Sexuality and the Nursing Home

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- After this program go to www.unmc.edu/nursing/mk.
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Objectives

- Identify normal changes in sexuality as we age
- Discuss expressions of normal sexuality in nursing home residents
- Explore assessment and treatment of hypersexuality

Sexuality and Aging

- Human drive
  - Diminishes with aging
- Other bodily changes
  - Mechanically less responsive
- Opportunity
  - Partner passes away or is ill
- Cultural bias
  - Images of beauty, sexuality

Sexuality and Dementia

- Partners must adapt to change
  - Degree of intimacy
    - May be less interested
  - Patience
    - May be clumsy, poorly coordinated
  - See as appropriate
    - Be supportive of their desire for intimacy
  - May alter what regarded as intimacy
    - Normal sexual activity may be unrealistic
  - May be uncomfortable, frustrating
    - Persons views, attitudes on sexuality may change

Case One

- Elderly male with mild-moderate dementia
  - Wife is a daily visitor
  - Always pleasant and cooperative with staff
- No roommate
  - Wife asks that a "Do not disturb" sign be placed on the door for an hour
    - "…or should I lock the door?"
  - She clearly conveys that they will be intimate
- What do you do?

Case Two

- Two demented residents
  - Found naked in bed together
  - Both still married
  - Both assent to the behavior
- How do you report this?
  - Serious resident-resident contact
- Do they have the capacity to have sex?
  - One family doesn't care
  - The other family is upset
- What are you going to do?

Sexuality in the Nursing Home

- Most still want to be sexually active
  - Over 60% of elderly residents endorsed a desire for intimacy
  - 52% of men 60-69 report intercourse in the previous 4 weeks
- Barriers to intimacy exist
  - Lack of privacy
  - Staff, family attitudes
  - Informed consent issues
  - Lack of a partner

Gone With the Wind

- Up to now in nursing home care
  - Only an issue when hypersexual
  - Normal sexuality not on the radar screen
    - Like sexuality doesn't exist
- Baby boomers
  - Expect sexuality to be part of aging
    - Why do you think Viagra came out now?
  - Will demand the industry change
    - Activity therapy takes on a whole new meaning
      - It's not bingo
    - Accommodate their needs
      - Long-term and short-term relationships

Lack of Privacy

- Multiple person rooms
  - State-of-the-art
  - New facilities will be more accommodating
- Routine interruptions
  - Vitals
  - Medications
  - Housekeeping
- Wandering residents
  - Surprise!
- Conjugal visit rooms
  - Wave of the future

Staff Responses

- Variable reports
  - Generally positive attitudes
  - Some uneasy about sexual behavior
    - Seen as cute or disgusting
      - Wait until you're 65
      - Leave baggage at the door
- Study monitoring staff responses
  - Paid no notice and gave no assist
  - 94 inappropriate sexual behaviors
    - Staff responded to none of them
  - Ignored 10/17 appropriate sexual behaviors
    - Kissing, hugging, caressing

Informed Consent

- What is important
  - What form does the behavior take?
    - Is it consistent with previous beliefs or practices?
  - Context
    - Delusions another is one's spouse?
    - Who initiates the behavior?
  - Problem…to whom?
    - Family, staff?
  - Risks…to whom?
    - STDs, exercise induced asthma?
  - Capacity to say no?

Informed Consent

- Do they understand the relationship?
  - Aware of initiator
  - Not confused thinking of spouse
  - Comfortable with level of intimacy
- Can they avoid exploitation?
  - Consistent with beliefs, values
  - Say no
- Do they understand the risks?
  - Time limited nature of the relationship
  - How will they act when it ends?

Lack of a Partner

- Many are widowed
  - Lack a significant other upon admission
- A dearth of new partners
  - Especially for female residents
  - The Beach Boys were right…
- Family concerns
  - Angry, embarrassed
- Companionship not valued
  - Few activities to promote relationships
- Fearful of exploitation
  - Institutional oversight present

Case Three

- 66 year old female with dementia
  - Mildly impaired
    - No behavioral or psychiatric problems
  - Found to be masturbating in her bed
    - Only when roommate is out of the room
  - No significant medical complications from the behavior
    - Trauma from use of inappropriate objects, e.g.
  - What do you do?

"but I know it when I see it."

