



# Dementia and Sexual Behavior



## Introduction

Dementia and dementia associated inappropriate sexual behavior may be common among older adult patients. Therefore, health care administrators and health care professionals should be familiar with both dementia and dementia associated inappropriate sexual behavior in order to best serve patients. This course will provide insight into dementia and dementia associated inappropriate sexual behavior to equip health care administrators and health care professionals with the necessary knowledge required to adequately care for older adult patients suffering from dementia.

## Section 1: Dementia and Dementia Associated ISB

Inappropriate sexual behavior (ISB) may refer to a type of behavior that is characterized by potentially disruptive and/or inappropriate sexually driven actions.<sup>1</sup> ISB is often associated with dementia and caring for older adult patients suffering from dementia-related ISB can be a challenge. Thus, health care administrators and other health care professionals should possess an understanding of dementia, ISB as well as ISB management and dementia treatment. With that in mind, this section of the course will provide insight into dementia and ISB. The information found in this section was derived from materials provided by the United States Department of Health & Human Services and the Centers for Disease Control and Prevention (CDC).<sup>2,3</sup>

### *What is Dementia?*

- Dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions.
- Dementia can dramatically impact individuals' ability to function and carry out daily activities.
- Individuals with dementia commonly experience impairments in occupational and social functioning and may present behavioral disturbances.
- Health care professionals should note that dementia is not a normal part of aging.

### *What Causes Dementia?*

- Evidence suggests that a variety of different factors, such as age, genetics, poor heart health, and traumatic brain injuries, may contribute to dementia.

## ***What Are the Signs and Symptoms of Dementia?***

- Symptoms of dementia include problems with memory, attention, communication, reasoning, judgment, and/or problem solving.
- Signs of dementia include: getting lost in a familiar area, forgetting the names of close family and friends, and not being able to complete tasks independently.

## ***The Most Common Types of Dementia***

- Health care professionals should understand that there are various types of dementia. Health care professionals should possess insight into the most common types of dementia to best serve patients.
- ***Fronto-temporal dementia*** - fronto-temporal dementia is a type of dementia which primarily affects the regions of the brain associated with planning, social behavior, and language perception. Fronto-temporal dementia is associated with a younger age of onset, when compared to other types of dementia. Health care professionals should note that the behavioral presentation of fronto-temporal dementia may include inappropriate swearing, impulsive decisions and purchases, repetitive actions, changes in personality, as well as ISB. Changes in eating habits and deficits in self-care may also be present in patient populations suffering from fronto-temporal dementia. Health care professionals should also note fronto-temporal dementia may include progressive deterioration of language function (e.g., older adults suffering from fronto-temporal dementia may exhibit difficulties with word usage and reading).
- ***Lewy body dementia*** - Lewy body dementia is a type of dementia characterized by the presence of Lewy bodies in the cerebral cortex and the brain stem (health care professionals should note that the cerebral cortex is a part of the brain responsible for thought processing, memory, perception, and movement; the brain stem is a part of the brain which is responsible for basic body functions and the coordination of movements). Lewy bodies can refer to proteins that may form in the brain. Individuals suffering from Lewy body dementia may experience memory loss, movement problems, balance problems, stiffness, trembling, changes in alertness, daytime sleepiness, confusion, and/or staring spells. Health care professionals should note that individuals suffering from Lewy body dementia may also experience trouble sleeping at night and/or visual hallucinations (e.g., seeing people and/or objects that are not actually there).
- ***Vascular dementia*** - vascular dementia may result from strokes and/or other issues that affect blood flow to the brain. Vascular dementia may also result from diabetes, high blood pressure, and high cholesterol. Health care professionals should note that vascular dementia can result from a blockage of blood vessels in the brain which

yields the death of tissue, or infarction, in the affected region. The symptoms of vascular dementia can vary depending on the area and size of the brain impacted. That being said, symptoms of vascular dementia can include: problems with memory, planning, making decisions, attention, focus, and concentration as well as confusion. Health care professionals should also note vascular dementia progresses in a step-wise fashion - meaning the symptoms of vascular dementia may get worse as an individual experiences strokes, mini-strokes, or other issues that affect blood flow to the brain (i.e., vascular dementia can be progressive in nature).

