

# Unwanted Advances

Sexuality Case

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## Presentation

- 75-year old ambulatory male
- Routinely touches female staff members when they are bathing, toileting or dressing him
- No particular staff members as targets
- Says “I’m sorry” when CNAs ask him to stop, then does it again
- Now seen touching a female resident in her room

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## Ongoing Medical Conditions

- Dementia
- Heart disease
- High blood pressure
- Hypothyroidism
- Enlarged prostate/ incontinence
- Skin cancer
- Constipation
- Arthritis
- Restless Leg Syndrome

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## Recent Medical Issues

- None

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## Medications

- Aricept and Namenda
- Lasix
- Metoprolol
- Synthroid
- Flomax
- Senna/MOM/Fleets/Colace
- Ultram/APAP/Vicodin
- Mirapex

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## Medical Assessment

- Possible causes
  - Medical conditions
    - Medication-induced hyperthyroidism
    - Dementia
    - Elevated testosterone level
    - Mania
    - Delirium
  - Medications
    - Mirapex

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## Medical Assessment

- Laboratory tests
  - CBC and BMP are normal
  - UA is normal
  - Thyroid tests are normal
  - Testosterone level is low

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## Medical Management

- Assumed to be secondary to dementia
  - 5-10% of dementia patients display hypersexuality
- Mirapex discontinued
  - Clonazepam added for RLS
- No other medication changes made
  - Possible use of other medications
  - No FDA indication
    - Certain antidepressants
    - Hormone treatment

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## Nursing Management

- The resident is noted to target younger CNAs and nurses
  - More mature caregivers
  - Male caregivers employed when possible
- Use a white jacket, other props
  - To more fully identify the female caregiver as a nurse
- Scheduled caregiving
  - Rapid, safe completion of task
  - Care plan protocol for this issues posted in medical chart, on MAR

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## Nursing Management

- Patient monitored in public areas
  - Behavior documented on an hourly basis
- Encouraged to sit with male residents or less vulnerable females
  - Male staff help as much as possible with activities, meals
- No mixed messages sent
  - More physically demonstrative female staff encouraged to refrain from supportive hugs, hand holding, using terms of endearment (“Honey”) with the resident
- Firm, clear and calm redirection
  - “Please stop” rather than “That’s inappropriate”

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## Nursing Management

- Make sure is not misidentification
  - Believes person(s) are spouse or girlfriend
- Make sure nursing assistant concerns are addressed
  - Embarrassment
  - Disgust
  - Education about this as part of the illness is a must
    - Uncomfortable for residents, staff and families

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## Outcome

- Elimination of Mirapex
  - May have been helpful
  - No need to move onto other agents
- Nursing interventions
  - Cut down on frequency of events
    - No further incidents with other residents
  - New staff orientation discussed these issues
    - Care plan placed on chart, on MAR, for nursing staff less familiar with resident was effective

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