

Public Lecture by Dr. Daniel D. Sewell
Sexuality, Aging and Dementia
September 19, 2001 at 6:00 p.m. in the Garren Auditorium, Basic Science Building
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Social customs, religious beliefs, and personal values may discourage public discussion of sexual issues. If the effects of factors such as age or dementia on sexual behavior are part of the discussion, then many of us may be tempted to remain silent rather than join the conversation. My goal is to break this silence and facilitate discussion of these issues because sexual behavior is an important determinate of life quality. Initially, I will place sexual behavior into perspective as a basic human drive. Secondly, I will present research data that refutes certain myths about sexual behavior in seniors. Lastly, I will discuss sexual behavior and patients with dementia. I will present issues from three points of view: the patient, the residential facility, and the spouse. Although there is not one right answer for everyone, I believe that public education and discussion will help all of us find acceptable solutions and regain life quality.

The four primary drives are thirst, hunger, pain avoidance, and sex. Research studies of sexual behavior in older individuals refute the common myths about sexual behavior in older individuals. For example, sexual activity and function may decline with aging but sexual satisfaction does not. The factors that determine sexual satisfaction between men and women are different.

Patients suffering from dementia continue to have sexual needs. Spouses of patients suffering from dementia continue to have sexual needs. How to meet these needs safely and ethically meet may seem confusing or impossible. For example, sexual behavior in nursing homes differs in significant ways from such behaviors at home. The behavior is no longer a private matter, but in one way or another has an impact on staff, other residents, and the families of residents.

When dealing with inappropriate behaviors of patients with dementia, the first step is a careful assessment. It is important to remember that some behaviors that appear sexual may not be sexual. For example, a patient who touches her genitals may be indicating a need to use the bathroom. If a careful assessment reveals that the inappropriate behavior is, indeed, sexually driven then the responsibility of the caregiver is to develop a way for the need to be met effectively, appropriately, and in a dignified way. For example, one solution may be to provide the individual with privacy.

When an individual with dementia lives in a residential facility, the development of inappropriate sexual behavior presents additional challenges. If a patient misidentifies another patient as his spouse potentially helpful responses include gently reminding the patient that he is mistaken, distracting the patient, or moving the misidentified patient to another area of the facility. Arguing, scolding or shaming the patient generally makes the situation worse.

Lichtenberg and Strzepek (1990) have proposed criteria to help determine when sexual behavior between two patients with dementia is appropriate. These criteria include determining whether both individuals are aware of the nature of the relationship, both have the capacity to avoid exploitation, and both are aware of the risks. They suggest that the application of these criteria may be liberal.

The sexual needs of the spouse of a patient with dementia are equally important. The presence of dementia in a spouse dramatically alters marital intimacy. Clearly, there is no one answer is right for everyone. A spouse has the right not to be abused or to participate in an activity that is no longer satisfying or is upsetting or frightening.

In sum, sex is a basic human drive, sexual activity in later life continues to be an important determinant of life quality. Patients with dementia and their spouses continue to have sexual needs and may benefit from public discussion of how to meet these needs safely and ethically.