think one of the number one things we hear from people who are in a fairly intensive caregiving role where they're involved every day, which they often are if it's their spouse, somebody they're living with, is that they're so tired. Because they have taken on all these additional responsibilities. There's often a certain amount of stress and anxiety involved with that. The changes of the person's health, the uncertainty about how long it's going to go on or how they're going to adapt. They're so, so tired, and we know that being fatigued often affects people's libido or interest. Any thoughts on how people can get around that feeling? But I'm so tired, because sometimes when we tell people to take care of themselves, they say, "But I'm already so tired and busy," and that they're almost resentful that we're giving them "another thing to do."

Dr. Nicole Didyk (00:44:19):

Yes, well.

Dr. Leslie Kernisan (00:44:20):

To feel guilty about not doing is what they sometimes say. Any thoughts about that?

Dr. Nicole Didyk (00:44:24):

Yes. Well, that's very true. That's very true. Yes, to say, "Don't forget to look after your sex," we don't want it to be like flossing. We want it to be something that's enjoyable. Maybe, first of all, framing it correctly and saying, "This is an important part of your health." Caregivers who are sexually satisfied are better caregivers and they have less depressive symptoms. The other thing is that you might have to schedule this. You might have to book off a little bit of time when you're going to have some time alone, have a bubble bath, and have some time with your toy or with something else that you enjoy. Or, if it's a matter of the solo sex part of things.

Dr. Nicole Didyk (00:45:10):

That can sound pretty practical and unromantic, but I think that once if those strategies are employed and if they are successful, then people might continue with it. It sounds really odd, but sometimes I find in the office just giving people permission and saying that, "This is important for you," it's almost ... Some people it's helpful to have it framed in a selfless way. To say, "This is actually a selfless act, because we need you to take care of this so that you can be more relaxed and be a better person." It seems like one more thing to do, but it's something that's going to make you feel better at the end.

Dr. Leslie Kernisan (00:45:51):

Or, reiterating that it's worth getting some respite or just arranging for some time to yourself to attend this and some other things that you should be doing for yourself. Because that's what's going to enable you to support your partner better, longer and because you deserve it just for yourself.

Dr. Nicole Didyk (00:46:10):

You do. You might be preventing other health complications. Because if you don't maintain your sexual equipment, you might run into problems. It's a use it or lose it, so it can be important to keep yourself going in that area. Yes. That's what I would try.

Dr. Leslie Kernisan (00:46:29):

Yes. Those are great suggestions. Again, more talking, more time, more touch, the three Ts.

Dr. Nicole Didyk (00:46:35):

That's right. The three Ts. Yes. It's good one.

Dr. Leslie Kernisan (00:46:37):

Come back to those, too. Now let's talk about sexuality when one person in the relationship has developed a dementia such as Alzheimer's disease or some other chronic condition affecting their memory and thinking. Most often people like that are forgetful, but sometimes they may not be terribly forgetful but in other ways, their thinking and brain function is not what it used to be. Let's start by having you just recap for us what are particular issues that tend to come up when somebody had dementia? How does that affect their sexuality and their sex life with their partner if they have one?

Dr. Nicole Didyk (00:47:19):

I mean, it's a big topic. It for sure overlaps with the care partner topic or caregiver topic. Because dementia is a pretty big change in a relationship. If we just think about most of the types of dementia, so even if we just think about the parts of the brain that can be affected. If the temporal lobes of the brain are affected, that can lead to people just having less of a filter and less inhibitions. Maybe before you would think that you want to pinch somebody's bottom, but you don't actually do it, so if your brain has changed, you might go ahead and act on that impulse.

Dr. Leslie Kernisan (00:47:59):

Right. That's true also with frontal lobes being affected and especially frontotemporal dementia. They lose a lot of inhibition and control because that's like the grownup adult in the brain.

Dr. Nicole Didyk (00:48:11):

A lot of inhibition.

Dr. Leslie Kernisan (00:48:14):

Or, people might say things they used to just think like, "Oh, you're hot. I would take you to bed."

Dr. Nicole Didyk (00:48:19):

Right. Right. Then also in those frontal lobes, there can be just apathy and lose of interest. Those things can really change and then memory as you mentioned. More of those parietal lobes and that, so people can forget the partner. That's an extreme case, but might forget the partner. Might forget who they are or their age or that they are married. All of those changes will have consequences on behavior.

Dr. Nicole Didyk (00:48:48):

It's pretty hard to talk about dementia and sex without someone thinking about the problems or that it's a problematic behavior. There's even a term for it in geriatrics. It's ISB. It's inappropriate sexual behavior. I think that that and sometimes it is, but it doesn't always have to be. When I think about sex and dementia, I try to start with an open mind and say that the sexual expression is a right that everybody has. The World Health Organization has made a statement about that that as long as sexual expression is respectful and consensual, that it's a right that everyone has to sexual expression.