- **Mixed dementia** - individuals may experience more than one type of dementia at once. Mixed dementia can be prevalent in individuals aged 80 and older. Mixed dementia may be difficult to identify because the symptoms of one type of dementia may be more prominent or may overlap with symptoms of another type of dementia. Health care professionals should note mixed dementia progression may be faster than with one kind of dementia.

- **Dementia associated with Parkinson's disease** - health care professionals should note that dementia may be associated with Parkinson's disease. Parkinson's disease may refer to a progressive disorder that affects individuals' movement.

- **Alzheimer's disease** - Alzheimer's disease may refer to an irreversible, progressive brain disorder that slowly destroys individuals' memory, thinking skills, and ability to carry out simple tasks. Health care professionals should note that Alzheimer's disease is the most common cause of dementia among older adults (the term older adult may refer to individuals 65 years or older).

### **Alzheimer's Disease**

- Due to the prevalence of Alzheimer's disease, health care professionals should possess an understanding of Alzheimer's disease and its presentation. Additional information regarding Alzheimer's disease may be found below.

- Alzheimer's disease typically affects older adults.

- Alzheimer's disease is not a normal part of aging.

- Alzheimer's disease is one of the leading causes of death in the United States.

- Alzheimer's disease negatively affects an individual's ability to function by disrupting the communication between neurons, which results in the loss of function and cell death. Neurons may refer to specialized cells that process and transmit information via electrical and chemical signals. In essence, Alzheimer's disease leads to widespread damage of essential neurons which are responsible for memory, clear

thought, the ability to learn, coordinated movements, and, ultimately, the ability to perform necessary bodily actions. Health care professionals should note the following: due to the widespread damage to essential neurons, individuals' minds and bodies begin to shut down, until they are no longer able to function. Eventually, an individual will deteriorate until Alzheimer's disease leads to death. Health care professionals should also note the following: early detection of Alzheimer's disease is essential to an individual's health care.

- One of the first signs of Alzheimer's disease is memory loss that disrupts daily life (e.g., forgetting important events or activities). Additional early signs of Alzheimer's disease include the following:
  - Having problems planning or solving problems (e.g., having trouble paying bills)
  - Exhibiting difficulty completing familiar tasks at home, at work, or at leisure (e.g., displaying difficulties finding destinations when driving)
  - Exhibiting confusion with time or places (e.g., unable to keep track of dates)
  - Displaying trouble understanding visual images and spatial relations (e.g., an individual suffering from Alzheimer's disease may easily fall over objects at his or her place of residence)
  - Exhibiting problems with words in speaking or writing (e.g., an individual suffering from Alzheimer's disease may have trouble following or joining a conversation)
  - Often misplacing objects (e.g., an individual suffering from Alzheimer's disease may often lose important objects such as car keys)
  - Displaying poor judgment (e.g., an individual suffering from Alzheimer's disease may be often victimized)
  - Social isolation (e.g., an individual suffering from Alzheimer's disease may avoid social interaction)
  - Changes in mood and/or personality (e.g., an individual suffering from Alzheimer's disease may begin to exhibit ISB).
- Alzheimer's disease is progressive in nature - meaning the symptoms of Alzheimer's disease (e.g., mental decline, confusion, agitation, irritability, and hallucinations) may worsen over time.

