I really feel for the trees this time of year. At least when I went through "the change" nothing fell off!
Sex Intimacy & Dementia
Physical Intimacy

• Kissing
• Cuddling
• Fondling
• Massage
• Masturbation
• Sitting side by side
• Intercourse
• Sexuality is a continuing human need common to all people.
• As we age we have little change in our interest in sex and intimacy
• A person with AD may not be able to express their sexual needs or may express them in socially inappropriate ways
If we don't get some support soon, people will think we're nuts!
Myths

• Elderly have little or no interest in sex
• Women are unable to have orgasms after menopause
• The idea of sexuality In the aged is shameful and perverse
• Frail old people will get hurt having sex
The spirit is willing.....

• Health related factors:
• Diabetes, hypertension, depression and prostate problems can affect sexual desire
• Heart disease, osteoporosis, arthritis, incontinence and emphysema can affect ability and enjoyment
Inappropriate Sexual Behaviors

• Fondling, hugging or kissing strangers
• Undressing or being naked in public
• Using sexual laden language
• Suggestive behavior or language
• Aggressive or repeated sexual overtures
• Exposing oneself during personal care tasks
• Masturbating in public
Ever feel like you've had too much coffee? Me neither.
Is it really sexual?

- Undressing in public
- Fondling genitals
- Getting in bed with another resident
- Misinterpreting cues from others
Deserving of Respect

• Person loses their awareness of needs, rights and wishes of others
• Person no longer understands consequences of their actions on themselves or impact of actions on others
• Loses social skills that may have made his company desirable
• Unable to return in any meaningful way the same measure of affection and attention
Ways to remain intimate

• Putting lotion on loved one
• Combing and brushing hair
• Dancing
• Range of motion exercises
• Cutting and polishing nails
• Helping feed loved one
I'm not applauding your erection. I'm trying to turn the lights off.
Misconceptions that increase caregiver stress

• Caregivers needs or distress are signs of selfishness or incompetence
• All caregiver energy and effort must go to patient
• The patient's needs always come first
• A caregiver should be able to assume all required tasks and responsibilities
He no longer recognizes me as his spouse

• “Til death do us part”
• Social limbo – single spouse
• Address psychologically well-being of healthy spouse
• Share with other spouses in same situation
• Answer only to yourself and your spouse – seek companionship, happiness or relief from loneliness
Responding to Unacceptable Behaviors

• Do not scold or shame
• Observe what triggered behavior
• Ignore annoying behaviors
• Praise and encourage acceptable behaviors
Coping with demanding physical behaviors

• Use delaying tactics
• Use touch in everyday routines
• Use distraction and redirection
• Validation therapy