

Inappropriate sexual behavior in persons with dementia

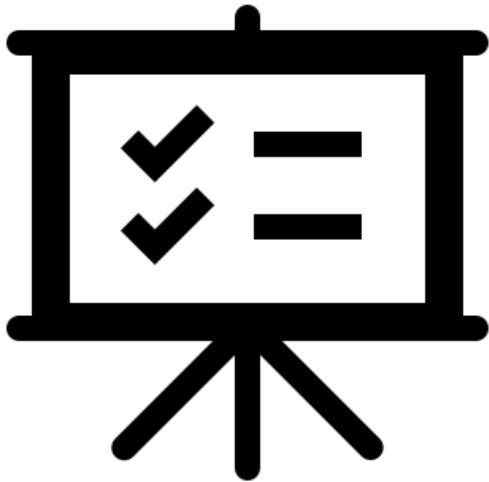
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May 3, 2021



Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Learning objectives



- Describe the etiology and epidemiology of inappropriate sexual behavior in persons with dementia
- Develop a plan to assess and manage inappropriate sexual behavior

Overview of management

- treat underlying medical causes
- discontinue offending medications & substances
- support & educate caregivers & other family members
- develop a psychological, behavioral & environmental management plan
- avoid adding new medications, unless there is risk of harm to patient or others
- if a medication is added, regularly monitor outcomes & attempt discontinuation
- **ensure that patients & caregivers are in a safe environment**

Inappropriate sexual behavior: background

- etiology
 - decreased inhibitions due to frontal lobe pathology
 - psychotropic medications (DOPA, benzos) & alcohol
 - premorbid behavior, lack of partner (loneliness), lack of privacy, understimulating environment (boredom)
 - psychiatric causes, e.g., mania
- epidemiology
 - 7-25% of people with dementia; higher in nursing homes
 - men 5x more likely than women

Inappropriate sexual behavior: clinical presentation

- inappropriate sexual language
- touching or grabbing others
- exposing oneself
- requesting unnecessary genital care
- openly viewing pornographic material
- masturbating in public

Behavioral & environmental interventions

- don't give nonverbal sexual messages
- don't overreact or argue
- distraction: change conversation to another topic
- increase activities & structure
- calmly but firmly tell the person that you are feeling uncomfortable and that the behavior is an appropriate
- remove objects that may trigger sexual response
- remove TV/computer or block programs/websites with sexual content

Pharmacological interventions

- no randomized controlled trials
- from case reports & series:
 - **SSRI**
 - trazodone
 - antipsychotic
 - cholinesterase inhibitor (also reports of increased behaviors)
 - buspirone
 - beta-blocker
 - gabapentin
 - carbamazepine
 - hormone therapy: medroxyprogesterone, leuprolide, finasteride, spironolactone, conjugated estrogen