- One of the first stages of Alzheimer's disease is often referred to as mild Alzheimer's disease. Individuals suffering from mild Alzheimer's disease may experience the following: memory loss, cognitive difficulties, problems with wandering and getting lost, trouble handling money and paying bills, repeating questions, taking longer to complete normal daily tasks, and personality and behavior changes. Health care professionals should note that individuals are often diagnosed with Alzheimer's disease when they are in the aforementioned stage of Alzheimer's disease.
- As an individual's Alzheimer's disease progresses, it can move from the mild Alzheimer's disease stage to the moderate Alzheimer's disease stage. Individuals suffering from moderate Alzheimer's disease may experience the following: increasingly worse memory loss and confusion, problems with recognizing family and friends as well as an inability to learn new things, carry out multistep tasks such as getting dressed, and/or cope with new situations. In addition, individuals suffering from moderate Alzheimer's disease may have hallucinations, delusions, and paranoia. Health care professionals should note that damage in areas of the brain that control language, reasoning, sensory processing, and conscious thought may account for the aforementioned issues.
- The last stage of Alzheimer's disease may be referred to as severe Alzheimer's disease. Typically, individuals suffering from severe Alzheimer's disease have problems communicating and living independently. Essentially, an individual with severe Alzheimer's disease cannot adequately function on his or her own.
- Health care professionals should note that patients suffering from any stage of Alzheimer's disease may have different needs and requirements when compared to other patients. Thus, Alzheimer's disease patients may require special attention and consideration.

### ***Dementia Associated ISB***

- As previously mentioned, ISB is often associated with dementia. Therefore, health care professionals should be familiar with some of the hallmarks or characteristics of dementia associated ISB. Characteristics of dementia associated ISB may be found below.
- ***Sexual behavior*** - at the core of ISB is sexual behavior. Older adults may lose the physical abilities to engage in sex, however they may not lose the desire to engage in sexual intercourse. The desire to engage in sexual intercourse may fuel ISB in older adults with dementia.



- ***Inappropriate behavior*** - another core element of ISB is inappropriate behavior. When an individual's behavior reaches a point to where it may be considered unsuitable for the common consensus, then it may be viewed as inappropriate.

- ***Disruptive behavior*** - ISB, by nature, is disruptive. In other words, the sexual behavior exhibited by an individual suffering from ISB may interfere with another individual's life in a way that disturbs his or her natural patterns. Essentially, ISB possesses the potential to be invasive and intrusive. Thus, health care professionals should be cognizant of the disruptive nature of ISB to ensure those suffering from ISB do not disturb other patients.

- ***Personality changes leading to abnormal sexual behavior*** - often individuals suffering from dementia undergo personality changes, which may include decreases in inhibition and/or issues with impulse control. Personality changes associated with dementia may, in turn, lead to ISB. For example, a normally reserved individual may begin making unprovoked sexual advances on individuals due to a dementia related personality change. Health care professionals should be aware of personality changes in older adult patients because they may be an early indication of potential ISB.

- ***Mood changes leading to abnormal sexual behavior*** - in addition to personality changes, individuals suffering from dementia may also experience mood changes. Mood changes related to dementia associated ISB may include heightened sexuality.

- ***Cognitive difficulties which lead to abnormal sexual behavior*** - it is well known that dementia may lead to cognitive difficulties or cognitive impairment. An individual experiencing dementia associated cognitive impairment may have problems making decision or thinking clearly. An inability to make decisions or think clearly may lead to ISB.

- ***Confusion leading to perceived sexual behavior*** - it is also well know that dementia may lead to confusion. An individual experiencing dementia associated confusion may forget where he or she is or may temporally become disoriented, which in turn could lead to ISB. For example, an individual may become confused and think he or she is in the bathroom, and thus begin touching his or her genitalia in front of other individuals. The act of touching one's own genitalia, in front of other individuals, may be perceived as sexual behavior and thus may be considered ISB.

- ***Disorientation leading to perceived sexual behavior*** - dementia may lead to disorientation. Much in the same way as dementia associated confusion, disorientation may lead to perceived ISB.

- ***Memory problems leading to perceived sexual behavior*** - problems with memory is one of the biggest concerns associated with dementia, and much like with dementia

associated confusion, problems with memory may lead to ISB. For example, an individual suffering from dementia may forget who someone is or may think a random individual may be someone they know, prompting the individual suffering from dementia to begin hugging or touching another individual. The act of hugging or touching another individual may be perceived as a sexual behavior and thus may be considered ISB.

