



Patients over 60? Screen for STIs

By Alison Pereto | May 16, 2018

If public health campaigns are any indication, the population most affected by sexually transmitted infections (STIs) is young and in the dating game. According to data from athenahealth's network of more than 110,000 providers, however, an unexpected population needs some extra attention: the elderly.

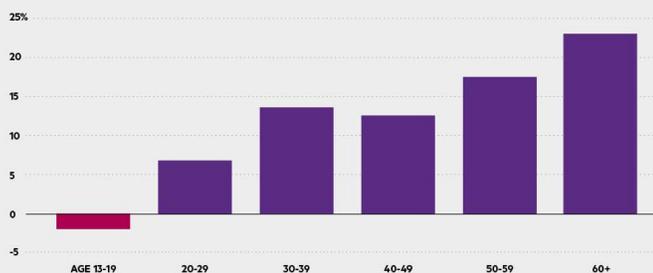
Between 2014 and 2017, diagnosis rates for herpes simplex, gonorrhea, syphilis, chlamydia, hepatitis B, and

trichomoniasis rose 23 percent in patients over the age of 60. (HIV was not included in the data.)

The entire population over the age of 13 showed an increase of just 11 percent during the same time period.

Older patients represent the largest increase in in-office treatment of STIs

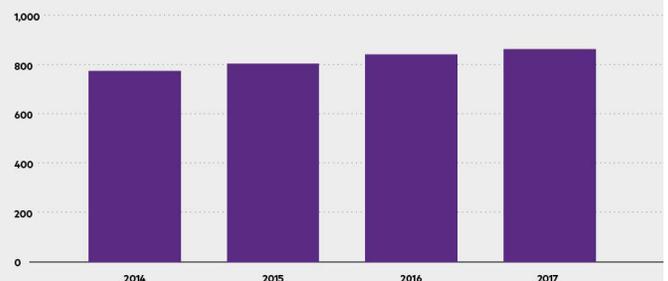
Percent change in treatment rate per 100,000 people, 2014 - 2017



Source: athenahealth
Sample: Over 7 million patients ages 13 and up seen in January - October each year from 2014 to 2017 by primary care providers. Limited to practices on athenahealth since 2014.

In-office treatment of STIs is up 11% since 2014

Treatment rates per 100,000 people



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Sample: Over 7 million patients ages 13 and up seen in January - October each year from 2014 to 2017 by primary care providers. Limited to practices on athenahealth since 2014.

What are the factors contributing to this increase? And, most important, how can healthcare providers connect better – and earlier – with older patients about sexual health?

Baby boomers still liberated

Our current seniors – baby boomers – came of age in an unprecedented era of sexual liberation. The birth control pill reduced the risk of pregnancy, making condoms seem gratuitous. And modern medicine made many STIs little more than an inconvenience.

“We went through a relatively brief period of time in the antibiotic era, before the advent of AIDS, where an STI generally meant a trip to the doctor for a one-time shot or a pill you took for a few days,” says Janet Pregler, M.D., director of the Iris Cantor – UCLA Women’s Health Center. “There’s no question that many people suffered from persistent genital herpes during this time, but it was not a potentially fatal disease. Everything else we had an antibiotic for.”

As a result, baby boomers experienced a pioneering level of freedom, able to have multiple partners with fewer consequences than any prior generation. Now, after settling into monogamous relationships for decades, many find themselves widowed or divorced – and they’re returning to the sexual behaviors of their youth.

While the risk of pregnancy has faded into the past, STIs are as alive as ever – and seniors may have missed or ignored warnings to subsequent generations about the necessity of barrier methods. According to a study by Indiana University, men and women over the age of 60 have the lowest condom usage of any population.

One reason may be preconceived notions about who gets STIs. “Many people have a bias that STIs don’t occur in their socioeconomic group or their portion of the population, and so feel that’s really for other people,” says Pregler. “You definitely will talk to individuals who feel that they could sort of look at a potential partner and figure out whether they might be at risk or not.”

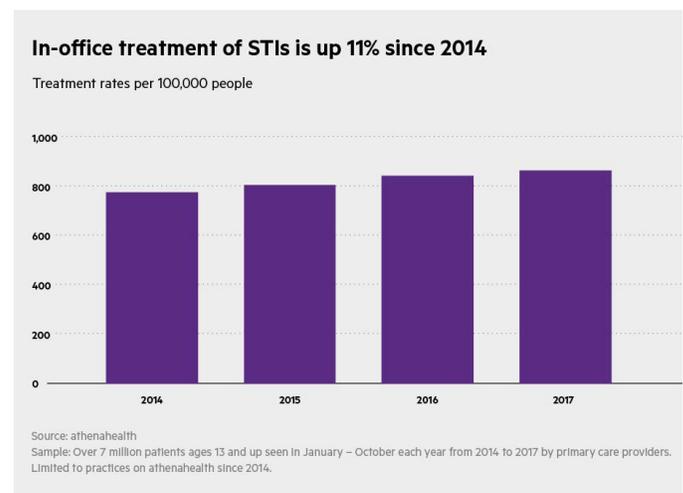
Compounding the problem, STIs can lurk within for years before exhibiting symptoms. And when they finally do surface, early symptoms may resemble common signs of aging – until it’s too late.

Seniors – and providers – need education

According to Pregler, providers must conquer their own personal biases and ask seniors if they’re sexually active. “All the information we have is that doctors are actually really bad at asking about these questions, or screening older people,” she says. And with Pap testing and universal HIV screening no longer recommended once patients are over 65, physicians may not have the nudge they need.

One solution, Pregler suggests, is to add screening, or even an inquiry, to Medicare. “If something is implemented or required in Medicare, the vast majority of seniors are going to get it,” she says. “Every year, for every senior, if I do a wellness visit, I have to ask, ‘Have you fallen? Have you seen a vision specialist?’ I have to do a screening for depression. Why shouldn’t I have to ask them, ‘Are you sexually active?’ or an equivalent question?”

Education about STIs typically focuses on young people in high-risk communities, with fliers in nightclub bathrooms and bowls of condoms in dorm common areas (and indeed, data show young women have the highest rate of in-office treatment for STIs overall).



Until similar initiatives appear in retirement homes and senior centers, the burden will be on providers and their older patients to speak up about sexual health.

"It's not just young people who look like TV or movie actors who are having sex," says Pregler. "We need to think more broadly about how we approach [all] groups." Putting data in front of the elderly and their healthcare providers could shift dangerous behaviors.

Alison Pereto is staff writer for athenaInsight.

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