Dr. Nicole Didyk (00:49:33):

Keeping an open mind, it's important for people. It might even be more important when the person has changes in the brain because it does promote self-esteem. Somebody who is having sex can feel better about themselves. It can be that physical release as well. It can just be an enjoyable activity that the person can still get a lot out of. We shouldn't just say that when there's dementia sex is over. I think we have to recognize that there can be a place in the changing brain landscape for people to have a normal and very positive sex life. But it is complicating.

Dr. Leslie Kernisan (00:50:14):

Right. Well, actually, I mean, you're bringing up something quite important, which is that although some people are going to develop apathy and really lose interest in it, many people will maintain their usual interest and drives and needs. That the issue is just that they may not be able to direct them or express them the way they could with their normally functioning brain and so we should actually realize that often what we see expressed, which may be labeled as inappropriate, is just their normal drives and needs for intimacy, for connection with people, for manifesting attraction and wanting some romantic or sexual touch or activity. That it's just that normal drive being expressed in different ways because they can't filter their behaviors or languages appropriately or because they may be forgetting.

Dr. Leslie Kernisan (00:51:07):

You and I know that what's most common is for people to forget more recent things. They tend to remember long ago things, so they may not remember a more recent, newer spouse or partner. They may be talking about the one they had before. They sometimes change how they're feeling about a particular partner but are interested in something else. That it's really that just because their brain has changed in certain ways, they may still have that need to connect and to have that aspect of that human drive for also intimate physical touch. Then also in terms of people becoming forgetful, I think that also raises some issues for consent, right?

Dr. Nicole Didyk (00:51:45):

Yes. Yes. That's important. That's one thing Natalie and I talked about, too, because that does come up. It can become a real family crisis at times. I'm sure you've seen that, too. It could be that the mismatch is really exaggerated or it could be that the one partner is living in a different setting and has a new partner. It could be that the mother is living with dementia and there's a guy at the long-term care home that's they're dating and that's very upsetting. It's very complicated. But it's also something that I don't think there's a blanket answer. We can't say, "Well, people who have been intimate partners for a long time, well, they consent because they're married." It's okay always for them to have sex. Or, to say that, "Well, because mom has dementia, she can't consent to that."

Dr. Nicole Didyk (00:52:42):

I think it's very much an individual thing. It can often be, if one partner isn't living with dementia, it's often a moment by moment evaluation of whether or not it's okay to proceed or whether it's not. It is very challenging, and it's definitely an issue. But just because someone's living with dementia, it doesn't mean they can't consent to sexual contact. It just means that it's something that needs to be managed pretty carefully. Yes.

Dr. Leslie Kernisan (00:53:15):

Well, in listening to your interview with Natalie and this one I thought was very good and I want to recommend it especially for people listening who are living with somebody with dementia or have a family member. Even if sexuality hasn't been an issue or concern, I think it's worth it because it was such a good example of thinking through behaviors in dementia. That often there are behaviors that other people are perceiving as bothersome or inappropriate. They may be perceived as sexual or not and that when we take an approach of really thinking through and trying to understand what might be driving it, we can have so much more empathy. We can be more successful.

Dr. Leslie Kernisan (00:53:52):

She gave some examples that I thought were really interesting of people with dementia manifesting certain behaviors that other people assumed were sexual and inappropriate. For somebody in a facility, in a residential home, walking into someone else's room holding your penis. In fact, the person, that older man with dementia, just had to go to the bathroom and couldn't find the bathroom.

Dr. Nicole Didyk (00:54:20):

Right. Yes. It wasn't sexual at all.

Dr. Leslie Kernisan (00:54:21):

I thought that was a good reminder for all of us that although sometimes a person with dementia may be trying to manifest a sexually-related need for intimacy, for touch, for sexual release, sometimes they're not. We're just misinterpreting because they're having some confusion and we slap on this label that it's a sexually-driven behavior when it might be something else.

Dr. Nicole Didyk (00:54:49):

Once that label's on there, too, it can follow the person. It can almost mark somebody as a predator or inappropriate when they're really not. Yes, that's very important.

Dr. Leslie Kernisan (00:55:00):

Or, if it is their sexuality, thinking what are appropriate ways that we can address this need that they have, right?

Dr. Nicole Didyk (00:55:10):

Yes.

Dr. Leslie Kernisan (00:55:10):

Because that need is there. It's important. When we try to stuff it down, that's often not serving the person for their quality of life.

Dr. Nicole Didyk (00:55:21):

Right, at all.

