Sexual Disinhibition and Dementia

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Human Needs

- Human need for touch, intimacy & physical contact demonstrated in classic studies (Miles & Parker 1999)
- In community residing adults, expression of affection increases with age, interest in sexuality remains high, but frequency of sexual intercourse declines (Wright 1998)
- A profound & often ignored source of suffering in elderly is loss of physical & emotional intimacy
- Flourish best when diverse needs for intimacy are recognised, respected & meet
Is There a Problem?

- Sexuality often difficult & challenging for staff
- Regardless of a reluctance to notice many older adults are sexually active
- Not unusual to discuss sex & older people in a demeaning manner
  - Older people viewed as ‘Asexual’
  - Sexual conduct viewed with a variety of value judgments
- Humor used to manipulate and control rather than used in a therapeutic way to establish and maintain rapport (Bauer 1999)
Influence of Attitudes

- Denials of sexual activity in older people can result in:
  - Attitudes that sexual conduct between older adults is inappropriate, laughable, & shameful - ‘dirty old man’, ‘sexually predatory old woman’

- Media portrays older people’s sex as a joke or limits portrayal to hugs and kisses
  - Contrasts with the passionate, flesh revealing scenes of younger people in film and media
Unwritten Policy

- Older person who seeks out sexual activity in an institution is often in a difficult situation - unwritten policy/attitudes of no sexual interactions

No Sex Here!

- Easier to take this attitude than to work with the holistic approach to care which requires person to be viewed as a unique complex individual
Socially Acceptable Behaviours

- Older people find themselves under the constant ‘gaze’ of staff with little opportunity for privacy
- Holding hands socially acceptable - patronized “Isn’t it cute”
- Tendency to infantilize older people - hugging, kissing without permission, baby talk
Nursing Home Residents

- NH residents desire a greater degree of sexual intimacy
- 10-20% men & 3% females NH residents who are not demented are sexually active (Mulligan & Palguta 1991)
- Staff restrict range of expressions of physical intimacy to social ceremonies
- Respond with apathy or hostility to residents who express or act on the need for sexual intimacy
- Reports of married couples kept apart (Moyle et al 2003), deprived of privacy, restrained etc (Mulligan & Palguta 1991)
Mixed Messages

- Cognitive impairment leads to problems with interpretation of the world - staff affection can lead to mixed messages and a blurring of boundaries.

- If behaviour goes outside of the limits people are chastised, labeled as perverts or dirty old men/women, scolded etc.

- Definition of inappropriate behaviour is subjective and dependent upon the observer.
Mayers (1998)

- Surveyed 33 nursing and therapy staff working in LTC in Australia
- 61% of staff reported incidents of both male and female patients displaying inappropriate sexual behaviour towards staff or patients in the previous year
- Victimization of another patient
- Males more aggressive with forceful actions and sexual grabbing

Mayers (1998) - Behaviours Described

- Sexual touching of breasts 28 (85%)
- Sexual touching of buttocks 26 (79%)
- Sexual touching of genitals 24 (73%)
- Kissing 23 (70%)
- Hugging (exceeds) 16 (48%)
- Attempted intercourse 10 (30%)
- Mouthing of breasts 6 (18%)
- Attempted oral sex 6 (18%)
Zeiss et al (1996)

- Observations of 40 male patients with dementia
- Observed 9 separate times
- On average displayed .43 appropriate sexual behaviours, 1.48 ambiguous behaviours, .83 inappropriate behaviours
- Only 18% of participants ever displayed a sexually inappropriate behaviour - usually brief & minor
- Inappropriate sexual behaviour observed in only 1.6% of the observed one min time segments

Sexuality and Dementia

- Onset of cognitive decline does not diminish the desire for sexual intimacy
- Tendency to concentrate on cognitive deficits and not to consider sexual expression (Harris & Weir 1998)
Sexuality and Caregivers

- 38 husband and wife caregivers (Duffy, 1995)
- 8% perceived a change in their emotional relationship to AD spouse as disease progressed
- Similar % experienced a change in sexual intimacy with gradual decline in interest reported
- Hypersexual interest displayed by a few males caused wife caregivers to have feelings from mild irritation to strong aversion, male caregivers did not report such sentiments to wife's receptiveness to sexual overtures

Dementia and Sexuality

- Davies et al (1992) 53% of men (n=55) reported erectile failure since onset of AD symptoms
- Inappropriate sexual behaviour such as exposing or masturbation in public was rare
Dementia and Sexuality

- Wright (1998) investigated longitudinal trends of marital intimacy in presence of dementing illness
- AD group (n=30, 24 male/6 female & spouse caregivers), Control (n=17 couples without cognitive impairment)
Wright et al. (1998)

