A case of inappropriate sexual behaviour in mixed dementia

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There is currently no first-line psychotropic indicated in the management of inappropriate sexual behaviours in dementia (ISBD). This case report highlights the treatment of a patient with mixed dementia, who developed significant ISBD symptoms which resolved upon commencing a popular SSRI. The authors include an evidence-based summary of other medications which have demonstrated some success in reducing ISBDs.

Sexual disinhibition is recognised as one of the behavioural and psychological symptoms of dementia (BPSD).[1] It can be a difficult, distressing and embarrassing behaviour for carers, families and medical practitioners to manage.[2] Inappropriate sexual behaviours have been rated by caregivers as the most difficult symptom of BPSD.[3] We present the case of an 87-year-old male patient with mixed dementia, with inappropriate sexual behaviour as reported by his daughters.

Case report

XY was referred to us by his GP in 2011. He was pleasuring himself in front of his daughters (with whom he resides), openly viewing pornographic material and requesting unnecessary genital care.

Examination revealed a gentleman of mixed Cantonese British ethnicity/ancestry, with a poor command of English, moderate deafness and dysarthria. His insight was poor with regard to his sexual behaviour. There was no evidence of a delirium. The Mini-Mental State Examination yielded a score of 14/30: 2/5 on orientation to place, 2/5 on orientation to time, 3/3 on registration, 1/5 on attention, 0/3 on recall, 6/8 on language ability, and 0/1 on visuo-spatial function. There was no psychiatric history of note, and no previous history of deviant sexual behaviour.

A CT head scan showed generalised cerebral atrophy, more prominent in the temporal lobes. Chronic deep white matter ischaemia was also evident along with a lacunar infarct in the left basal ganglia. Between 2009 and 2011, XY's behaviour progressed from buying adult movies and sex toys for his personal use, to entering his daughters' bedrooms at night and requesting sex.

His medication included antihypertensives and inhalers for mild chronic obstructive pulmonary disease only. He was diagnosed with mixed dementia and commenced on citalopram by the consultant. A significant reduction in sexual behaviours was observed by his daughters while he was prescribed the selective serotonin reuptake inhibitor (SSRI).

Discussion

XY's consultant remarked that this was the most extreme example of sexually inappropriate behaviour in mixed dementia he has seen in his 14 year career. The tentative differential diagnosis had at the time included a behavioural variant frontotemporal dementia due to the degree of sexual disinhibition, speech and language deficits. No features of a mood disorder were present and the CT scan ruled out relapse of previous prostate cancer with metastatic cerebral secondaries.

There is currently no randomised controlled trial (class I) evidence on the management of inappropriate sexual behaviours in dementia (ISBD). Tucker conducted a literature review of the management of ISBD which concluded that frequently multiple psychoactive medications are used and many pharmacotherapies are trialled prior to finding an effective agent. Case reports suggest effectiveness of some SSRIs, including paroxetine and citalopram, in treating sexually inappropriate behaviour in dementia. It is thought the mechanism of effect is in treating the obsessional component of these behaviours, and SSRIs have been effective in paraphilias not related to dementia.[2]

One further case report,[4] one case series[5] and one retrospective case control study[6] were not included in Tucker's review. In summary, medications that have been reported as reducing ISBDs include SSRIs, clomipramine, first and second

generation antipsychotics, carbamazepine, gabapentin, rivastigmine, pindolol, non-hormonal and hormonal anti-androgens, oestrogens and a gonadotrophin releasing hormone analogue. It can be postulated that the efficacy of most of these medications is through their effects on the neurotransmitter and hormone systems involved in the sexual response.[7] For example, SSRIs can reduce libido and inhibit orgasm through central and peripheral stimulation of 5-HT_2 receptors and are the most likely psychotropic to cause sexual dysfunction.[8]

The adverse effects of SSRIs appear to have been paradoxically beneficial in treating sexual disinhibition in dementia here. XY has now stopped entering his daughters' bedrooms at night and no longer pleasures himself openly in front of them. XY also appears unconcerned by the fact that his daughters discarded his adult movies and sex toys. This case is interesting as it highlights the near-complete resolution of XY's experience of inappropriate sexual behaviour in dementia, with an SSRI.

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Declaration of interests

There are no conflicts of interest declared.

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POEMs

ESSENTIAL EVIDENCE PLUS

Topiramate reduces heavy drinking

Clinical Question

Is topiramate an effective treatment to reduce heavy alcohol drinking?

Reference

Kranzler HR, Covault J, Feinn R, *et al*. Topiramate treatment for heavy drinkers: moderation by GRIK1 polymorphism. *Am J Psych* 2014;171(4):445–452.

Synopsis

In this randomised controlled trial, 138 patients who were heavy drinkers were assigned to receive either topiramate or placebo to assist their efforts to reduce alcohol consumption. Eligible patients were heavy drinkers (defined as the consumption of at least 24 drinks weekly for men and at least 18 drinks for women) who were motivated to reduce drinking to safe levels. Safe levels were defined as not more than three drinks daily for men, with maximum of 12 weekly, and not more than two daily for women, with maximum of eight weekly. Medication was titrated upward over a six-week period from 25mg to 200mg daily and patients in both groups received similar counseling. Analysis was by intention to treat. By week 12, the odds ratio (OR) of a heavy drinking day among placebo-treated patients versus topiramate-treated patients was 5.3 (95% CI, 1.7–7.3). The number of patients with no heavy drinking days during the last four weeks of treatment was higher among topiramate group patients (36% vs 17%; OR = 2.75; 1.24-6.10; number needed to treat = 5; 3–24).Topiramate was efficacious only in patients homozygotic for the GRIK1 gene CC single nucleotide polymorphism at rs2832407 (in 47% of patients), which enhances topiramate's effect on glutamate receptors.

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