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| --- | --- | --- | --- | --- | --- |
| **Study** | **Sample (N)** | **Design /Framework** | **Methods/Intervention** | **Results/Outcome** | **LOE** |
| Adekeye, Heiman, Onyeabor,& Hyacinth (2012). | N=12,366 Adults over age 50 in the U.S. | Database review | Data review from 2009 National Health Interview Survey (NHIS) on HIV perceptions &practices by adults over age 50 | HIV screening rate approx 25%; Patient perception of low risk related to low likelihood for planned screening;approx 50% of screenings were suggested by PCPs | III |
| Farrell& Belza (2012). | N=101 Adults Women=71 Men=26 (age 62-92) in Washington state from 9 community senior groups. | Quantitative cross sectional study Jan-Mar 2011 | 24 item survey to assess if older adults: (a) have unanswered questions about their sexualhealth (b) are asked about their sexual health, disease,and medications that could affect their sexual health, andtheir knowledge of STDs and HIV/AIDS; (c) would welcomea care provider initiating the conversation about their sexualhealth; (d) would be comfortable with discussing their sexualhealth with a nurse; and (e) identify some barriers todiscussing sexual health for the older adult | 84% of older adults surveyed would accept taking educational material home and returning with questions (84% p=0.09) 72% of men want to be asked about sexual health at office visit (p<0.01); 84% are NOT asked about sexual health during an office visit (p<0.01) | III |
| Gott, Hinchliff, & Galena (2004). | N=57 22 GPs and 35 practice nurses recruited from diverse practices throughout Sheffield, England | Interviews | Semi-structured interviews were conducted to collect General Practitioner (GP) attitudes on discussing sexual health issues with older people. | GPs and practice nurses do not address sexual health issues proactively withpatients, and this area warrants further attention if policy recommendations to expand the roleof primary care within sexual health management are to be met. | n/a |
| Horsley, Hyde, Santesso, Parkes, Milne, & Stewart, 2011 | N= 3 studies (involved 272 total individuals) | Cochrane Database Review | Updated Parks et al. Cochrane Review, 2001. Evaluation of various trials on effectiveness of educational interventions teaching critical appraisal to health professionals | Low-intensity critical appraisal teaching interventions in healthcare populations may result in modest gains | I |
| Jena, Goldman, Kamdar, Lakdawalla, & Lu, (2010). | N=1,410,806 Men in the U.S. over age 40(1997-2006) database claims review:33,968 men with 1+ED prescription1,376,838 men without ED prescriptions | Retrospective cohort study | STDs among users of erectile dysfunction (ED) drugs: analysis of claims data. | Users of ED drugs had higher rates of STDs than nonusers the year before initiating ED drug therapy (214 vs. 106 annually per 100,000 persons; P = 0.003) and the year after (105 vs. 65; P = 0.004). The observed association between ED drug use and STDs may have more to do with the types of patients using ED drugs rather than a direct effect of ED drug availability on STD rates. Counseling about safe sexual practices and screening for STDs should accompany the prescription of ED drugs. | III |
| Kamb, et al. (1998) | N=5,758 Heterosexual, HIV-negative patients over age 14 seeking STD exams at 5 nationwide US urban STD clinics | RCT of 5 urban American public STD clinics | (Project RESPECT)Comparison of interactive HIV/STD counseling interventions with didactic prevention messages typical of current practice & enhanced counseling arms 1, 2, & 3 were actively followed up after enrollment with questionnaires at 3, 6, 9, and 12 months 3, 6, 9, & 12 months STD tests at 6 & 12 monthsArm 1 received enhanced counseling, 4 interactive theory-based sessions. Arm 2 received brief counseling, 2 interactive risk-reduction sessions. Arms 3 & 4 each received 2 brief didactic messages typical of current care. | 100% higher condom use; enhanced counseling = 30% fewer STDs @ 6month follow up(f/u) & 20% at 12 month f/u. Supported STD counseling effectiveness with brief intervention | I |
