

TABLE 23-1 COMMON ILLNESSES ASSOCIATED WITH AGING THAT AFFECT SEXUAL AROUSAL OR DESIRE
• Cardiac disease, including coronary artery disease, post-coronary recovery, high blood pressure
• Cardiovascular accident (stroke)
• Liver problems, including hepatitis and cirrhosis
• Kidney problems, including nephritis, renal failure, dialysis (radical prostatectomy)
• Peripheral neuropathies (diabetes mellitus, alcoholic neuropathy, and multiple sclerosis)
• Pulmonary diseases; degenerative diseases
• Arthritis and other connective tissue diseases
• Diabetes and amputation
• Thyroid diseases
• Head injuries
• Parkinson's disease
• Malignancies
Sources: Bonder & Wagner, 2001; Hillman, 2012; Kellett, 2000; Sipski & Alexander, 1997.

TABLE 23-2 PRESCRIPTION MEDICATIONS WITH POSSIBLE SEXUAL SIDE EFFECTS
• Antihypertensives (sympatholytic, or adrenergic-inhibiting, drugs [e.g., reserpine] and diuretics [e.g., thiazides or spironolactone]): Resulting in erectile dysfunction and some loss of desire
• Tranquilizer, anxiolytic (e.g., Valium [diazepam], Xanax [alprazolam], Ativan [lorazepam]): Resulting in changes in libido; erectile dysfunction
• Antidepressant (e.g., Prozac [fluoxetine], Zoloft [sertraline], Paxil [paroxetine], Effexor [venlafaxine]): Resulting in changes in libido; delayed orgasm/ejaculation
Sources: Hillman, 2012; Weiner & Rosen, 1997.

The PLISSIT Model to Guide Our Responses to Sexual Concerns

The **PLISSIT model** (Annon, 1976) provides some direction about our roles. It was developed by Annon to address the sexual well-being needs of individuals with acquired disability or chronic illness. The PLISSIT model sets out four levels of involvement that can be used to help health care practitioners identify their role in the assessment and evaluation of an individual's sexual well-being needs.

The four levels of intervention are as follows (Annon, 1976, p. 4):

1. Permission (P)
2. Limited information (LI)