

Inappropriate Sexual Behaviors Among Community-Dwelling Patients with Dementia

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Objective: *Inappropriate sexual behaviors (ISBs) represent challenging and stressful manifestations of dementia and are highly burdening for patients, families, and health-care providers. Nevertheless, ISBs have so far attracted limited clinical and scientific interest compared with other neuropsychiatric symptoms occurring in dementing illnesses. The authors aimed to systematically investigate the prevalence and characteristics of ISBs in a population of patients with dementia attending a memory clinic. Methods:* *In this cross-sectional study, individuals with dementia attending our memory clinic were consecutively enrolled between January 2015 and February 2016. Participating subjects underwent a detailed medical history collection and a comprehensive cognitive, functional, and neuropsychiatric assessment. The presence of ISBs (in the previous 30 days) was investigated by the adoption of an ad hoc questionnaire, administered to informants. A logistic regression model was carried out to identify sociodemographic and clinical variables associated with ISBs. Results:* *In the 195 patients (48.7% women) with dementia recruited for the study, ISBs were detected in 35 patients (17.9% of the total sample). The logistic regression model showed that male sex (OR: 5.14; 95% CI: 1.44–18.41) and anxiety (OR: 4.92; 95% CI: 1.44–16.84) were statistically significantly associated with the presence of ISBs. Conclusion:* *ISBs represent common manifestations of dementing illnesses. Given the significant burden of ISBs on patients and families and the impact on care management, their occurrence should always be investigated in the clinical care of individuals with dementia. For this purpose, specific screening/assessment tools should be properly designed and validated.* (Am J Geriatr Psychiatry 2016; ■■■:■■■-■■■)

Key Words: Neuropsychiatric symptoms, dementia, inappropriate sexual behaviors, sexuality, behavioral and psychological symptoms of dementia

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INTRODUCTION

Sexual behavior disorders are increasingly considered within the variegated spectrum of the neuropsychiatric symptoms (NPS) of dementia. They have been rated by families and caregivers as the most stressful and challenging manifestations of the disease with which to cope.¹ Accordingly, they may be highly burdening for healthcare providers involved in the assistance of these patients (especially in institutional/residential settings). These disturbances may consist of verbal behaviors (e.g., use of foul language not in keeping with the patient's premorbid habits), sexual acts (e.g., touching, grabbing, exposing, or masturbating), and implied manifestations (e.g., reading pornographic material).^{2,3} They have been gathered collectively under the umbrella concept of "inappropriate sexual behaviors" (ISBs)^{4,5} and are mostly characterized by a clear inappropriateness with respect to personal beliefs, moral values, individual sexual history, and sociocultural context. In fact, such behaviors are frequently observed to be "normal" in quantitative terms (i.e., frequency and intensity) but "abnormal" (or sometimes bizarre) according to the ways in which sexual desires and drives are acted. Despite their marked relevance and impact, ISBs have so far attracted limited clinical and scientific interest compared with other NPS occurring in dementing illnesses (e.g., apathy, depression, psychotic symptoms). Several aspects may have contributed to such low attention: the difficulty at evaluating and exploring sexuality in older persons (independently from their cognitive status); the lack of unique and diffusely adopted definitions/classifications; the scarcity of specifically designed screening and assessment tools; and the clinical heterogeneity and complexity of ISBs that makes it difficult to systematically investigate their characteristics.² These same issues could have produced a large underestimation and misdiagnosis of ISBs in the routine clinical approach to patients with dementia. As a result, no randomized trial concerning their pharmacologic treatment has yet been conducted.^{6,7} Moreover, these symptoms have been almost exclusively focused among institutionalized patients, whereas evidence concerning their frequency and features among community-dwelling individuals with dementia is still scarce.⁸

In this scenario, in the present study we aimed to (1) systematically investigate the prevalence of ISBs in outpatients with dementia attending a memory clinic, (2) describe the main clinical features of these inappropriate behaviors, and (3) look for possible associations between ISBs and other manifestations of dementia and with specific sociodemographic characteristics of caregivers.

METHODS

Subjects and Setting

The study was conducted at the Memory Clinic of the Department of Neurology and Psychiatry, "Sapienza" University of Rome. We consecutively enrolled patients with dementia attending the memory clinic between January 2015 and February 2016. The following inclusion criteria were adopted: (1) diagnosis of dementia made according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria;⁹ (2) presence of a caregiver living with the patient and willing to provide reliable information concerning his or her behavioral disturbances; and (3) absence of concomitant therapies known to potentially influence sexual drive/conduct (e.g., antidepressants, antipsychotics, antidementia treatments, hormonal agents),² unless assumed at stable doses for at least 3 months. We purposely focused on unrestricted dementia conditions because of the absence of sufficient data indicating a different clinical expression of ISBs across different dementia diagnoses.

Patients and caregivers (and legal guardians when necessary) were asked to provide written informed consent before being enrolled in the study. Participating subjects underwent a detailed medical history collection and a comprehensive cognitive, functional, and neuropsychiatric assessment.

Inappropriate Sexual Behaviors

The presence of ISBs was investigated by adopting a simple questionnaire, administered to informants (Table 1). Taking inspiration from the individual items composing the Neuropsychiatric Inventory (NPI),¹⁰ the most widely adopted tool for assessing and measuring NPS in dementia, we first formulated a screening question consenting to assess the presence or absence

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