Inappropriate Sexual Behavior in Cognitive Impairment

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Objectives

- Briefly review issues related to sexuality in people with cognitive impairment
- Discuss the challenges in recognizing when sexual behavior is inappropriate
- Review current evidence for the management of inappropriate sexual behavior
Sexuality and Sexual Expression

The basic need to belong, to be desired, to share oneself with another does not end with dementia.

- Sexuality is not what we do, but who we are.
Sexuality/Sexual Behavior

- Sexuality is a fundamental part of human existence.

- How we show closeness/express love.
Sexual Expression

Sexually oriented expression:

- Words, gestures, or movements (including reaching, pursuing or touching) which appear to be motivated by the desire for sexual gratification) Holmes, D., Reingold, J., & Teresi, J. (1997)
Sexuality in Cognitive Impairment

• The need for close human contact does not decline with age or dementia

• Those with dementia communicate with behavior rather than speech

• Impact is often decreased sex drive

• Dementia deprives individuals of cultural norms
Myths

- 3 myths
  - Older adults are not sexually desirable
  - Older adults are not sexually desirous
  - Older adults are not sexually capable
WHAT DO YOU THINK
ABOUT THIS STUDY THAT
SAYS SENIOR CITIZENS ARE
HAVING SEX TWO OR THREE TIMES A MONTH?

THAT'S ALL?
Normal Sexuality

- 60% of ‘normal’ older persons have active interest in sexual activity.

- Stats from the NOCA 1998 survey
  - report that 48% of men and women over 60 are sexually active.
Dispelling the Myths

Men over age 60:

- 61% are sexually active
- 61% say sex is better or at least as satisfying as it was at 40.
- 76% say sex is equally as emotionally satisfying as it was at 40
- 72% say sex is an important part of a relationship
Dispelling the Myths

- Women over 60
  - 37% are sexually active
  - 62% say sex is better or at least equally as physically satisfying as it was at 40.
  - 69% say sex is equally as emotionally satisfying as it was at 40.
  - 47% say sex is important in a relationship.
FANCY COMING BACK TO MY ROOM TO HAVE A LOOK AT MY COLLECTION OF 78's?
Inappropriate Sexual Behavior

- Focus on behaviors that are:
  - unwanted
  - ‘inappropriate’
  - challenging

- To:
  - Family
  - Other residents
  - Clinical staff / administrators

- Range of normal gets defined by the culture of the environment
Inappropriate Sexual Behavior

- Ozkan et al (2008) ISB grouped into 3 common types:
  - Sex talk
    - Most common
  - Sexual acts
  - Implied sexual acts
    - pornography
Inappropriate Sexual Behavior

- **Definition:**
  - No one recognized definition
  - Encompasses range of behaviors such as:
    - Verbal requests for sex
    - Unwanted touching
    - Masturbation
  - Ambiguous behaviors (appearing naked or incompletely dressed)
  - “sexual disinhibition”
Neurobiology

- Frontal system: disinhibition
  - Normal etiquette may be forgotten
- Temporolimbic: hypersexual behavior
- Striatum: obsessive-compulsive sexual behavior
- Hypothalamus: increased sex drive

- Multiple neurotransmitter and hormonal systems
Scope of the Problem

- Not common (2.6-15%)
  - Greater # in nursing homes
- Comprise an important component of BPSD
  - defined as “behaviors that are unsafe, disruptive and interfere with care” (Ozkan et al 2008)
- Sex ratio unclear
- No differences based on type of dementia

- Low frequency but highly emotionally laden
Case of Mr. I.M. Proper

- 80 year old divorced man living in Level I care for several years.
- Progressive aphasia
- Very private person
- Referral
  - At mealtime exposes himself to his female table partner
Is This Inappropriate Sexual Behavior?
Assessment of ISB

- Comprehensive exam including thorough sex history.
- Is this a new behavior?
  - Related to underlying cognitive changes or exacerbation of life-long characteristics
  - Related to underlying psychiatric disorder or use of dopamine agents
  - UTI
Assessment of ISB

- Potential underlying causes:
  - Unmet needs (toileting, UTI)
  - Uncomfortable clothing (too tight, restrictive..)
  - Misinterpretation (organic brain changes lead to misinterpretation of cues)

- Consider context:
  - What is ‘appropriate’ with one’s partner (or willing other) is not ‘appropriate’ with someone else
Assessment of ISB

- What is the target symptom?
  - Specifically identify what the symptom and treatment goals are
- Who, what, when?
  - Does behavior occur with all staff? One staff? Only men/women? During a particular activity, ie bathing?
Assessment of ISB

- Assessment (Litchenburg 1997, Litchenburg & Strzepek 1990)
  - What form does behavior take?
  - In what context?
  - How frequently?
  - What are contributing factors?
  - Is there a problem?
  - Whose problem is it?
  - What are the risks involved?
  - To whom?
  - *Are the participants competent?*
Competency?

