Inappropriate sexual behavior in persons with dementia

this content is up-to-date as of
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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