- ***Dementia associated stress and frustration, which leads to perceived sexual behavior*** - confusion, disorientation, and problems with memory could cause stress and frustration in individuals suffering from dementia, especially in individuals experiencing the early stages of dementia. Dementia associated stress and frustration could cause individuals to act out in abnormal ways that may be perceived as odd sexual behavior and/or ISB.

- ***Hallucinations and delusions which lead to abnormal sexual behavior*** - some types of dementia may lead to hallucinations and/or delusions. A hallucination may refer to an experience in which an individual sees, hears, smells, tastes, and/or feels something that is not actually there. A delusion may refer to a strong belief that is not true. Hallucinations and/or delusions may lead to ISB. For example, an individual with dementia may see, hear, smell, taste, and/or feel something that is not actually there, which in turn may lead to ISB; or an individual may have a strong belief about someone, like another individual is his or her sexual partner, that may not be true, however the belief leads to ISB. Health care professionals should be aware of dementia patients suffering from hallucinations and/or delusions.

- ***Poor judgment*** - dementia is often associated with poor judgment. Dementia associated poor judgment may play an important role in ISB. For example, an individual may not be able to adequately judge whether his or her behavior is appropriate. Health care professionals should be aware of patients exhibiting dementia associated poor judgment.

- ***Poor reasoning*** - the ability to engage in adequate reasoning is often impacted by dementia. Typically, the ability to reason is diminished by dementia. Poor reasoning may be a characteristic of ISB when it involves sexual behavior.

- ***An abnormal perception regarding sex and/or sexual behavior*** - dementia may affect an individual's perception. In the context of this course, perception may refer to an ability to interpret events, actions, and/or reality. When individuals suffer from dementia, their perceptions may become distorted, thus, they may not be able to adequately perceive their actions or the reality around them, which in turn may lead to ISB. Health care professionals may be able to identify individuals with an abnormal



perception regarding sex and/or sexual behavior by observing patient's comments, actions, and the way they interact with other individuals.

- **Engaging in conversations regarding sex** - often individuals exhibiting ISB will engage in conversations regarding sex or make comments related to sex. Health care professionals should note if a patient begins making unprovoked comments regarding sex or engages individuals in conversations related to sex.
- **Using what may be considered "foul language"** - in addition to engaging in conversations regarding sex and making comments related to sex, individuals exhibiting ISB may use, what may be considered to be, "foul language" (e.g., intense sexually driven or sexually graphic verbiage). Health care professionals should address any patient concerns regarding the use of "foul language," especially in health care facilities where patients may speak to each other.
- **Aggressive sexual behavior** - some types of dementia may lead to aggression, which in turn could cause aggressive ISB such as forceful sexual advances on other individuals. Health care professionals should address any patient concerns regarding aggressive sexual behavior, especially in health care facilities where patients may interact.
- **Touching and/or grabbing other individuals** - along with aggressive sexual behavior, individuals exhibiting ISB may touch or grab other individuals. The types of touches and grabs that may be related to ISB can range from a long, extended hung, to body rubbing, to lunges at other individuals' genitalia. Inappropriate touching and/or grabbing may be a safety concern, and should be noted and addressed by health care professionals.
- **Obscene gestures** - in the context of this course the term obscene gesture may refer to a movement that may be considered offensive or vulgar. Examples of obscene gestures may include sexually driven hand gesturing and the act of grabbing one's own genitalia. Individuals exhibiting ISB may make obscene gestures towards other individuals. Any such behavior should be addressed by health care professionals.
- **Disrobing in public** - individuals exhibiting ISB may remove their clothes in public areas or may expose themselves to other individuals. Any such behavior should be immediately addressed by health care professionals.
- **Public masturbation** - individuals exhibiting ISB may engage in public masturbation (i.e., masturbate in front of other individuals). Health care professionals should immediately address any issues related to public masturbation.



















































































related ISB typically affects older adults (i.e., individuals 65 years or older). Thus, the patient's age potentially supports the presence of dementia associated ISB.

