Health Care Needs of Women Aged 40 and Over Attending an Inner City Integrated Sexual Health Clinic

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Background

- Sexual health policy is targeted towards younger adults, with national screening programmes and research studies excluding individuals over the age of 44.
- However there is evidence to suggest that up to 80% of individuals continue to be sexually active in later life¹.
- A study found that 7% of older people engaged in sexual practices that could put them at risk of contracting a sexually transmitted infection (STI)¹.
- This suggests that sexual risk taking behaviour is not limited to the younger population. Indeed, UK surveillance data demonstrated that rates of STIs doubled in older people between 1996 and 2003, the fastest rise in all age groups².

Aim

- To assess the health care needs of women aged 40 and over attending an integrated sexual health clinic in South London.

Method

- Retrospective case note review of 200 randomly selected female patients aged 40 and over attending clinic between 2nd June 2014 and 30th May 2015.
- Data collected included demographics, reason for attendance, STIs diagnosed and use of condoms/other contraception.

Results

Demographics	
Ethnicity	%
Black	55
White	29
Other	16
Sexuality	%
Heterosexual	81.5
Homosexual	0.5
Bisexual	1
Not specified	17

- 1728/5039 women (34%) were aged 40 and over. Mean age was 46.6 years (range: 40-73 years).
- 3 women were pregnant at time of visit. 170/200 notes documented whether there was a history of termination of pregnancy (TOP) or not; 60 women (35%) previously had TOP. 43.3% of these underwent >1 TOP.
- 47.5% of patients were symptomatic at presentation (Fig. 1). Some attended for more than 1 reason. The presenting symptoms are categorised in Fig. 2.
- 150/200 women received testing (of any type) and/or clinical examination; 29 (19.3%) were found to have an STI.
- Other (non-STI such as Candida, Bacterial vaginosis and urinary tract infection) diagnoses were made in 57/200 (28.5%).
- Documentation of whether condoms were used or not was found in 170/200 notes. Of those who had this documentation: 38 were using condoms (22.4%), 128 were not using condoms (75.3%) and 4 women were not sexually active (2.4%).
- 106/200 (53%) overall were using some method of contraception.

Fig 1. Reason for Clinic Attendance

Fig 2. Presenting Symptoms

STI Diagnoses

STI	n	%
Genital Herpes	8	5.3
Chlamydia	2	1.3
Gonorrhea	1	0.7
Trichomonas Vaginalis	7	4.7
Syphilis	3	2.0
Anogenital Warts	5	3.3
Pelvic Inflammatory Disease	2	1.3
Hepatitis B	1	0.7

Contraceptive Requests

Type of contraception requested	n	%
Emergency contraception	4	5.3
LARC** insertion	36	47.4
LARC** removal	19	25
Coil check	6	7.9
Oral contraceptive pill	8	10.5
Advice only	3	3.9
Total	76	100

*Other STI-related refers to partner notification, symptoms in a recent sexual partner or returning for treatment/follow-up.
**LARC – long-acting reversible contraception

Discussion

- A significant proportion of patients accessing GUM services were over the age of 40, many of whom were symptomatic.
- STI rates were high in this group.
- More than one third of women had a history of TOP and condom use was low overall at 22.4%.
- These findings may indicate sexual risk taking behaviour in older women.
- The sexual health needs of older people can only continue to rise, given our rapidly ageing population.
- It is therefore necessary to challenge assumptions regarding sexuality in older age groups and develop health promotion strategies specific to them.

References

1. Gott CM. Sexual activity and risk-taking in later life. Health Soc Care Community 2001;9(2):72–8.
2. Bodley-Tickell AT et al. Trends in sexually transmitted infections (other than HIV) in older people: analysis of data from an enhanced surveillance system. Sex Transm Infect 2008; 84(4):312-7.