Disclosure

- I have no conflict of interest to report
- None of the medication treatments discussed in this presentation have an FDA-approved indication for the management of inappropriate sexual behaviors experienced by people with dementia.

Presentation Objectives

- You will be able to describe the changes in sexual behavior experienced by people with dementia and contrast them with those experienced in normal aging.
- You will offer appropriate clinical assessment and support when patients with dementia or their partners present with concerns about sexual behavior change.

Presentation Objectives

- You will identify challenges encountered in the support of intimate relationships in long term care settings and identify resources that can help you develop effective policies to guide management of intimate relationships.
- You will develop appropriate assessment and management plans when inappropriate sexual behavior presents as a BPSD.

Scope of the Problem

- Changing sexual behavior is a common experience in dementia.
- Because of cognitive loss, intimate relationships in dementia may raise issues of consent, rape, and abuse.
- Inappropriate sexual behaviors are among the most difficult Behavioral and Psychological Symptoms of Dementia (BPSD) to manage.

Normal Aging and Sexual Function

- Men and Women can maintain sexual function in to their 80s.
- Women are less likely than men to have a spousal or other intimate relationship and to be sexually active.
- Sexual function does change with aging in terms of “frequency, intensity, and mode of expression.”
- A wide range of differences exist in the sexual function of the elderly.
- Healthy intimate relationships are strongly correlated with life satisfaction and well-being.
Sexual Function and Well Being

- Satisfy the need for closeness, tenderness, and warmth.
- The intimacy of giving and receiving affection.
- The intimacy of shared meaningful activity.

Sexuality in Dementia

- Sexual behavior often changes.
- May have new behaviors not experienced prior to illness, some of which may be inappropriate.
- May have declining interest in intimacy or lose interest in sex altogether.
- May forget accepted social context for sexual behavior and intimate relationships.
- Changes may impact established intimate relationships.

Clinical Assessment of Changes

- Depression can lead to diminished interest in sex.
- Assess for medications that can affect sexual function
- Assess for hormonal disorders: thyroid, testicular (males)
- Assess for previously unrecognized physical illness

Assisting Intimate Partners of People With Dementia

- Understand the causes of behavior
- Be matter of Fact
- Learn distraction and redirection techniques
- Adjust to changes in desire, try not to take changes personally
- Learn self-care
- Resources from The Alzheimer’s Association
  - https://www.alz.org/i-have-alz/changes-in-relationships.asp

Sexuality and Institutional Living

- Nursing facility residents do best when their needs for intimacy are met.
- Long Term Care nursing facilities need to be supportive of sexual function of residents, while protecting those at risk for exploitation.
- Maintaining the sexual integrity of nursing facility residents can be challenging.

Sexuality and Institutional Living

- Strong pressures favor limiting sexual relationships between dementia patients in nursing facilities.
- Staff beliefs about aging and sexuality
- Consent may be difficult to interpret or ambiguous.
- Facilities obligated to protect vulnerable residents.
- If families object to sexual activity, facilities may face tort liability for failure to protect.
Sexuality and Institutional Living

- Strongly consider policies to guide the “management” of intimate relationships, including those with dementia.

Sexuality and Institutional Living

- On line resources to facilitate policy development are available:
  - PEAK Module, Center on Aging, Kansas State University:
  - Hebrew Home at Riverdale, Center for Older Adult Sexuality
    - http://www.hebrewhome.org/sexualexpressionpolicy.asp

Inappropriate Sexual Behaviors

- Elements of Inappropriate Sexual Behavior
  - Inappropriate
  - Disruptive and/or Distressing
  - Impair the care of the patient
- Not an uncommon behavior symptom of dementia
  - 2% - 25%
  - Setting, dementia severity, definition

Categorizing Inappropriate Sexual Behavior (Szasz, 1983)

<table>
<thead>
<tr>
<th>Category Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Talk</td>
<td>Using foul language that is not in keeping with a patient’s premorbid personality</td>
</tr>
<tr>
<td>Sexual Acts</td>
<td>Touching, grabbing, exposing or masturbating in public or private places</td>
</tr>
<tr>
<td>Implied Sexual Acts</td>
<td>Openly reading pornographic material or requesting unnecessary genital care</td>
</tr>
</tbody>
</table>

Categorizing Inappropriate Sexual Behavior (de Medeiros, 2008)

