WHAT IS GOING ON IN THE BEDROOM?

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The conference theme is the very reason I am speaking on this topic...
Intimacy and sexuality is very individual

- Much has been written on this topic by people without dementia
- People with dementia not often included in research on this topic
- In the same way we wear different clothes or eat different foods, people have their own preferences for sexuality and intimacy – e.g. heterosexuals are different to people in the LGBTI community
- Therefore the way we support people with dementia in this area of their life must also be person centred
In a BBC interview a few years ago, Professor Julian Hughes said:

“Changes in sexual behaviour were not always so benign, and can be a form of sexual disinhibition. Mostly this is put down to problems with the front of the brain, which controls our personalities, and if it's damaged by dementia then people can start to do things they wouldn't otherwise normally do, and it can also show itself in terms of sexual behaviour.”
Changes in the brain

• Our brain controls our sexual feelings and inhibitions

• We know that dementia can cause changes in the brain, which may affect sexual behaviour

• We also know these changes are not predictable

• Medications can also cause some changes in sexual behaviours.
Some of the changes caused by dementia or medication

• Changes in the ability to communicate, express and understand can greatly impact sexuality;
• Changes in what personal boundaries are, or ignoring others boundaries;
• An increased or decreased interest in sex in general, including no interest in sex at all;
• A change in sexual sensitivity to the other persons needs, e.g. no desire or need for foreplay anymore;
• A change in sexual inhibitions. The person may do or say things that seem ‘out of character’, or seem ‘inappropriate’;
• Behaviour that once have been controlled or only done in private, may now need to be immediately gratified
• Unable to consider consequences;
• Insensitive to feelings of other family members, e.g. a husband in a facility in a relationship with another resident, as he no longer feel sexually towards, or no longer recognises his wife.
A person with dementia may lose the desire for intimacy...

- Due to changes to self identity and self esteem
- Due to not remembering their partner
- Loss of sexual desire
- Impact of the symptoms may be too overwhelming, therefore loss of interest in intimacy or sex
- May be living with a ‘different’ view of their current world now due to memory changes
What can we do?

• Include people with dementia in research
• Educate care home staff
• Educate families
• Reduce the stigma and discrimination often still being experienced by people with dementia regarding their human right to continue to be sexual human beings
• Provide residential care solutions that allow for expression of sexuality and intimacy
Group Homes Australia
Some useful resources

- Doreen Wendt-Weir (2006). *Sex in your Seventies*. Learn what the old folk are getting up to; how to cope with a few problems and the expectations of old age. Can be ordered at: [www.sexinyourseventies.com](http://www.sexinyourseventies.com)
  Website also includes education modules for aged care facility staff.
- Australian Centre for Evidence Based Aged Care, La Trobe University (2014). Sexuality Assessment Tool (SexAT) for residential aged care facilities. Freely available from: [http://www.dementiaresearch.org.au/](http://www.dementiaresearch.org.au/)
Thank you

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