



The Open
University

Ageing Well Series

The things we don't
talk about –
intimacy and ageing

Dr Andreas Vossler

2020/21 Series plan

- ***Are we prepared to live longer?* (Jitka Vseteckova) **September 23rd 2020****
- ***Advanced Care Planning* (Barbara Gale & Erica Borgstrom) **October 21st 2020****
- ***Ageing brain* (Jitka Vseteckova & Stephanie Warren) **November 18th 2020****
- ***Learning languages and digital technologies in older age* (Ursula Stickler) **December 2nd 2020****
- ***Care and caring in older age* (Mary Larkin) **January 20th 2021****
- ***Nutritional needs while ageing* (Jitka Vseteckova & Alan Hastings) **February 24th 2021****
- ***Pharmacotherapy while ageing* (Jitka Vseteckova & Sonal Mehta) **March 24th 2021****
- ***Mindfulness and ageing* (Adele Pacini) **April 14th 2021****
- ***Move it and breathe* (Jitka Vseteckova & Declan Ryan) **May 19th 2021****
- ***Standing tall* (Jitka Vseteckova & Jason Gibb) **June 16th 2021****
- ***The things we don't talk about – Intimacy and ageing* (Andreas Vossler) **July 14th 2021****

For more information and live streaming links follow:

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

Overview: The things we don't talk about...

1. *Intimacy and aging – a taboo topic!?*
2. *Why is it important to talk about later life intimacy/sex?*
3. *Factors influencing intimacy /sexuality when ageing*
4. *Woman's health and sexuality*
5. *Men's health and sexuality*
6. *How to facilitate intimacy and fulfilling sexuality when aging?*
7. *Conclusion and questions*

Things to keep in mind...

- Scope: Talk mainly about psychological /relational aspects of intimacy and sexuality (with some biological basics) – no medical expertise
- Evidence-based information: Available research on intimacy 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. Intimacy and
aging – a taboo
topic?*



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

Intimacy and ageing – media representations

It is rarely talked or written about...:

- Over 65s: sex and intimacy for their age group is rarely (43%) or never (24%) represented in media (18-24 year-old: 20%)
- Only 20% of Brits think society is OK talking about sex/intimacy in people aged over 60.
- Fewer than 10% of people aged over 65 think society is comfortable with it.
- 60% of over 65s: don't feel comfortable talking openly to anyone about sex/ intimacy. Reasons given:
 - embarrassment (66%)
 - 'it just wasn't talked about when I was younger' (64%)
 - not wanting to make others uncomfortable (63%)
 - not knowing when to bring it up (58%)
 - and lack of confidence (57%)

(poll undertaken by 3Gem market research)



[No Sex Please: We're British, Original Vintage Film Poster](#) | [Original Poster - vintage film and movie posters](#)

Intimacy and ageing – myths and stereotypes

Myth?	Research evidence
Older People no longer have sex and intimacy	Many older people are still sexually active. Sex and intimacy don't stop as people age, though it might change.
The older the less interested in intimacy/sex	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.
For older people intimacy and sexuality is not important anymore	Research shows that sex and sexuality still hold importance as people move into later life (DeLamater, 2012; Hinchliff and Gott, 2008).
Sex is integral to physical and emotional health in older age (sex as indicator of 'successful' ageing)	'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."

Let's talk the joy of later life sex – Relate campaign

- Recent Relate campaign trying to break the taboo and champion the importance of sex and intimacy in later life
- Photo series of five couples (by British Photographer Rankin) to represent older generational intimacy
- Blog with interviews with couples:
<https://www.relate.org.uk/blog/2021/4/23/lets-talk-joy-later-life-sex>

'What we're trying to do today is open up a society-wide conversation about the fact that sex and intimacy - whatever that might mean - can be as important for older people as it is for anyone else. We see every day in our Sex Therapy services how not feeling able to talk openly about needs and desires can lead to a lack of fulfilment and be damaging for individuals' self-confidence and couples' relationships. This is what we want to change'



*2. Why is it
important to
talk about
intimacy and
ageing?*



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

Intimacy and wellbeing

Research has shown that there is a significant link between our intimate/sexual relationship 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



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).