Dr. Leslie Kernisan (00:55:21):

Although I think you mentioned in the interview with her that sometimes we do end up turning to medications if we can't find an otherwise suitable way to address the person's needs. That then we might turn to one of those medications that tends to dampen libido to help with that. Maybe we can come back to, again, in the context of a partnership, a pre-existing partnership, how dementia can change that sexual relationship and what comes up for the caregiving partner. Can you talk a little bit more about some of the things that you and Natalie have seen come up, and how people might think about them differently? Or what to know from them?

Dr. Nicole Didyk (00:56:02):

Right. Yes. A big one is the understanding, and I think you put it really well. Understanding what's going on in the brain and seeing the behavior as a need. Every behavior is an unmet need, especially the behaviors that we think of as problematic or changed. It's really important to know the whole person. To even understand their cohort and to understand who they were. Maybe they were the classic guy that all see as someone who was in sales and would be like a Madman type of character. It was just part of that person's cohort to be a MeToo kind of person, and it was more socially acceptable for that person's cohort and for that time. Then now that the brain has changed, the person is reverting to that behavior.

Dr. Nicole Didyk (00:56:57):

It's really understanding who the person is, just to understand where the behavior is coming from. Sometimes for the partner, it's taking away some of that embarrassment and just acknowledging that the change is a part of the brain change and it's not necessarily ... Because sometimes that can even make the world smaller if the partner perceives that there's a behavior that might be problematic if they take them out. They might flirt or they might do things. To normalize it for the care partner and say, "Okay, but from his perspective, it's okay. We don't want you to feel embarrassed about that." I would say that's something that comes up a lot.

Dr. Nicole Didyk (00:57:40):

Then sometimes it is that there's a renegotiation. Sometimes this can happen early on in a dementia journey. A couple will sometimes renegotiate, well, what will happen if I have to go and live somewhere else? Or, I don't really remember that I'm married to you? Is it okay for you to have another relationship? Because sometimes care partners can be judged very harshly because they are entering into a new relationship, and but maybe that's something that the couple has negotiated. That's between them, because sometimes that's appropriate and that's acceptable.

Dr. Nicole Didyk (00:58:21):

I think that's something that I would probably say early on in a relationship is to maybe think about that and talk about it, so that that can take a lot of the anguish out of it when there can be a new partner or a new relationship. Because it does happen. It happens a lot.

Dr. Leslie Kernisan (00:58:42):

Yes, so part of the advanced planning, which ideally everyone diagnosed with dementia, ideally people would be diagnosed early enough to have some thoughtful time to think about the future, what lies ahead. Talk about people they're close to,

what it might look like and that part of that should not just be where would I want to live and how would I get care if when I need a lot more care. Because the nature of dementia is that people eventually will need a lot more care, but that it would also be as my brain changes, my health changes, that's going to change our relationship. What might we do if I forget you're my partner and express interests in other people? You know?

Dr. Nicole Didyk (00:59:22):

Yes. Yes.

Dr. Leslie Kernisan (00:59:23):

If I'm in a facility and want to snuggle in bed with someone else I've met there. What if you, my care partner, who doesn't have dementia are feeling the need to have your sexual life addressed?

Dr. Nicole Didyk (00:59:39):

Yes. It's good to talk about it.

Dr. Leslie Kernisan (00:59:40):

Could you look outside? What would that look like? At what point would that be okay?

Dr. Nicole Didyk (00:59:44):

It would take so much of the guilt out of it. You know?

Dr. Leslie Kernisan (00:59:49):

Yes

Dr. Nicole Didyk (00:59:49):

It's really hard to talk about. For people's children, too, it's just unthinkable often for the kids. But there's so much guilt associated with it. Sometimes it's helpful. One thing Natalie said is to try to get past that guilt is to maybe redirect the resentment to the disease. Say, "Look, I wish that this dementia wasn't here. It's caused these changes. It's getting in the way." Resent the disease, but allow the person to find intimacy and comfort in whatever way that they can. But just to let go of that guilt. If that can be just talked about before it's too late, then that can alleviate.

Dr. Leslie Kernisan (01:00:36):

More talking. More time.

Dr. Nicole Didyk (01:00:37):
More talking and more time.

Dr. Leslie Kernisan (01:00:39):
More touch.

Dr. Nicole Didyk (01:00:40):
More touch.

Dr. Leslie Kernisan (01:00:41):
They're so all three really good.

Dr. Nicole Didyk (01:00:43):
I didn't make that up, but I think it's a great saying.

Dr. Leslie Kernisan (01:00:45):
Yes. No, but they're great. Okay.

Dr. Nicole Didyk (01:00:47):
But it's true. Yes.

