

DUKE DEMENTIA FAMILY SUPPORT PROGRAM

**Caregiver Connections
An Educational Webinar Series With The Experts**

**The presentation will begin shortly.
Thank you for your patience!**

**dukefamilysupport.org
919-660-7510**

Let's Talk About Sex

Changes to Intimacy & Sexuality With Dementia

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New Day High Point

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Why did you come to this workshop? What are you hoping to get out of today?

Why do you think it is so difficult to talk about sex? Or sex in relation to someone with dementia?

Myths about Sex & Intimacy

1. The onset of dementia means the end of a healthy sex life.
2. Sex is not pleasurable for the person with dementia (or the care partner).
3. “Sex” means the same thing for every person/couple.
4. There is one right way to be intimate or have sex.

Outline

- Changes in sex drive
- Changes in sexual behavior
- Changes in physical ability
- Consent
- Sex in residential living facilities
- Question & Answer

Changes in Sex Drive

- Reduced sexual interest
 - Early stages: very common
 - Possibly due to medication: SSRI
 - Always respect the other person's choices, while trying to find other ways to stay connected and affectionate
 - Find ways to honor your own sexuality even in a potentially sexually frustrating situation.

Changes in Sex Drive

- Increased sexual interest
 - Some care partners love this!
 - Care partners feel pressure to meet the sexual demand.
 - Acknowledge other person's needs. Politely turn down. Offer alternative that might help meet the person's need for intimacy.

Behavioral Change: Disinhibition

- Very rarely involves sexual arousal
- Reasons for sexual-appearing disinhibition
 - Needing to use the toilet
 - Discomfort (itching, too hot)
 - Boredom or agitation
 - Expressing a need to be touched or have affection
 - Mistaking someone for their current or previous partner

Behavioral Change: Hypersexuality

- Increased masturbation
- Attempts to seduce others
- Increased watching of pornography
- Sexual aggression
 - Medication may help.
 - Prepare other care partners and friends with possible behavior and suggestions for redirection

Changes in Physical Ability

- Changes in hormones
- Medical conditions can make sex more challenging and affect your ability to orgasm
 - Arthritis
 - High blood pressure/ heart disease
 - Depression or anxiety
- Medications can affect sexual activity

Changes in Physical Ability: Tips

- Talk to a doctor.
- Talk to your partner.
- Be creative.
- Seek advice from your local sex store professional.

Consent

“We honor what remains in a person, not what’s gone.”

Consent

- People with dementia, even severe dementia can still have the ability to consent to sex.
- Lack of competency does not mean lack of consent.
- There are no clear laws around consent/sex with married partner with dementia in NC.
- There are clear laws about sexual abuse of incapacitated older adults.

Consent

- Famous Case: Donna & Harry Rahyons in Iowa
- Some care partners are comfortable having sex with their partner even if the partner doesn't recognize them. Others do not.
- Some care partners are comfortable having sex with their partner when they seem vague and distant. Others do not.
- Sex is personal.

Sex in Residential Living

Myth: Moving your partner into a care home means the end of your sex life.

- Discuss sexuality policy and make arrangements for private time.
- What happens if a resident shows sexual feelings towards another resident/staff member?
- What about same-sex relationships? Equal respect and accommodations?

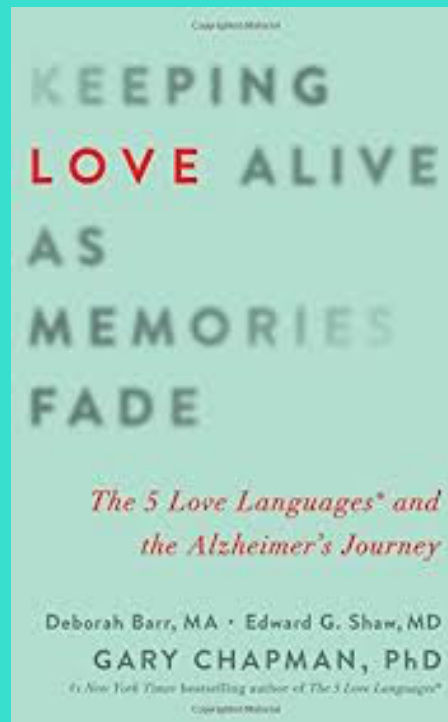
Sex in Residential Living

- New “boyfriends” and “girlfriends”
- Considering the personal and ethical reasons to interfere in a sexual relationship

Maintaining Healthy Relationships

- Spend time apart socializing or doing things you love.
- Spend time together doing things you enjoy together: putting together a photo album to a trip to get ice cream.
- Build community around you that you can practice authenticity and vulnerability with.

Keeping Love Alive As Memories Fade



Question & Answer

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Thank you for joining us today!

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