

An 82-Year-Old Man with Inappropriate Sexual Behavior and Alzheimer's Disease

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Abstract: Alzheimer's is a disease of the brain that causes problems with memory, thinking and behaviour. The disease may cause a person to become confused, get lost in familiar places, misplace things or have trouble with language. The case R.P was an 82 year old man. After noticing the major behavioural changes, he was clinically diagnosed with Alzheimer's disease. His physical, cognitive and psycho-social functioning was greatly impaired. The effect of Alzheimer's disease was noticeably high, he showed increased sexual desire and he verbalized inappropriate sexual comments directed toward his female caregiver. So it is difficult for the caretaker to cope with this inappropriate behaviour. His behaviour had worsened with increased frequency. Doctors also prescribed medications to reduce hallucinations and delusions and to treat Alzheimer's disease. The caretaker was advised to help him have a daily routine and suggestions were given to improve R.P's day to day functioning.

Keywords: Alzheimer's Disease, Inappropriate Sexual Behaviour.

I. INTRODUCTION

Alzheimer's (AHLZ-high-merz) is a disease of the brain that causes problems with memory, thinking and behaviour. The disease may cause a person to become confused, get lost in familiar places, misplace things or have trouble with language. The brains of individuals with Alzheimer's have an abundance of plaques and tangles. Scientists believe Alzheimer's disease prevents part of a cell's factory from running well. As damage spreads, cells lose their ability to do their jobs and, eventually, die.

II. CASE HISTORY OF R.P

A. Demographic Details

Name : R.P
Age : 82
Gender : Male
Marital Status : Married
Occupation : Accountant

Diagnostic Category : Alzheimer's Disease

B. Physical Appearance and Temperament

R.P is 162 cm in height and 78 kg in weight and he is overweight. He has a heavy build. His grooming and dressing style is not good. He has a powdery face and dirty nails. He has an uneven tooth. R.P is usually dressed in casuals at home; sometimes he is undressed, which he does on his own. He is not able to present himself well in various social occasions as well. R.P has poor muscle tone, bowed legs, enlarged tongue and large fingers. R.P usually has a moody, fearful and timid temperament.

C. Family Background

R.P was born in a middle class family. He was born to non-consanguineous parents. His father is a carpenter and mother is a homemaker. R.P has an elder brother who is 3 years elder to him and a younger sister who is 2 years younger than him. He was raised in a nuclear family. R.P's parents were disengaged and not supportive of their children. They showed low warmth and control and exhibited neglectful parenting style. R.P has a family history of Alzheimer's; his mother was diagnosed with Alzheimer's at the age of 62. The genetic factor seems to play a role in the manifestation of the disorder.

D. Educational and Occupational History

He didn't continue his studies after 10th standard. Basically R.P is a hard worker, he worked in a rice mill for nearly 10 years and then R.P moved to a textile shop where he worked for 20 years. R.P worked for 4 to 5 hours a day. He didn't get much salary from this but it was sufficient for him to run his family and fulfill their needs. A few years ago, the textile owner asked him to quit his job because of his poor functioning due to his failing memory.

E. Personal History

R.P was married at the age of 42 and his wife was 16. But the significant age difference didn't impede the attraction either of them felt. Because his wife was raised in an authoritarian style, she believed her father's decision to be the best to her. After marriage, the attraction and intimacy seemed to be good. They had a girl child who is now 37 years old. But they no longer continued sexual relationship after the birth of their first child.

After marriage, R.P was responsible and family decisions were taken by him. R.P worked as an accountant in a textile shop and his wife took tuitions for kids in the neighbourhood to support her husband in financially managing the family.

F. Diagnosis

R.P wasn't diagnosed early on. After noticing the major behavioural changes, his wife took him to hospital at the age of 80.

As per the MRI test conducted for R.P, the impressions were

1. Significant atrophy of medial temporal (hippocampi), anterior temporal, perisylvian and perirolandic regions with ballooning of fronto-temporal horns noticed.
2. Otomastoiditis seen on right side.
3. No obvious demonstrable infract or hemorrhage or SOL in brain parenchyma.