| Laumann, Nicolosi, Glasser, Paik, Gingell, Moreira,& Wang (2005). | N=20,205 Women=9,000 Men=11,205 Adults that had sexual intercourse in the previous 12 months | Survey | 29 country survey of sexual behavior and sexual dysfunctions of adults (over age 40) | ED & vaginal lubrication common problems for all regions. | II |
| Levy, Ding, Lakra, Kosteas,& Niccolai (2007). | N=143 STD U.S. reduction trials | Database Review | Systematic review of U.S. reduction trials published between 1994-2005 in MEDLINE on STD reduction trials focusing on unsafe sexual practices. | 2/3 of 143 studies excluded those 50 and older. None included people over age 65. | II |
| Study | Sample (N) | Design /Framework | Methods/Intervention | Results/Outcome | LOE |
| Lindau, Schumm, Laumann, Levinson, O’Muircheartaigh,& Waite (2007). | N=3,005 U.S. Adults (age 57-85) Women =1550 Men=1455 | Survey & interviews | Survey and in-home interview/assessment to collect sexual practice and sexual history data--->Measurement of: sexual activity (frequency), behavior, & problems | 38.5% of men (age 75-85) are sexually active. 60% of men & 39% of women (age 65-74) sexually active. 43%women=vaginal lubrication problems; 37% men=ED problemsMen > women reported being sexually activeoral sex: 58% of age 57-64 & 31% of age 75-85 | III |
| Magnan, Reynolds, & Galvin (2005). | N= 148 convenience sample of nurses in urban center Women=135 Men=9 Unk = 4 Working experience 1-43 yrs | Descriptive correlational study to identify potentialbarriers to incorporating considerationsof patient sexualityinto nursing practice. | SABS (Survey) given to nurses in urban medical center on personal attitudes and beliefs about incorporating patient sexuality assessment and counseling into nursing practice | Scores (18-62; M=32) 48% of nurses were uncomfortable to discuss sexuality with patients; 78% had perception that patients do not expect nurses to address their sexuality concerns is a barrier to screening | II |
| Mahieu, Van Elssen, & Gastmans (2011). | N=18 studies total from Jan 1980-Sept 2010; 14 quantitative & 4 qualitativeUSA studies (n = 10); UK (n = 2); Australia, South Africa, Israel, Taiwan & Belgium (n = 1) ea | Quantitative Literature Review of online studies: search of the databases Medline,Cinahl, Psychinfo, Web of Science, Philosophers Index,Google Scholar, and Invert | Articles were included if they met each of the followingcriteria: (1) primary, empirical research with a quantitative,qualitative, or mixed method design, (2) concernedthe knowledge, attitudes, and experiences of nursing stafftoward sexuality, (3) concerned institutionalized older adults,and (4) published in English, Dutch, German, or French. | Knowledge and Attitudes Toward Elderly Sexuality (KATES) &Aging Sexual Knowledge and Attitudes Scale (ASKAS) Review included 9 studies on ASKAS & KATES instruments,(7 & 2, respectively) Results showed nurses had generally limited knowledge  | II |
| Study | Sample (N) | Design /Framework | Methods/Intervention | Results/Outcome | LOE |
| Mahieu, de Casterlé, Van Elssen, & Gastmans (2013). | N=8 Flemish nursing homes Mar-Apr 2011 | Instrument development | ASKAS instrument validity & internal consistency test in Flemish nursing homes | Good Instrument validity: Cronbach’s α was 0.80 and0.88 for the knowledge and attitude subscales, respectively. | II |
| Ng, Butler, Horvath, & Rutherford, (2011). | N=4 | Database Review-Cochrane Database of Systematic Review | RCT international studies on effects of STD interventions related to HIV infection | Significant reduction of syphilis & gonorrhea rates with intervention, no improvement for HIV rates. | I |
| Olivi, Santana, & Mathias (2008). | N= 165 Convenience sample Brazilian adults over age 50 | Survey & interviews | Sample from initial 425 were interviewed & surveyed on STDtransmission and prevention, and perceived risk for infection. | Men reported more sexual relations and a much lower percentage of HIV screenings.Perception held by approx 25% that only certain population contracted STDs (e.g. drug abusers) over 80% negative condom use with last relationship; Only 13% always wore condoms. Perception of risk was associated with non condom use (P<0.001) | III |