Five pillars facilitating Ageing Well

Nutrition

Hydration

Physical stimulation

Social stimulation

Cognitive stimulation

Importance of intimacy and sexual health:



Positive impact through physical, social and emotional stimulation

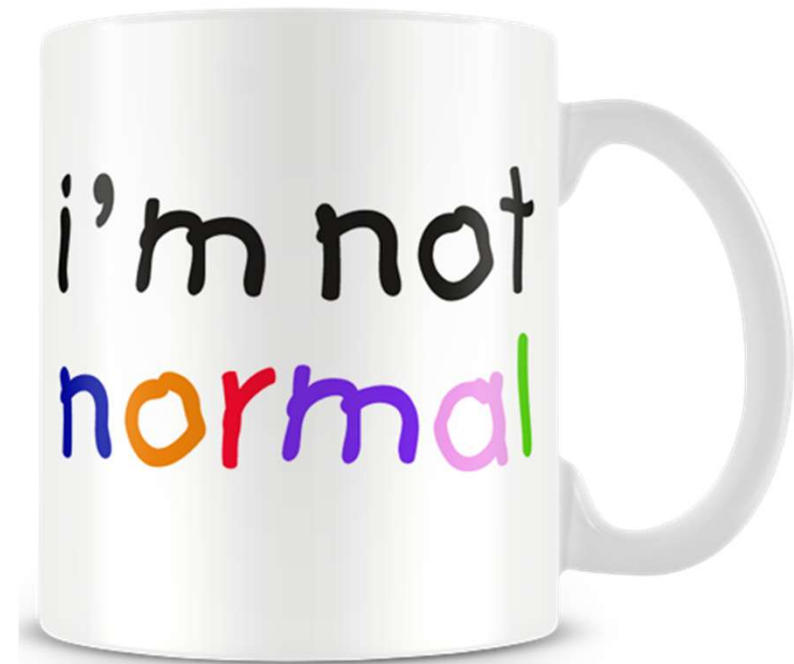


Intimacy and aging – what is normal?

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.
- 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.***



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.



Social and cultural factors

Intimacy/sexuality is affected by an interplay of different social and cultural context factors with individual life circumstances....:

- Religion, gender, and family norms influence if, and in what form, sexual desire manifest
- Relationship factors and attitudinal factors: stronger predictors of sexual desire in older women than medication or physical illness (DeLamater & Sill, 2005)
- Family obligations
- Social and emotional support
- History of partner abuse
- Availability of sexual partner



*3. Factors
influencing
intimacy and
sexuality when
ageing*

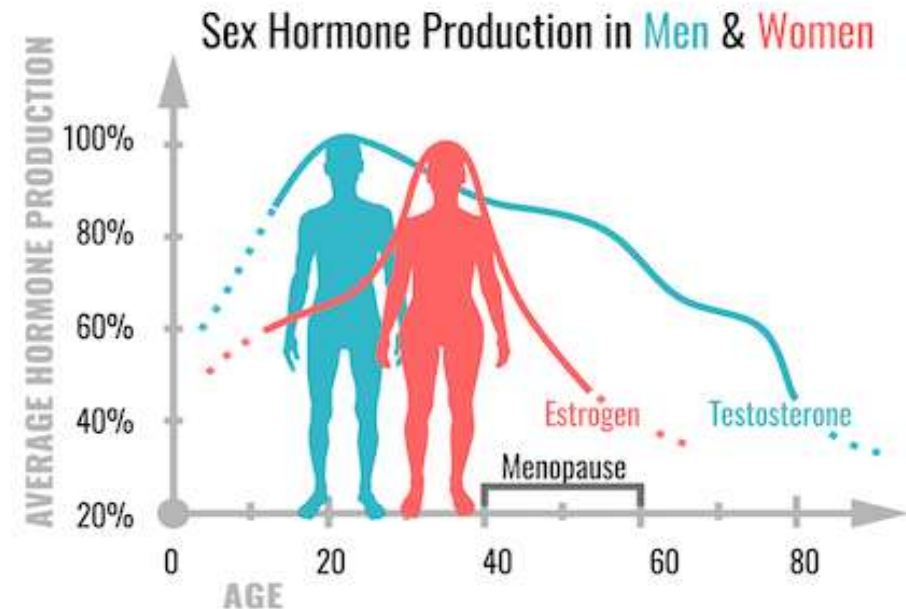


Source: <http://www.agesexandyou.com/#health>

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).



