

Is extreme sexually behaviour a specific behavioural disorder of dementia or not?

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IS EXTREME SEXUALLY BEHAVIOUR A SPECIFIC BEHAVIOURAL DISORDER OF DEMENTIA OR NOT?

Wim Waterink¹, Marjukka Bartelet¹, & Susan van Hooren^{1,2}

¹Open University of the Netherlands, Heerlen; ²Zuyd University of Applied Sciences, Heerlen

Introduction

In nursing homes, extreme sexually behaviour is one of the most challenging behaviours in dementia. However, in the literature there is no conformity in how to label and define this type of behaviour. According to recent theoretical perspectives, extreme sexually behaviour may be regarded as a part of disinhibited behaviour or could be considered as an independent neuropsychiatric symptom. In this multicentre study, it was investigated whether there is a relationship between extreme sexually behaviour and typical neuropsychiatric symptoms seen in dementia.

Methods and Materials

In 179 residents diagnosed with dementia, extreme sexually behaviour was measured using an observation scale. Twelve neuropsychiatric symptoms were measured by the Neuropsychiatric Inventory (NPI).

Table 1.
Comparisons between residents with (n=43) and without (n=136) observed extreme sexually behaviour (ESB) on the 12 NPI disorders using MANOVA

	With ESB		Without ESB		F(1,176)	p	η^2
	M (SD)	M (SD)	M (SD)	M (SD)			
Delusions	1.91 (3.76)	1.53 (2.92)	.004	.951	.000		
Hallucinations	1.16 (3.22)	.88 (2.67)	.126	.723	.001		
Agitation/Aggression	4.12 (4.17)	3.33 (4.08)	.091	.763	.001		
Depression/Dysphoria	2.70 (3.99)	1.32 (2.80)	3.295	.071	.018		
Anxiety	1.72 (3.24)	1.57 (2.81)	.250	.618	.001		
Elation/Euphoria	.74 (1.99)	.25 (1.05)	2.856	.093	.016		
Apathy/Indifference	2.67 (4.08)	2.68 (4.26)	.418	.519	.002		
Disinhibition	3.88 (3.86)	.88 (2.41)	27.279	.000	.134		
Irritability/Lability	2.86 (3.49)	2.81 (3.76)	.455	.501	.003		
Motor disturbance	2.35 (3.79)	2.26 (3.65)	.000	.987	.000		
Sleep disturbance	2.16 (3.77)	1.13 (2.59)	.577	.449	.003		
Eating disturbance	1.19 (2.62)	1.88 (3.34)	3.370	.068	.019		

Results

Multivariate Analysis of Covariance with gender, showed that residents with observed extreme sexually behaviour only showed a higher score on neuropsychiatric symptom 'disinhibition', as compared to residents with non-observed sexually behaviour. In addition, the effect size was large.

However, this difference could be biased by the fact that the subscale had two specific items on sexual behaviour. Therefore, a corrected NPI-disinhibition variable was created, by removing these items from the original subscale. A follow-up regression analyses was performed, with gender as a covariate.

Table 2
Extreme sexually behaviour (ESB) a predictor of corrected NPI-disinhibition

	corrected NPI-disinhibition	
	ΔR	B
Step 1	.068***	
Constant		2.214***
Gender		-.822***
Step 2	.063***	
Constant		1.474**
Gender		-.474
ESB		.138***
Total R ²	.132***	
n	179	

Note. p < 0,01. *** p < 0,001.

Conclusion

These findings indicate that among residents with dementia, extreme sexually behaviours should not be considered as an independent neuropsychiatric symptom. Instead, disinhibition may be an important underlying mechanism for extreme sexually behaviour and thus validates the label 'sexually disinhibited behaviour'.