| Orel, Wright, & Wagner (2004). | N=50 (United States) U.S. Public Health Departments | Survey | Public Health key contact personnel in each state were surveyed with a prepared script.Copies of all HIV/AIDS materials for public distribution were requested and reviewed by 2 researchers.Collected print materials reviewed for target audience ‘‘older adult population.’’Operational terms for publication selection criteria: aged, aging, older adults, geriatric, mature,middle-aged, old, older, over 50, senior, and senior citizen. | Only 15 of 50 states had older adult-specific HIV/AIDS prevention material.Majority of information was intended for a young adult audience. Need for older adult-specific HIV prevention educational materials: address societal attitudes, myths, and biases encountered by older adults. | IV |
| Study | Sample (N) | Design /Framework | Methods/Intervention | Results/Outcome | LOE |
| Reynolds & Magnan (2005). Development of Sexual Attitudes and BeliefSurvey (SABS) instrument | N=34 Nurses working in outpatient clinics; ages (27-61) work experience (4.5-39 yrs); Staff RN=29 APRN=3Nurse Managers=2 | Survey | 12 statements on Likert scale. Scores: 6- 72 (higher scores = more barriers to incorporatinghuman sexuality assessment/counseling into nursing practice. | Construct validity of the SABS wassignificant correlation (r = 0.37, P<.05) with the attitudes scale of the SKAT & internally consistent measure with Cronbach α of.75 and .82 over 2 separate administrations. Stable measure of attitudes withgood test-retest reliability (r = .85; P < .001) over a 7- to10-day interval. | III |
| Saunamäki & Engström (2013). | N=10 Women=8 Men=2 Registered nurses in Sweden randomly chosen from 3 different county hospitals | Interviews of descriptive design & qualitative approach | Interviews were conducted in 2010 for RNs' reflections on discussing sexuality with patients and RN responsibilities, doubts and fears | Main themes included RN embarrassment & lack of training to adequately discuss sexuality with patients | III |
| Saunamäki, Andersson, & Engström (2010) Evaluation of SABS vs. SKAS instruments | N=88 Women=84 Men=3 & 1 unk gender Convenience sample of Swedish nurses in 5 medical & 5 surgical wards in 2006. Ages (22-64) with ave age 40yr. Work experience 5 months-40 yrs. | Correlational & comparative survey | Written survey of RNs using Sexual Attitudes and beliefs (SABS): 12 Likert scale statements with possible scores 12-72 (high score=more barriers to patient sexuality discussion) | 60% of nurses weren't confident to address patient sexual concerns; higher scores were associated with greater work experience, education and increased age. More training and emphasis on patient sexuality in nursing education recommended. | III |
| Study | Sample (N) | Design /Framework | Methods/Intervention | Results/Outcome | LOE |
| Waterman (2012) (abstract) | N=153Women=100Men=53Siena College students(age 17-21) randomly assigned |  | Reactions tested to the sexuality of 3 different age groups:30-35, 50-55, and 70-75With 10 different scenarios.Participants were told to rate their feelings on the activities in sexual scenarios | Age of target was found statistically significant for all reactions, with responses less favorable toward older targets;strong bias against the sexuality of older people. | III |
| White (1982). | N= (30-163) Varied for groups assessed: Nursing Home Staff (N=163) Persons employed with older adults (N=30); Families of older adults (N=30) | Survey Testing Aging Sexual Knowledge and Attitudes Scale (ASKAS)instrument for the assessment of sexual cognitions related to the aged; developed from (SKAT) instrument (assesses the general sexual knowledge and sexualattitudes of medical students) | 61 total questions: 35 true-false & "don't know" + 26 Likert(7-point scale) for agree/ disagree. T/F = knowledge about older adult sexuality; Likert =attitudes toward older adult sexuality. Low score= high "Knowledge" & permissive "Attitude" Possible scores: Knowledge: 35-105 Attitude: 26-182 | All reliabilities (> 0.85). The instrument is objectively scored, demands little or no training in itsadministration, may be given in either pencil-and-paper format or bypersonal interview, and is machine scoreable. | III |
|  |