<https://www.healthtestingcenters.com/sites/default/files/Age-and-hormone-chart.jpg>

Individual perceptions and attitudes

The way how age related biological changes are experienced and coped 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 / sexuality. 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 sex lives 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

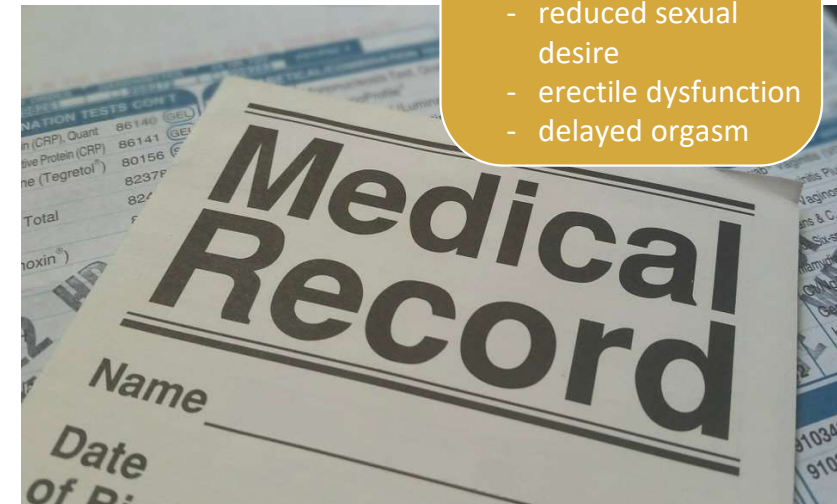
Direct impact

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
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Eat well Hydration Morning
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4. Woman's health and sexuality



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:

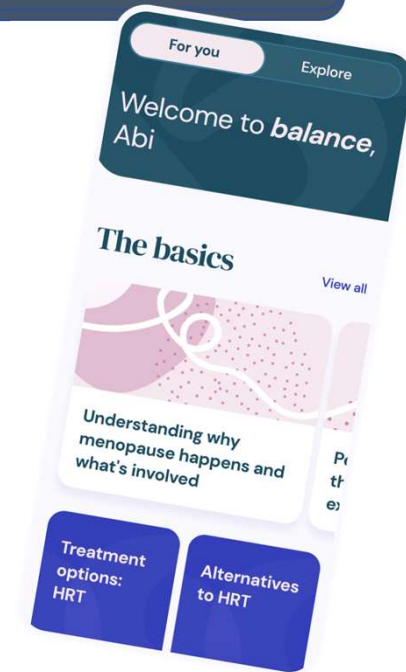
- 55.7%: one or more sexual problem lasting three months or longer in the past year
- The most common sexual problem reported:
 1. Lack of interest in having sex: 34.25% (men:13.6%)
 2. Uncomfortably dry vagina: 20.0%
 3. Difficulty reaching climax: 13.7%
- 9.5%: 'distressed or worried' about their sex 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 sexuality

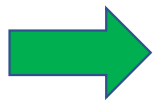


Source: <http://www.agesexandyou.com/#health>

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
intimacy and
fulfilling
sexuality 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..



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.

GP

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

Family Planning Association

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

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

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

- Stigma around sexuality 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 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.'

7. Conclusion and questions



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

To summarize: Ten things we should talk about..

1. Intimacy is an important aspect of good, healthy relationships in older age.
2. There are different forms of intimacy – including both sexual and emotional forms of intimacy.
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.



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

6. There is no blueprint or norm for intimacy and sexuality 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 and sexuality.
10. With proper guidance/support: many older people can adapt to changes and continue to experience health intimacy/sexually when ageing.



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Ageing Well series of Public Talks - topics



- ***Are we prepared to live longer?*** (Jitka Vseteckova) **September 22nd 2021**
- ***Advanced care planning*** (Barbara Gale) **October 20th 2021**
- ***Ageing brain*** (Jitka Vseteckova & Marco Calabria) **November 17th 2021**
- ***Learning languages and digital technologies in older age*** (Ursula Stickler) **December 15th 2021**
- ***Disenfranchising grief and caring while ageing*** (Kerry Jones) **January 19th 2022**
- ***Nutritional needs while ageing*** (Jitka Vseteckova & Alan Hastings) **February 23rd 2022**
- ***Pharmacotherapy while ageing*** (Jitka Vseteckova & Sonal Mehta) **March 23rd 2022**
- ***Mindfulness and ageing*** (Abi Methley) **April 20th 2022**
- ***Move it and breathe*** (Jitka Vseteckova & Declan Ryan) **May 18th 2022**
- ***Standing tall*** (Jitka Vseteckova) **June 22nd 2022**
- ***The things we don't talk about – Intimacy and ageing*** (Andreas Vossler) **July 20th 2022**

Useful resources:

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