

Sexuality and the Nursing Home

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To Get Your Nursing CEUs

- After this program go to www.unmc.edu/nursing/mk.
- Your program ID number for the June 14th program is 10CE027.
- Instructions are on the website.
- ****All questions about continuing education credit and payment can be directed towards the College of Nursing at UNMC.****

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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

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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

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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

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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?

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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?

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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

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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

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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

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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

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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?

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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?

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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

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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?

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“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

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Hypersexuality

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

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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%

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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

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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

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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

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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?

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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?

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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

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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

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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)

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Treatment

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

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Treatment

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

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Treatment

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

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Treatment

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

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Cases

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

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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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