**Data Statistical Results**

|  |
| --- |
| Age |
|  | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | 20-25 | 55 | 96.5 | 100.0 | 100.0 |
| Missing | 99 | 2 | 3.5 |  |  |
| Total | 57 | 100.0 |  |  |
| Gender |
|  | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | FEMALE | 53 | 93.0 | 94.6 | 94.6 |
| MALE | 3 | 5.3 | 5.4 | 100.0 |
| Total | 56 | 98.2 | 100.0 |  |
| Missing | 99 | 1 | 1.8 |  |  |
| Total | 57 | 100.0 |  |  |

**Worked previously with Older Adults**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | NO | 30 | 52.6 | 52.6 | 52.6 |
| YES | 27 | 47.4 | 47.4 | 100.0 |
| Total | 57 | 100.0 | 100.0 |  |

**Subjects who previously worked with Older Adult and their Sites**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | FAMILY MEMBER CARE | 1 | 1.8 | 3.7 | 3.7 |
| EMPLOYED OLDER ADULT FACILITY/SETTING | 13 | 22.8 | 48.1 | 51.9 |
| VOLUNTEER FOR OLDER ADULT SETTING | 8 | 14.0 | 29.6 | 81.5 |
| HOSPITAL PCA | 4 | 7.0 | 14.8 | 96.3 |
| SURGEON | 1 | 1.8 | 3.7 | 100.0 |
| Total | 27 | 47.4 | 100.0 |  |
| Missing | 99 | 30 | 52.6 |  |  |

1. Students of one particular gender perform better in the clinical questions.

**Group Statistics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Gender | N | Mean | Std. Deviation | Std. Error Mean |
| Total Score | FEMALE | 53 | 4.47 | 1.310 | .180 |
| MALE | 3 | 3.67 | 2.082 | 1.202 |

**Independent Samples Test**

|  |  |  |
| --- | --- | --- |
|  | Levene's Test for Equality of Variances | t-test for Equality of Means |
| F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference |
| Lower | Upper |
| Total Score | Equal variances assumed | 1.204 | .277 | 1.008 | 54 | .318 | .805 | .799 | -.797 | 2.407 |
| Equal variances not assumed |  |  | .662 | 2.091 | .573 | .805 | 1.215 | -4.212 | 5.823 |

There are no differences between genders. However, with only 3 males the sample size is too small for this group to see any significant differences.

Mann-Whitney U test results below (non-parametric test equivalent to the t-test when there are small samples) also shows the p-value is also not significant under this non-parametric test.



Asymptotic significances are displayed. The significance level is .0.5

1. Exact significance is displayed for this test.

2. Students of a particular age group perform better in the clinical questions. There is only one age group for the entire survey population (20-25) therefore cannot reliably assess this question.

3. Students with experience with older adults care perform better in the clinical questions.

**Group Statistics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Previous Older Adult Work | N | Mean | Std. Deviation | Std. Error Mean |
| Total Score | N | 30 | 4.37 | 1.326 | .242 |
| Y | 27 | 4.48 | 1.369 | .263 |

|  |
| --- |
| **Independent Samples Test** |
|  | Levene's Test for Equality of Variances | t-test for Equality of Means |
| F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference |
| Lower | Upper |
| Total Score | Equal variances assumed | .053 | .819 | -.321 | 55 | .749 | -.115 | .357 | -.831 | .601 |
| Equal variances not assumed |  |  | -.321 | 53.950 | .750 | -.115 | .358 | -.832 | .603 |

P-values are larger than 0.05, showing no significant differences in the total score (performance on clinical test) between those having and not having previous experience working with older adults.

4. Students with experience in STD screening or patient education perform better in the clinical questions.

**Group Statistics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | PrevSTDWk | N | Mean | Std. Deviation | Std. Error Mean |
| Total Score | N | 52 | 4.44 | 1.305 | .181 |
| Y | 5 | 4.20 | 1.789 | .800 |

|  |
| --- |
| **Independent Samples Test** |
|  | Levene's Test for Equality of Variances | t-test for Equality of Means |
| F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference |
| Lower | Upper |
| Total Score | Equal variances assumed | 1.155 | .287 | .385 | 55 | .702 | .242 | .630 | -1.021 | 1.505 |
| Equal variances not assumed |  |  | .295 | 4.419 | .781 | .242 | .820 | -1.952 | 2.437 |

There are not significant differences in the performance on clinical test between students with previous experience in STD screening and those with no previous experience. Also, note that only 5 students had previous experience so this is a very small group.

The p-value from the non-parametric equivalent test, Mann-Whitney U test is also of a similar range (see below).



Asymptotic significances are displayed. The significance level is .0.5

1. Exact significance is displayed for this test.