

CASE REPORT

HYPERSEXUALITY IN DEMENTIA: A CASE REPORT

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Abstract

Objective: This case report highlights the issue of hypersexuality in persons with dementia and outlines the possible etiology and challenges associated with interventions of inappropriate sexual behaviors in dementia. **Methods:** We report a 75-year-old male with vascular dementia who developed hypersexuality and aggression towards his wife. The management plans are elaborated in this paper. **Results:** A combination of pharmacological and psychosocial intervention lead to the resolution of his inappropriate sexual behavior and improvement in his relationships with his wife and children. **Conclusion:** Inappropriate sexual behaviors need to be recognized and managed without compromising the fulfillment of the human's basic need of sexuality. *ASEAN Journal of Psychiatry, Vol. 14 (2): July – December 2013: XX XX.*

Keywords: Hypersexuality, Inappropriate Sexual Behavior, Dementia, BPSD

Introduction

The aging population is increasing rapidly worldwide, contributing to the increment in dementia prevalence [1]. The number of persons with dementia is estimated to be 24.3 million and it doubles every 20 years to 81.1 million by 2040 [2]. The majority of them (60% in 2001, rising to 71% by 2040) live in developing countries [2, 3]. The prevalence rate of dementia in Malaysia is 6-14.3% among those aged 60 to 65 years and above [4, 5]. With the projection of the rapidly growing population of persons with dementia in developing countries, Malaysia needs to be well prepared for the demand of providing quality health and care services for this population and their caregivers [6].

While the cognitive impairment of dementia is widely researched, the behavioral and psychological symptoms of dementia (BPSD) are also gaining importance. BPSD cause poorer quality of life in both patients and their

caregivers [7]. BPSD have been associated with poorer prognosis, higher economic burden on health care system, and premature institutionalization [8, 9]. According to rating of caregivers stress in a study, inappropriate sexual behaviors was the most stressful symptom to manage [10]. Inappropriate sexual behaviors can be defined as "overt acts associated with increased libido; or persistent, uninhibited, sexual behaviors directed at oneself or other people" [11]. The prevalence of inappropriate sexual behaviors varies, depending on the setting, ranging from 1.8% to 25% [12, 13]. Research in this area is relatively limited [11, 13] as it is not uncommon despite the significance of its consequences. This may be due to several reasons: cognitive aspects of dementia have generally received more attention than BPSD; healthcare staffs, patients and family are embarrassed to discuss the issue of sexuality, especially sexuality related to the elderly and the common stereotype belief that elderly people are sexless [14, 15]. Studies have shown that

although sex decreases in frequency with age, older people can remain to be sexually active [16]. Furthermore, sexuality encompasses all the physical intimacies apart from sexual intercourse; it is a way to express affection, affirmation and esteem [16]. This is a case report of a Malay elderly gentleman, diagnosed to have vascular dementia with BPSD, presenting with hypersexuality and aggression. Possible etiology and challenges of interventions on inappropriate sexual behaviors in dementia patients will be addressed.

Case Report

A 75-year-old Malay gentleman with a background history of long standing diabetes mellitus, hypertension, dyslipidemia, chronic kidney disease and severe hearing impairment was brought to hospital with the help of police. He was verbally and physically aggressive towards his wife. He kicked her and attempted to strangle her. He believed that his wife had an extra-marital affair with one of their neighbors which made her pregnant and she had secretly aborted the fetus. His wife was 73 years old and they had been married for 55 years and blessed with 5 daughters. They were a loving couple before he showed changes in behavior and personality for 2 years. He was getting to be more forgetful, having difficulty in handling his finance, irritable and preoccupied with sex. His wife had decided to sleep in a separate room 2 years ago as he would forcefully demand for sexual intercourse almost everyday. With his problem of erectile dysfunction (ED), he also started asking his sons-in-law to bring him to seek for traditional treatment for his ED which he never did before. He also secretly bought viagra over the counter. However, he only expressed his sexual needs toward his wife, not to other ladies. He started to develop delusions of infidelity and auditory hallucinations which told him that his wife had been unfaithful to him. He gave evidences by saying that his wife refused to sleep with him. He also became angry toward his children as they did not allow him to have privacy to be with his wife. The children would not leave their parents alone in the house after the father started

accusing the mother for being unfaithful and threatened to hit her.