IMPRESSIONS: *possibility of Alzheimer's dementia more likely.*

Also he has diabetes from the age of 40, high cholesterol and thyroid. R.P is usually drink coffee nearly 6 to 7 times a day. He is neither an alcoholic nor a smoker.

G. Current Level of Functioning

➤ **Physical Functioning**

R.P experiences a breakdown in mobility and movement. R.P experiences tremors that results in waking difficulties. He either trembles before standing or exhibit shaky limbs while trying to take simple steps. He has difficulty with grasping a cane, and thus can fall. R.P has become less active. He has also lost his appetite. R.P often forgets where the bathroom is located, also experience difficulty in controlling his bowel and bladder movements. In some instances, he does not realize what he has done. R.P can reach the bathroom but experience difficulty in opening the door. He begins to sleep during the day and awaken frequently throughout the night.

It is hard for R.P to hear what other people are saying, especially when there is competing noise from radio or television or several people talking at once.

R.P requires daily assistance with eating, dressing, using the bathroom and all other daily self-care tasks.

➤ **Cognitive Functioning**

R.P forgets things more often. He frequently asks the same question or repeats the same story over and over. He is unable to recognize familiar people or places. R.P has trouble exercising judgment, such as knowing what to do in an emergency. He has difficulty in planning and carrying out tasks, such as keeping track of monthly bills. R.P is unable to remember what he had for dinner last night. Also, he finds it difficult to participate in conversation.

The process of remembering information such as person's name, where to find the keys, or remembering to do something in the future, seems to be slower and more challenging for him. R.P needs more time to process information as it takes longer to bring his thoughts to mind or to express his feelings.

R.P feels increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions. He is starting to have trouble finding way around familiar environments. R.P became more impulsive and show increasingly poor judgment. R.P gets easily distracted. He is taking much longer than usual to find the right word for something.

H. Effect of Alzheimer's Disease

➤ Changes in Personality: Increased sexual interest

R.P becomes aggressive if his sexual demands are not met. He frequently removes his clothes and touches his genital area. So it is difficult for the caretaker to cope with this inappropriate behaviour. His behaviour had worsened with increased frequency, and he verbalized inappropriate sexual comments directed toward his female caregiver.

➤ Changes in Perception: Hallucinations

R.P tells that he hear voices talking to each other and also feel like they are telling him to do something. R.P thinks that he is being tickled even when no one else is around. He can't see objects clearly. He says that he can see his dead mother in the room.

➤ Changes in Perception: Delusions

R.P misplaces an item and blames others for stealing it. He also believes that his food is being poisoned. He thinks that his spouse is in love with someone else and therefore threatens her. He believes someone else is living with his wife in his house when he actually lives alone. He does not change his belief despite contrary evidence.

I. Psychosocial Functioning

R.P usually has difficulty functioning normally in social situations and may have trouble forming and maintaining close interpersonal relationship. He displays extreme emotional outbursts. R.P talks to strangers about personal matters. He reacts in a way that doesn't match the situation.

R.P spits or does other embarrassing things in social situations. He stands too close with the people and touches them inappropriately.

III. TREATMENT

R.P was prescribed medication to treat diabetes and high cholesterol at the age of 54. Then, he was taken medications to treat thyroid at the age of 80. Doctors also prescribed medications to reduce hallucinations and delusions and to treat Alzheimer's disease, at the age of 80.

IV. SUGGESTIONS

The following suggestions were given to improve R.P's day to day functioning.

- The caretaker was advised to help him have a daily routine, so he knows when certain things will happen.
- Short duration, non-exhaustive physical activities and a balanced diet devoid of caffeine can help R.P eat and sleep better.
- R.P's wife was informed that she should protect herself and other members from his aggressive behaviour by staying a safe distance until he stops behaving in that manner.
- R.P's wife was advised to help him avoid self injury by making sure that he doesn't have access to materials that would hurt him.
- It was suggested that his room may be well illuminated and well ventilated to avoid falls and respiratory problems.
- Proper adherence to medication was advised as a means to keep away delusions and hallucinations.

REFERENCES

- [1] Peterson, R.C. (2002). Mayo Clinic on Alzheimer's disease. Rochester, MN: Mayo Clinic <http://www.mayoclinic.org/patient-care-and-health-information> retrieved on 19-08-2016.