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Objectives of Presentation:
1. Recognize the role of occupational therapy (OT) in promoting healthy sexual activity for middle aged and older adults.
2. Describe the effectiveness of current intervention approaches in promoting healthy sexual engagement for middle aged and older adults.
3. Discuss how to tailor interventions to promote safe sexual behaviors among middle aged and older adults.

Clinical Question: What is the efficacy of nonpharmacological interventions to promote healthy sexual engagement among middle aged and older adults?

Methods:
- **Databases:** CINAHL, Scopus, and Pubmed. Articles screened by title, abstract, and full text.
- **Key Terms:** P Terms: aged, older adults, elderly; I Terms: sexual education, education; C Terms: N/A; O Terms: prevention, safe sex, attitudes, health knowledge, practice, sex
- **Total number of articles found:** 298; **Total number of articles synthesized:** 13 critiqued by primary/secondary reviewers
- **Methods of Critique:** The Qualitative Review Form, the Evaluation of Quality of an Intervention Study, a combination of the previous two forms for mixed method studies, and an Expert Opinion Review Form.

Results of Synthesis:

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subtheme</th>
<th>Significance</th>
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<tbody>
<tr>
<td>Population Needs Assessment</td>
<td>Adults over 50, as well as health professionals working with these adults, desired education with an emphasis on age-specific approaches within convenient environmental contexts. [Limited evidence]</td>
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<tr>
<td>Educational Curriculum</td>
<td>Format A combined approach utilizing videos/instruction/discussions resulted in statistically significant outcomes in terms of knowledge and attitudes. [Limited evidence]</td>
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<td>Topic Sessions that indicated clinical and/or statistical significance included STI overviews, myths &amp; stereotypes, sexuality in older adulthood, and testing information/resources. [Limited evidence]</td>
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<td>Duration Mixed evidence for the duration of sessions with statistically significance for both 45 minute sessions and 3 hour sessions. [Mixed evidence]</td>
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<tr>
<td>Outcomes</td>
<td>Practitioners assessed outcomes of educational sessions by measuring changes in attitudes and knowledge. It is unclear whether this change in attitude and knowledge impacted behavior. [Limited evidence]</td>
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</table>

Implications:

Clinical Practice: Conduct a thorough needs assessment, include a combined delivery format to educate older adults, consider/collaborate with client preferences, and assess the effectiveness of interventions through data collection.

Educators: Teach importance of initiating sexual health discussions with adults over 50, develop educational handouts for OT fieldwork students/health care providers on older adults and safe sexual behaviors, integrate older adult volunteer speakers about sexuality into curriculums/consider peer supports; and provide continuing education aligning with current research.

Future Research: Evaluate: theoretical frameworks, effectiveness of skill-based/occupation-based interventions, and efficacy of tailored safe sex educational materials; develop more rigorous studies and replicable protocols, develop reliable and valid outcome measures; and assess clinical effectiveness of educational interventions targeting health care providers.