Since admission, various investigations were done. His diabetes mellitus was poorly controlled as he was not compliant with medications and diet. He was also noted to have chronic otitis media after being reviewed by the otorhinolaryngology team. He was managed by multidisciplinary teams. Delirium and secondary dementia were ruled out. Computerized Tomography (CT) scan of the brain showed multifocal infarcts with cerebral atrophy. He was diagnosed to have vascular dementia with BPSD. He could not tolerate donepezil as he became more agitated after taking it. Rivastigmine transdermal patch 9.5mg/24hours was prescribed instead. In view of his psychotic symptoms and potential harm towards his wife, atypical antipsychotic (quetiapine) was started after family members gave informed consent following the discussion regarding its risks and benefits. Good rapport with the patient and family members was established through several sessions of Psychoeducation regarding his illness. His wife was allowed to express her fear and concern regarding his hypersexuality issue. Explanation regarding dementia and sexual problems was specifically discussed. Following the Psychoeducation and explanation, his wife and children began to understand his need of expressing his sexuality and intimacy. His wife was less upset and felt relieved that he was not attacking her intentionally to hurt her. However, she was still fearful and reluctant to allow him to be with her alone and in showing her affection in touching him. He did not exhibit any aggression or disinhibition while he stayed in the ward for 5 weeks.

After his first admission to the psychiatric ward, he had another 2 admissions for similar presentations one to two months apart. Quetiapine was gradually titrated up to 450mg per day until his delusion of infidelity and auditory hallucinations subsided. At the same time, the wife moved to stay with him in the same room, allowing each other to express their sensuality and intimacy through holding hands, hugging and stroking. The wife also supervised all his medications and he allowed her in doing

so after their relationship improved. There was also improvement for his other medical illnesses.

Discussion

There were a few possible causes of hypersexuality in dementia, as noted in the literature [17-20]. Research in neurobiology showed that injuries to certain anatomy of the brain such as the temporal or frontal lobe results in aggression, disinhibition and socially inappropriate sexual behavior. In addition, a disruption in neural pathways or hormonal changes related to sex drive is commonly found in dementia patients. K Alagiakrishnan et al reported that vascular dementia is more commonly associated with sexually inappropriate behavior [21]. Psychologically, hypersexuality may be a way of compensating for the cognitive and functional losses in order to increase self-esteem and self-image. Sexual performance is also a way of demonstrating control on the partner, especially among men. They are often labeled as being sexually more aggressive than females. Sexuality is also a human's need to express intimacy but persons with dementia may not know how to appropriately meet their needs for closeness and intimacy due to their decline in cognition. Furthermore, the person may forget immediate past sexual acts, leading to initiation of repeated sexual acts. Social factors such as lack of privacy in nursing home can make 'inappropriate' sexual activity in front of public unavoidable and unacceptable. Social cues like sexually explicit television program may trigger unwanted sexual behavior. Caregivers who restrict or prevent appropriate and healthy sexual expression may also contribute to inappropriate sexual behavior among persons with dementia.

It is not an option in the Malay culture to send an elderly spouse or parent to an institution such as nursing home. Usually family members will bear the burden of BPSD. Therefore, establishing the therapeutic relationship with family members is paramount. He harbored strong delusions of infidelity towards his wife and had acted on the delusion by harming her. His hospitalization to stabilize his psychotic symptoms also provided respite for the wife.

There is no practice guideline available for the pharmacological treatment of inappropriate sexual behaviors in the elderly population with cognitive impairment [22]. Quetiapine was chosen for its side effect profiles. As patient had multiple medical problems and poor sleep, a more sedative atypical antipsychotic that poses less metabolic risk was chosen. Other case reports had mentioned the effectiveness of quetiapine in treating inappropriate sexual behavior in dementia [23, 24]. In fact, psychosocial interventions are suggested to be the first line treatment in hypersexuality because of the possible adverse effects of medications [18, 20, 25]. Allowing the wife to ventilate her concern and fear, subsequently empower her and their children with knowledge. She has accepted that the inappropriate sexual behavior is a consequence of dementia and not deliberately performed by the patient to hurt her. Such behaviors is a way to communicate the need of intimacy in persons with a decline in their cognitive functions [13]. His family members' erroneous attitudes towards his hypersexuality were explained in a culturally sensitive way so that they could accept it and provide him privacy for appropriate and healthy sexual relationship to continue [26]. In fact, research has shown that health care workers who serve the elderly population also have the typical misconceptions about geriatric sexuality. Therefore, education, training and guidelines related to geriatric sexual issues should be implemented to provide a better care to patients with dementia [20, 27-29].

Conclusion

Inappropriate sexual behaviors need to be recognized and managed without compromising the fulfillment of the human's basic need of sexuality. This will ease the burden of caregivers and improve both the patient and caregivers quality of life.

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