Dr. Leslie Kernisan (01:00:48):
Yes. Okay. Well, Nicole, this has been so wonderful and informative. Again, I want to encourage everyone to also listen to your interviews for more on this. But in wrapping things up, maybe we can go just recap our key points. Then I would love for you to share where people interested in this topic might be able to learn more so that they can improve their sexual literacy, better understand themselves, better connect with their partner or people who are involved in their lives. Well, let's start with our top recommendations. Then maybe you can share some favorite resources.

Dr. Nicole Didyk (01:01:23):
Okay. Well, I mean, I think the main thing is that I really want people to be sex-positive. I want people to recognize that they're entitled to have a sex life no matter how old they are. That that's going to change like everything does in life and with aging, but that it's okay to talk about that and to advocate for that. To bust through some of those ageist myths and preconceptions, so that's really important. There are some natural changes with physiology that have solutions to them or have ways around.

Again, like most things with aging, it's going to be doing it, but doing it in a different way.

Dr. Nicole Didyk (01:02:07):

That's what I would like people to do. When it comes to sex, is that if you expect your sex life to be like it was when you were 30, it's not going to be, but it can still be. It can be different and maybe it could even be better. Don't just close that door. Do talk to your doctor and do ask for help. You might have to think about of the box and push yourself out of your comfort zone to get that help, but it'll be worth it because you deserve it. Sounds like an ad, but it's true.

Dr. Leslie Kernisan (01:02:34):

Yes, but it's true.

Dr. Nicole Didyk (01:02:35):

You deserve to have a good sex life. You really do. Yes.

Dr. Leslie Kernisan (01:02:39):

I think again what you've said about being open-minded that that might look different than what you had in mind, but that there could be so much more to it than maybe what you were relying on before. That, again, the key is more talking, more time, more touch. Then learning more about what might be possible, what to consider, what to ask yourself, and what to ask your partner can all be really helpful. Then do you have any favorite resources online or elsewhere to recommend for the audience?

Dr. Nicole Didyk (01:03:08):

You know what? I didn't jot them down. There's a few that Natalie has many more than I do. I will make sure to have them available as links on the page.

Dr. Leslie Kernisan (01:03:22):

Yes, we can add them to the show notes.

Dr. Nicole Didyk (01:03:23):

Yes. Yes. There's some other people that I think are great in this space that have other channels and that. I will be sure to link some of those.

Dr. Leslie Kernisan (01:03:36):

Right. Then we're also working on having you write for us an article on Better Health While Aging related to your work on this.

Dr. Nicole Didyk (01:03:44):

Well, yes.

Dr. Leslie Kernisan (01:03:44):

Once we get that up on Better Health While Aging, we'll be sharing that. Then, of course, there is your own site and YouTube channel. I want to say that I really enjoy your videos. I think they're great.

Dr. Nicole Didyk (01:03:56):

Thank you.

Dr. Leslie Kernisan (01:03:57):

I like it, too, because video is not something that I particularly do, but I think it's important to have lots of modalities to offer people.

Dr. Nicole Didyk (01:04:04):

Oh, there you go.

Dr. Leslie Kernisan (01:04:04):

Then your interviews with Natalie Wilton in particular are a great resource. Well, thank you once again for coming to talk about this today, but also for connecting with me.

Dr. Nicole Didyk (01:04:14):

It's my pleasure. It's been so good.

Dr. Leslie Kernisan (01:04:17):

Yes, it's been so fun to collaborate with you. Thank you for covering this topic.

Dr. Nicole Didyk (01:04:21):

It's my pleasure.

Dr. Leslie Kernisan (01:04:22):

Then I hope to just have you back for either more on this or another topic at some point.

Dr. Nicole Didyk (01:04:26):

Any time. Just ask. Yes, I would love to. Yes. I love it. I'm so glad that we were able to collaborate and just keep getting that great information out there from trusted physicians, trusted geriatricians.

For More on This Topic

If you want to learn more about sex in later life, you can find Dr. Nicole Didyk's interviews with Natalie Wilton here:

1. Sex and Seniors – Part 1
2. Sex and The Caregiver
3. Sex and the Changing Brain

About Dr. Nicole Didyk's Website: TheWrinkle.ca

After almost 20 years of practising as a Geriatrician, and teaching Geriatrics to generations of medical students and residents, Dr. Didyk turned her attention to teaching older adults and their families with the launch of The Wrinkle, a YouTube channel and website. The Wrinkle is all about providing credible, practical information for aging well. Delivered with warmth and humour, the goal is to engage, support and create a space for sharing our experience of growing older and wiser.

Please be sure to visit The Wrinkle online, or connect on Facebook, Twitter, or Instagram. On the website you can sign up for The Wrinkle newsletter, and never miss a post!