

IMAGES:

Supplied - Photograph of Riccardo De Giorgi



Supplied - Image of elderly touching hands



What is inappropriate sexual behaviour in dementia?

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Sexuality in older adults and dementia

Sexuality is a key aspect of human nature throughout the life cycle. People frequently have sex at times when conception is not achievable, such as in older age, upholding the notion that human sexual behavior can serve both reproductive and non-reproductive functions (Symons 2017). Tenderness, warmth, emotion, passion, and contact are all substantial for the bio-psycho-social wellbeing of older adults (Torrison et al. 2016). The general population has historically perceived sexual expression among the elderly as non-existent, grotesque, or even sordid (Kessel 2001). Conversely, several epidemiological studies show that 50-80% of individuals over 60-year-old are sexually active (Comfort & Dial 1991; Marsiglio & Donnelly

1991). The issue around sexuality becomes more challenging when considering older patients affected by dementia, because of ethical and legal underpinnings that include respecting the principles of autonomy and capacity to consent (Lichtenberg & Strzepek 1990; Kamel & Hajjar 2004). The aging population and resulting growing prevalence of dementia syndromes warrant further research and improved healthcare practices around sexuality in later life and its relationship to dementia. However, this is an often-neglected area that, if addressed properly, has the potential to contribute significantly to the quality of life of people with dementia, their carer, and their family (Benbow & Beeston 2012). Hence, an indispensable first step is to differentiate between what is appropriate and inappropriate sexual behaviour in dementia.

Appropriate *versus* inappropriate sexual behaviour in dementia

The definition of appropriate sexual behaviour in dementia is problematic as it mostly relies on the reversal of what is considered inappropriate, and *vice versa*. A previous study coded sexual behaviour as appropriate (e.g., sitting in close contact with arms or legs touching; caressing on the face, hands, or arms; kissing), ambiguous (e.g., being unclothed outside personal spaces, brushing against another person, fondling self on breast or genitals in public), and inappropriate (e.g., expressing indecent sexual comments, touching someone other than partner on breast or genitals, touching partner on breast or genitals in public, exposing breast or genitals in public) (Zeiss et al. 1996). Although detailed, this classification does not account for several confounding factors. For instance, public exposition of intimate parts in patients with dementia can be a consequence of fever and severe pain, or an effort to disengage from restrictions such as excessively tight clothing (Johnson et al. 2006). Moreover, sexual appropriateness is interpreted differently by different subjects, according to their personal history, their cultural background, their societal views, and their religious beliefs (Hajjar & Kamel 2003b). Likewise, other parties including carers, families, and professionals may easily misinterpret sexual activity of elderly individuals with dementia because of prejudice and erroneous assumptions (Hajjar & Kamel 2003a).

Here, we support the value a holistic model whereby inappropriate sexual behaviour is part of the symptom cluster of behavioural and psychiatric disturbances in dementia, is disruptive and distressing, is impairing the patient's care, and needs to be understood in the context of previous ideas and expectations of the person.

Conclusion

Overall, there is a tendency to label elderly people with dementia as displaying inappropriate sexual behaviour because of few unconvincing instances (Torrise et al. 2016). It is important to reassure patients and relatives that several pharmacological and non-pharmacological treatments are available once the problem has been identified (De Giorgi & Series 2016). However, a thorough assessment needs to be carried out before considering any intervention that has the potential to diminish the quality of life of the patient and to violate an incontestable right of the person. Professional bodies should incorporate specific training requirements in their curricula and appropriate training must be provided by institutions caring for older adults affected by dementia who may experience inappropriate sexual behaviour.

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