ECHO IDAHO

Alzheimer's Disease and Related Dementias

Healthy Sexuality and Vulnerabilities with Dementia

June 10, 2025

Lisa Baxter-Hong, OTD, OTR/L- Aging Gracefully

Oni Kinberg, LCSW, Social Services Director
Idaho State Veterans Home-Boise

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

This publication was made possible by NU58DP007507 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department or CDC. [ECHO Idaho] [2025]

University of Idaho
School of Health and Medical Professions

Project ECHO

Learning Objectives

- Explore Healthy Sexuality as a social construct versus a fixed definition
- Identify ways to look at sexuality as an activity of daily living (ADL) that is impacted by cognitive decline
- Discuss strategies for reducing unsafe and challenging expressions of sexuality in dementia.

Oni and Lisa

Background information:

- Why do we want to talk about this subject that is often uncomfortable and frequently avoided or ignored completely?

Exercise on Healthy Sexuality as a Social Construct

- Please find a stapler or a paper clip, a piece of paper or a Post-it, and a pen or pencil.
- Organize these three items according to value
- Enter into the chat how you ordered these items from most to least valuable

Discussion

“Healthy sexuality” can be understood as a multidimensional, socially constructed concept that evolves across the lifespan and is shaped by cultural, ethnic, religious, generational, and societal influences. It encompasses more than physical intimacy — it includes emotional connection, communication, consent, identity, and respect.

Rather than a fixed standard, healthy sexuality is defined within social and cultural contexts and can vary widely based on:

- Age and developmental stage
- Cultural and ethnic values
- Religious and spiritual beliefs
- Gender identity and sexual orientation
- Personal experiences and relationship dynamics

Discussion continued

At its core, healthy sexuality promotes:

- Mutual respect-unconditional positive regard
- Informed and consensual choices
- Freedom from coercion or shame-important to not shame people
- Positive body image and self-worth
- Safety and emotional well-being
- It is essential to approach this topic with cultural humility, inclusivity, and an openness to diverse expressions of identity and intimacy.

Healthy Sexuality as an ADL

The OT Practice Framework identifies sexual activity as a basic ADL

- "Engaging in the broad possibilities for sexual expression and experiences with self or others" (AJOT, 2020)
- Includes: Cognitive intimacy, physical intimacy, commitment & mutuality
- Diagnosis of dementia "does not imply the cessation of sexuality" (D'cruz, et al, 2020)

Role Changes and Intimacy

- Topic seldom addressed by clinicians

- Role changes can be difficult
  - caregiver vs partner
  - impacts both PWD and caregiver/spouse/partner
  - maintain intimacy in new ways
  - redefine sexuality

(AJOT, 2018)

Sexuality as ADL

- Non-sexual forms of intimacy remain important (kissing, cuddling, other touch)
- Changes include loss of interest, awkwardly conducted activity, requests outside the normal relationship, lack of consideration, decreased desire and performance
- “Sexuality (is a) fundamental right of older adults, even in the presence of dementia. Diagnosis of dementia does not imply cessation of sexual life or loss of capacity to consent to sexual intimacy” (D’cruz, et al, 2020)

Healthy Sexuality vs. Hypersexuality?

- Prevalence of and Factors Associated with Hypersexuality in Patients with Dementia: A Retrospective Cross-Sectional Study
- Summary: Analyzing data from 552 dementia patients, this study found a 9.3% prevalence of hypersexuality. Factors significantly associated with hypersexual behavior included male gender, frontotemporal dementia diagnosis, alcohol use, and tobacco use. The study underscores the variability in prevalence rates and the need for standardized diagnostic criteria.

Person in Environment-PIE

- One of the central tenets of social work practice is concept called Person in Environment
- This framework is crucial in looking at healthy sexuality in dementia process. Both the person and the perception of the environment have the potential to be ever changing.

Vulnerabilities and Challenges with Dementia and Healthy Sexuality

- Public exposure and public masturbation
- Groping and attempts to grab staff/others
- Relationships with others?
- Nursing home and ALF issues

Interventions

- All interventions start with good assessments.
  - Rational detachment=Intervening without emotion-much easier said than done and often easier for professionals versus family members
  - Rational detachment tips-deep breath and pause before responding (choose words carefully), stay calm and maintain focus
- Identify safety and vulnerabilities
  - Housing/eviction?
  - Personal safety (hygiene?)
  - Safety of others?

Interventions continued

- Minimize harm and improve well-being
- Work with MD and care team
- Engage experts and be open minded
- Communication and preparation for challenges are often vital elements of successful efforts

Healthy Touch?

What is a healthy use of touch?

Consider how a PWD experiences touch on a daily basis (could include wiping face, toilet hygiene, washing, etc.).

We are beings that enjoy and need healthy touch.

Often caregivers are focused on caring, and neglect normal touch such as hugs, holding hands, dancing, and intimate relations.

Gentle Touch Suggestions

1. **Use familiar, respectful touch** – Gentle contact like holding hands, a pat on the back, or hand on the shoulder can communicate safety and care.
2. **Observe preferences** – Some people with dementia may be sensitive to touch; always observe for positive or negative responses and adjust accordingly.
3. **Combine with calm voice and eye contact** – Reinforce the therapeutic impact of touch with tone, facial expression, and body language.
4. **Use touch during personal care** – Gentle, intentional touch during bathing, dressing, or feeding can reduce resistance and increase comfort.

Discussion and Questions

References

- American Occupational Therapy Association. (2020). *Occupational therapy practice framework: Domain and process* (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001
- Borges, S. Q., et al. (2024). Prevalence of and factors associated with hypersexuality in patients with dementia: A retrospective cross-sectional study. *Journal of Geriatric Psychiatry and Neurology*.
- Burke, A. D., Yaari, R., Tariot, P. N., Fleisher, A. S., Hall, G. R., & Brand, H. (2008). Hypersexuality in dementia: A case presentation with discussion. *Primary Psychiatry, 15*(7), 70–74.
- D'cruz, M., Andrade, C., Rao, T. (2020). The Expression of Intimacy and Sexuality in Persons With Dementia. *Journal of Psychosexual Health, 2(3-4) 215-223.*
- Kindrat, A., & Frank, C. (2023). Pharmacological management of inappropriate sexual behaviours in patients with dementia residing in long-term care: Review of the evidence. *Canadian Geriatrics Society Journal of CME, 13*(1), 9–17.
- Kniepmann, K. (2018). Intimacy and Sexuality After Stroke: Spouse Perspectives. *American Journal of Occupational Therapy, 74(Supplement 1).*
- Lane, N. E., Kruger, L., McCormick, J., Elliott, D. P., & Molnar, F. J. (2025). Treatment of inappropriate sexual behavior in persons with dementia: A systematic review. *Journal of the American Geriatrics Society*