Intimacy, Sexuality and Alzheimer’s Disease

The need for physical closeness continues throughout life. As Alzheimer’s disease progresses, it does significantly impact intimate relationships. The need for physical contact and affection remains throughout the disease. However, as the disease progresses, the individual's mind becomes less able to judge what is appropriate sexual behavior. The following describes some of the most common encounters in the middle to late stages of the disease.

1) **Dis-inhibited behavior**
   The person may behave in inappropriate ways including unwanted sexual advances, making offensive sexual comments, exposure, public masturbation and uninvited touching of others.

2) **Misidentification of intimate partners**
   The spouse may not be recognized as spouse, family members may not be recognized by relationship, and strangers may be perceived as an intimate partner.

3) **Fear/paranoia around intimate experiences**
   Fear and paranoia around caregiver advances can occur. These feelings can fluctuate for the individual with the disease. When fear is present the intimate activity should cease.

4) **Accusations of unfaithfulness**
   Partners most often provide the strongest sense of security for the person with the disease. When their sense of security is threatened, they may blame their partner of infidelity.

5) **Caregiver loneliness**
   Spousal caregivers experience loss with the absence of companionship as they knew it. This may cause caregivers to continue to force a sexual relationship where mutuality no longer exists. There can be many beautiful moments with those we love with the disease, but what constitutes those moments changes.

6) **Excessive demand for sex**
   Individuals in the middle/later stages can become sexually demanding and aggressive for a host of reasons. These could include getting stuck in repetitive thought process, boredom, loss of impulse control and confusion.

See Helpful Responses on the back side
Helpful Responses:

1) Respond calmly, do not shame, argue or overreact.

2) Look for a reason behind the behavior. For example: if a person exposes himself, he may need to go to the bathroom, he may be too warm, or uncomfortable.

3) Provide physical and reassuring activity such as walking, exercising, and spending time outside when possible.

4) Extend positive touch. People continue to need affection. Give the person plenty of physical contact in the form of stroking, patting, hugging and massaging.

5) Be aware that revealing clothing may cue sexual desires.

6) Monitor sexually explicit TV programs.

7) Sexual activity should not be imposed on a person with dementia is the person is too confused, exhibits fear, physically compromised or resists spousal advances.

8) When conversation is moving toward sexually explicit or inappropriate dialogue, try redirection.

9) Remember that feelings live. We want the person with the disease to feel loved and supported. Offer cues to identity, such as “Hi Dad, just me, your daughter, Mary.”

10) When a person masturbates in public, assist them to a private area.

11) Joining a support group may be helpful. It could be a place to share your grief in losing the intimate relationship you once shared with your loved one.

12) Professionals are available to listen to your concerns. These are common challenges in the disease and while may be shocking to you, are not to those physicians, social workers and nurses who are familiar with Alzheimer’s. They can help you assess the situation and work with you on interventions specific to your situation.

The Heart of America Chapter provides programs and services in 66 counties in Kansas and Missouri. These programs and services are made possible thanks to generous donations from individuals, corporations, and foundations. Contributions and donations allow the Chapter to provide supportive services, including care consultations, free of charge to individuals and families.