U.S. Supreme Court Justice Potter Stewart

-commenting that pornography is hard to define from a legal standpoint

Hypersexuality

- Definition
  - Exposure
  - Obscene sexual language
  - Inappropriate masturbation
  - Propositioning of others
  - Touching breasts and genitalia

Hypersexuality

- Behavioral problems
  - Common in dementia
    - 80% of demented patients at some point
    - Aggression, agitation, disruptive vocalizations, etc.
  - Hypersexuality a rare problem
    - 2-25%
      - One equal, most say more in males
    - Nursing home 18%
      - Consults 1.8%
        - Physical 87.8%
        - Verbal 65.7%

Hypersexuality

- Significant issue
  - Resident
    - May require medication
    - May develop aggression, agitation
    - May have to move
  - Staff
    - Usually young females
    - Open communication with supervisor
    - Educate to recognize, manage
    - This adds to burden, turnover

Hypersexuality

- Why does this occur?
  - Disinhibition
    - Brain areas that control impulsiveness are damaged
      - Proposition, touch multiple residents, staff
    - Mania
  - Delusions, hallucinations
    - Damage to other areas leads to delusions and hallucinations
      - Mistakes staff for his wife
  - Medications
    - Parkinson’s agents
      - Also used in restless leg syndrome
  - Testosterone
    - Given sometimes for weakness, depression
    - Tumor
      - Great increase in sex drive

Hypersexuality

- Make sure you see what you see
  - Not all sexual acts are hypersexual
    - With masturbation it is the context of masturbation
  - Standing with their pants down
    - May not remember how to get them off for bed
  - Frustrated aphasic patients can swear appropriately
    - Sexual terms blurt out, but not focused
  - Touching your bottom
    - Wants your attention as you walk by his wheelchair

Reporting

- Context varies reporting
  - What if a female pats your bottom?
  - What if the couple is married?
- Staff member's attitudes and beliefs
  - What is deemed normal varies greatly
  - This is a medical, not moral issue
- Extent of behavior
  - Holding hands to intercourse
  - Where is the line drawn?

Case Four

- 76 year old male with severe dementia
  - Grabs caregivers breasts and genitalia
    - Seen touching residents as well
  - Assessment for medical causes unremarkable
    - No quick fix
  - Family embarrassed
    - Other residents’ families are angry
- What do you do?

Treatment

- What not to do
  - Ignore the behavior
    - Really…it won't go away
  - Get upset
    - Your emotional response to the behavior has a great deal to do with making it better or worse
  - Tell them it is "inappropriate"
    - If they knew that…
  - Send mixed messages
    - Kisses, hugs, holding hands

Treatment

- Nonpharmacologic
  - We must change our behavior to the resident
    - They cannot learn
  - Return to room, close the door
    - Appropriate except for place
  - Separate resident from the target
    - Move to another unit, hallway
  - Use same sex staff members
    - Especially bathing, dressing, toileting
  - Prevention
    - Activities
    - Clear identification as a medical professional

Treatment

- Pharmacologic
  - Usually start with an SSRI antidepressant
    - A side effect
      - Reduces sex drive
      - Mechanical problems
    - Prozac (fluoxetine)
    - Zoloft (sertraline)
    - Paxil (paroxetine)
    - Luvox (fluvoxamine)
    - Celexa (citalopram)
    - Lexapro (escitalopram)

Treatment

- SSRI antidepressants
  - What to watch for
    - Nausea and/or diarrhea
    - Jittery
    - Insomnia/sedation
    - Headache
    - Low sodium
    - Rare GI bleed

Treatment

- Pharmacolgic
  - Hormone treatment
    - Cyproterone and depo-provera
      - Testosterone and LH levels
      - Oral and IM
    - Estrogen
      - Daily dosing
      - Oral, patch
    - Leuprolide
      - IM monthly

Treatment

- Hormone treatment
  - What to watch for
    - Thromboembolism and stroke
    - Depression
    - Bone density loss
    - Weight gain
    - Hot flashes and gynecomastia
    - Fatigue

Treatment

- Others
  - Exelon (rivastigmine)
  - Tagamet (cimetidine)
  - Neurontin (gabapentin)
  - Clomipramine

Cases

- Case One
  - Normal behavior
  - Assure privacy, dignity
- Case Two
  - Assess competency
  - Be aware of family concerns
  - Risks and benefits include mood, QOL issues

Cases

- Case Three
  - CLOSE THE DOOR!
- Case Four
  - Begin nonpharmacologic interventions
  - Provide as much information as possible to PCP
  - Make sure all staff is trained in assessment and interventions
  - Communicate with families
    - Need for education, reassurance

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