<table>
<thead>
<tr>
<th>Category Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimacy</td>
<td>Normal behaviors that are misplaced in social context (kissing, hugging)</td>
</tr>
<tr>
<td>Seeking</td>
<td></td>
</tr>
<tr>
<td>Disinhibited</td>
<td>Rude and intrusive behaviors that would be considered inappropriate in most contexts (lewdness, fondling, exhibitionism)</td>
</tr>
</tbody>
</table>

Categorizing Inappropriate Sexual Behavior (Crossett)

<table>
<thead>
<tr>
<th>Category Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Suggestive of offensive stories; remarks about appearance; staring; asking for a date</td>
</tr>
<tr>
<td>Moderate</td>
<td>Crudely sexual remarks; attempts to discuss personal sexual matters; propositions; deliberate touch</td>
</tr>
<tr>
<td>Severe</td>
<td>Deliberate exposure of genitals; attempts to fondle; forceful attempts to grab, kiss, or touch; attempted intercourse</td>
</tr>
</tbody>
</table>
Common Disorders at root of Inappropriate Sexual Behavior

- Dementia: Alzheimer’s disease, vascular, frontotemporal
- Other CNS Diseases:
  - Parkinson’s disease
  - Brain injuries
  - Stroke
  - Brain tumors
  - Huntington’s disease, Multiple sclerosis
  - Others: seizure disorders, encephalitis

Medications As a Cause of Inappropriate Sexual Behavior

- Dopamine agonists
  - levodopa, pramipexole, ropinerole
  - dose related
- Amantadine
- Benzodiazepines
- Alcohol

Environmental Triggers for Inappropriate Sexual Behavior

- Sexually explicit material in the environment
- Observing cares given to resident of opposite sex
- Seeing resident of opposite sex in bed
- Loneliness

Managing Inappropriate Sexual Behavior: Basic Principles

- Gather detailed information
- If in formal care setting, document behaviors in detail
- If in formal care setting, involve and inform family: provide support
- Be aware of your own attitudes and feelings
- Individualize management approaches

Managing Inappropriate Sexual Behavior

- Not all sexual acts are hypersexual
  - Masturbation becomes inappropriate in its context
  - Disrobing may be forgetfulness
  - Sexual language may be unfocused, emotional outburst
  - Touching may be nonsexual attention seeking
- Try to understand the behavior

Managing Inappropriate Sexual Behavior

- Don’t Ignore the Behavior
- Don’t get upset
- Don’t think that telling them it is inappropriate will help – if they knew…
- Don’t give mixed messages
  - Hand holding
  - Hugs
  - Kisses
Managing Inappropriate Sexual Behaviors: Non Drug Strategies

- Physiologic/Medical Assessment
- Meaningful Activities
- Modify Environment
  - Identify and mitigate triggers
  - Clothing alterations
  - Room Location
- Distract and Redirect
- Reinforce Positive Behavior

Pharmacotherapy of Inappropriate Sexual Behavior

- When All Else Fails!

<table>
<thead>
<tr>
<th>SSRI</th>
<th>Estrogens</th>
<th>Antiandrogens</th>
<th>Antipsychotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoxetine</td>
<td>Oral MPA (Provera)</td>
<td>Risperidone</td>
<td></td>
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<tr>
<td>Citalopram</td>
<td>Transdermal Leuprolide (Lupron)</td>
<td>Haloperidol</td>
<td></td>
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<tr>
<td>Paroxetine</td>
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</tbody>
</table>

- None are Approved for Use!

Proposed Algorithm

**Situation is Acute**

- Risk of Sexual Aggression is High
  - Patient is compliant
  - Patient is Not Compliant
    - SSRI
      - Oral Estrogen*
      - Antiandrogen*

* Medically cleared for estrogen or antiandrogen therapy


Other Medications

- Clomipramine (Case Reports)
- Gabapentin (Case Reports)
- Trazodone (Case Reports)
- Pindolol (Case Reports)
- Cimetidine (14 of 20 patients)
  - Antiandrogen effects
  - 600 mg – 1600 mg daily

- None are Approved for Use!

Summary

- Sexual behavior commonly changes in dementia and impacts intimate relationships
- Helpful support can be provided to intimate partners of people with dementia
- Long Term Care Nursing facilities should develop policies and procedures to address the intimate relationships of their residents with dementia

Summary

- Inappropriate sexual behaviors are among the more difficult Behavior and Psychological Symptoms of Dementia
- The basic principles of BPSD management apply to inappropriate sexual behaviors
- No medications are FDA approved to manage inappropriate sexual behaviors
  - Rely on NonDrug treatments as initial therapy
  - There is limited evidence to guide drug treatment
  - Drug treatments should be used as a last resort