

# 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?

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## 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		p	$\eta^2$
	M (SD)	M (SD)	F(1,176)	p		
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	
	$\Delta R$	B
Step 1	.068***	
Constant		2.214***
Gender		-.822***
Step 2	.063***	
Constant		1.474**
Gender		-.474
ESB		.138***
Total R <sup>2</sup>	.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'.