- No issue regarding consensual relationships between ‘competent’ adults
  - Setting dependent?
  - Informed consent vs tacit consent?
- Specific competency
- Institutional policy

- Challenges?
Case of Mrs. Lonely

- 84 year old widow with 3 grown children who live out of the province. Always ‘very proper’.
- Moderately severe-severe mixed dementia with persistent and rapid decline.
- Moved from ‘assisted living’ to LTC, dementia care.
Case of Mr. Heart

- 80+ year old married man with 2 children living locally.
  - Moderately severe-severe AD
Case of Mr. & Mrs. Lonely-Heart

- Seen holding hands, sitting together, seeking each other out.
- Found lying on his bed together in an embrace, fully clothed.
Is This Inappropriate Sexual Behavior?
Ethics of ISB

- Guidelines for assessing appropriateness of relationship:
  - awareness of relationship
    - who is initiating relationship
    - do they think this person is their spouse
  - can they state what level of relationship they are comfortable with
  - ability to avoid exploitation
    - is this behavior consistent with formerly held values/beliefs
    - can they say ‘no’
  - Awareness of potential risks
Ethics of ISB

- Not overly realistic regarding relationships in advanced cognitive impairment.
Case of Mr. I.S. Bea

- 70 year never married man-was the favorite uncle of his nephews. Various careers which all involved public service.
  - Moderate dementia, vascular with prominent disinhibition.
Case of Mr. I.S. Bea

- Frequent requests for sexual interaction with staff, verbally graphic, ‘grabbing’ at breasts and crotch of female staff.
- Noted to be touching a co resident who was felt to be vulnerable due to cognitive and physical impairment.
- 1:1 caregiver for safety of co residents.
Is This Inappropriate Sexual Behavior?
Management of ISB

- Approach
  - Define target behaviors
  - Rule out delirium
  - Review cognitive and sensory factors
  - Review environmental factors
  - \textit{Educate and support caregivers}
  - If fails
    - Consider nonpharmacological approaches
    - Consider drug therapy
Non Pharmacological Strategies

- Comprehensive review of Psychological approaches to the management of Neuropsychiatric symptoms of dementia (Livingston et al 2005):
  - No one strategy was proven effective for any one type of behavior.
  - Only behavior management therapies, specific types of caregiver/residential care staff education (and possibly cognitive stimulation) have any lasting effectiveness.
  - Lack of evidence should not be interpreted as lack of efficacy.
Non Pharmacological Strategies

- Modification of social cues
- Environmental manipulation (ie rear closing clothing, objects to handle)
- Supportive psychotherapy (aimed at caregivers)
- Behavior Modification
- Change attitudes of staff/family
Non Pharmacological Strategies

- Avoid becoming angry or embarrassing the individual
- Seek a ‘reason’ or explanation for behavior
- Gently, but firmly remind individual that behavior is inappropriate or unwanted
Non Pharmacological Strategies

- Try to increase level of appropriate affection
  - hugging, hand holding, dancing

- Try distraction

- Remove to a private place

- Consider practical solutions
  - rear access clothing
  - ‘Pink Panther’
  - tactile objects
Pharmacotherapy of ISB

- No one medication or class of medication has been proven effective for treatment of ISB.
- No current medication has approval for use in these problems (off label use).
- No randomized, double blind, placebo controlled studies.
What do you do?
Pharmacotherapy of ISB

- Goal is to suppress sexual fantasies, sexual urges and behaviors

- Case report / series evidence for
  - Antidepressants
  - Anticonvulsants
  - Antipsychotics
  - Anti-Dementia drugs
  - Hormonal agents
  - other
Antidepressants for ISB

- Generally used as first line agents but case report evidence only
  - citalopram
  - paroxetine
  - sertraline
  - clomipramine
- Case series for trazodone (Simpson et al, 1986)
- Antiobsessional and antilibidinal effects
Pharmacotherapy of ISB

- When 1\textsuperscript{st} line agents don’t work?
  - Debate in the literature
  - Consider
    - Antipsychotics
    - Antiepileptics
    - Antidementia drugs
    - Hormone treatment
Antipsychotics for ISB

No known clinical trials

- Case report evidence
  - quetiapine
  - haloperidol
- Thought to decrease ISB by their dopamine blocking effects and elevation of prolactin.
- Balance risk/benefit re: side effects
Mood Stabilizers for ISB

- Case reports for:
  - gabapentin
  - carbamazepine
- Mixed evidence for BPSD, no studies for ISB
  - valproate
  - lamotrigine
- May be helpful because of mood stabilizing effect, antiandrogenic and antiprogestin effects.
Antidementia Drugs for ISB

- cholinesterase inhibitors
  - rivastigmine – case report
  - donepezil – case report - increased libido in 2 patients

- memantine: no current literature for ISB
Hormonal Agents for ISB

- **Antiandrogens**
  - Medroxyprogesterone – 3 small case series
  - Cyproterone – 2 case reports (female)
  - decrease testosterone by inhibiting LH / FSH

- **Estrogens**
  - DES or conjugated estrogen
  - case report / series (38/39 pts)

- **GnRH analogues**
  - leuprolide – 2 case reports
Hormonal Agents for ISB

- Fully informed consent by legally authorized caregiver
  - Ethical considerations

- US state regulators concerns re: chemical restraint

- Anderson Light & Holroyd (2006)
  - 5 treatment refractory pts with ISB
  - All improved with MPA
  - 2 had med d/c because of state regulators-lost placements due to behavior.
Other drugs for ISB

- Cimetidine
  - Retrospective chart review
  - H2 receptor antagonist with antiandrogen effects
  - Longterm use at high doses decreases testosterone binding to androgen receptor and inhibits the hydroxylation of estradiol

- Pindolol:
  - Thought to work by decreasing adrenergic drive which decreases agitation, aggression and inappropriate behavior
  - Case report
Choosing an agent

- Consider
  - Target symptoms
  - Urgency
  - Goal of treatment
  - Risk / benefit
  - Informed consent
  - Risk of not using any medications
Figure 1. Algorithm for the treatment of inappropriate sexual behaviors. Pharmacotherapy for Inappropriate Sexual Behaviors / Ozkan et al
ISB Messages

- Uncommon but problematic
- Assessment:
  - Is it sexually inappropriate?
  - Underlying causes
  - Target behaviors
  - Nonpharm approaches
  - Consider pharmacologic approaches
  - Risk/benefit of drug treatment
  - Implement
  - Evaluate
Discussion
References


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