- Only 27% of couples sexually active at T 2 (5 yrs after onset of AD) in contrast to 82% of control
- Demands for frequent sexual contacts by AD spouse reported by 14% spouse caregivers (translated to 50% when only sexually active couples considered)
- T3 (2 yrs later) this problem abated for all but one couple
- T3 19% AD sexually active and 62.5% control
- T3 frequency of affection increased dramatically for Nursing Home placement group - stress alleviated?
Hypersexuality

- A rare & disturbing manifestation of AD (Kuhn et al 1998)
- A persistent, uninhibited sexual behaviour directed at oneself or other people - may include compulsive masturbation or an insatiable desire for sexual contact with others

Hypersexuality - 2

- Involves inappropriate behaviour in relation to others, suggestive language, fondling, disrobing etc.
- Some behaviours may be inappropriate because they occur in wrong place eg public masturbation or may incite damage from insertion of objects into oneself.
Reasons for Hypersexuality

- UNCLEAR
- ? Disruption in neural pathways related to sex drive or hormonal changes due to AD (Shapira & Cummings 1989)
- Temporal and frontal lobes of brain noted for regulating libido
- People with temporal and or frontal lobe dementias eg Picks display a variety of personality changes and socially inappropriate behaviours including hypersexuality in some cases
- May be related to psychological need for intimacy that becomes sexualised
Evokes Negative Images

- Evokes negative stereotypes such as ‘dirty old man’, ‘loose old ladies’
- Behaviour may be misconstrued as sexual in nature
- A pattern of touching oneself may be need to establish familiarity and intimacy
- May desire to feel connected to another person
Case Description

- a case was described by the author
Management

- Normal teaching approach not useful for PWD
- Thorough assessment of underlying cause of problem - review of patient records and observation
- Systematic examination of specific environmental factors that influence behaviour
- Remove antecedents or change response of Caregiver
- Calm and deliberate approach
Observation & Assessment - PAID Approach

- Sexual behaviour disturbance may be as a result of:
- Secondary to Physical problems (infection, CCF - anoxic state = confusion, medication interactions)
- Related to Activity (environmental stimuli, getting dressed, new caregiver, caregiver looks like spouse)
- Intrinsic to the disease (personality change - FTD, behaviour not tolerated by carer)
- As a consequence of Depression or Delusion (hallucinations, fear, delusions such as theft)
Management

- Distraction, individualized attention, increased levels of appropriate activities
- Restrictive clothing eg pants on backwards
- Relocate??
Management - Treatment

- Behavioural treatments preferable to pharmacologic treatments
- No known controlled studies of pharmacologic treatment for hypersexuality
- No strong evidence that drugs used to treat agitation (antipsychotics, anxiolytics etc) will be effective in treating hypersexuality
- Synthetic steroids used for treating sex offenders have been used in successful treatment - reduces testosterone levels
Management - Public Masturbation

- If perceived as normal behaviour then respectful intervention is likely
- Curtains, portable screens
Management - Consensual Sex

- Consensual sex raises ethical dilemmas
- Need to consider a person centred approach that acknowledges person’s cognitive impairment, and takes into account environment, health status, previous sexual behaviour, response to stress and personality
- Need to be aware that person may have lost verbal ability and skill to refuse unwanted affection or sexual advances
- Involve family in problem solving and decision making
Management - Propositioning

- Immediate relocation if gets into another resident’s bed
- When staff propositioned - “I don’t do that”
- Same sex caregiver if expose themselves during personal care
Management - Workshops

- Regular multidisciplinary staff meetings to discuss dilemmas encountered in day to day care
- Workshops and case conferences to help staff reduce anger and resolve certain conflicts
Management - Staff Education

- Basic knowledge about human sexuality across the lifespan
- Awareness of their personal attitudes and biases
- Education - role play, videos, case discussions to form a consensus on ways to deal with issues of sexual intimacy
- If expert not available seek assistance from local University
Management - Family Education

- Families need to know in advance about potential for sexual issues and that staff are ready to take responsible action
- Families need to be involved in problem solving and decision making
- Encourage families to participate in support groups (eg Alz Australia)
  - Education materials available from Veteran Affairs (USA)
    http://www1.va.gov/opa/index2.asp
  - and Alzheimers Australia website)
    http://www.alzheimers.org.au/content.cfm?topicid=26
Management - Policy

- Clear policies, procedures or guidelines
- Emphasis placed on a holistic approach to the care of older persons
- Accommodation should provide resident/patient privacy
At Elders’ Home Each Day is Valentine’s Day

- Hebrew Home for the Aged - Riverdale NY
- Video: *Freedom of sexual expression: dementia and resident rights in long-term care facilities*
  - 3 scenarios - a relationship between two women, a sexual coupling that is no longer consensual, a resident masturbating in public
  - Video available from http://www.hebrewhome.org/services.asp
Conclusion

- Geriatric nursing staff often receive little or no specialized training on sexuality.
- It is apparent that sexuality needs to be discussed openly in order to ensure that staff are comfortable in dealing with these behaviours.
- Training should focus on desensitizing staff while encouraging an increase in their knowledge.