***The patient is suffering from Alzheimer's disease associated dementia*** - the previous patient detail is relevant because it provides a context for understand the patient's behavior. Also, it establish the following: the patient is suffering from dementia.

***The patient is currently on lisinopril, warfarin, and Namenda 5 mg once daily*** - often patients suffering from dementia have other health-related conditions or issues such as hypertension, diabetes, and/or enlarged prostates. It is important for health care professionals to understand that patients potentially suffering from dementia associated ISB may also be dealing with other health-related conditions or issues. Understanding that a patient may be suffering from multiple health-related conditions can help health care professionals better understand a patient's behavior (i.e., possessing insight into a patient's medial history can help health care professionals determine if a patient's behavior is associated with ISB or another health-related issue). Identifying patient behaviors related to ISB and patient behaviors related to other health-related concerns/issues can help health care professionals adequately address patients' needs. With that said, the patient included in the above case study is currently on lisinopril and warfarin, which is a relevant note because the previous mediations indicate the presence of multiple health-related conditions/issues that may account for the patient's recent behavior. Health care professionals should consider reviewing a patient's medical history, relevant patient documentation, and medication profile when a attempting to address patient behavior.

The patient included in the above case study is also taking Namenda 5 mg once daily. The previous patient detail is relevant because it indicates that the patient is receiving treatment for Alzheimer's disease associated dementia. The previous patient detail is also relevant because it may provide a context for the patient's behavior. Health care professionals should note the following points of interest regarding Namenda: Namenda is a NMDA receptor antagonist indicated for the treatment of moderate to severe dementia of the Alzheimer's type; the typical, recommended initial adult dose of Namenda is 5 mg once daily; Namenda doses may be increased in 5 mg increments to a maintenance dose of 10 mg twice daily (health care professionals should not the following: a minimum of 1 week of treatment with the previous dose should be observed before increasing the dose).

***The patient exhibits the following behavior: genital touching, inappropriate touching of other patients (e.g., initiating extended hugs with other patients that include body rubbing), engaging health care professionals and other***

***patients in conversations regarding sex, and the use of foul language which accompanies disruptive outbursts*** - the previous patient detail is relevant because the outlined patient behaviors represent behaviors consistent with ISB. Health care professionals should note that characteristics of dementia associated ISB may include the following: sexual behavior, inappropriate behavior, disruptive behavior, personality changes leading to abnormal sexual behavior, mood changes leading to abnormal sexual behavior, cognitive difficulties which lead to abnormal sexual behavior, confusion leading to perceived sexual behavior, disorientation leading to perceived sexual behavior, memory problems leading to perceived sexual behavior, dementia associated stress and frustration which leads to perceived sexual behavior, hallucinations and delusions which lead to abnormal sexual behavior, poor judgment, poor reasoning, an abnormal perception regarding sex and/or sexual behavior, engaging in conversations regarding sex, using what may be considered "foul language," aggressive sexual behavior, touching and/or grabbing other individuals, making obscene gestures, disrobing in public, public masturbation, requesting health care that involves genital touching, restlessness due to recurrent sexually-driven thoughts, sleep disturbances due to recurrent sexually-driven thoughts, hypersexuality, and changes in sexual behavior. Health care professionals should also note that patient monitoring and patient observation may be necessary to identify the aforementioned characteristics of dementia associated ISB.

***The patient's aforementioned behaviors are perceived to be inappropriate, disruptive, and disturbing*** - the previous patient detail is relevant because it highlights behavior that represents core elements of ISB. Thus, the perceived nature of the patient's behavior support the presence of dementia associated ISB.

***The patient's behavior reaches a point to where it requires possible health care intervention*** - the aforementioned patient detail is relevant because it provides insight into the severity of the patient's behavior. Health care professionals should note the following: understanding a patient's behavior may be essential to the safe and effective administration of health care.

What other ways, if any, are the patient details relevant to the possible presence of dementia associated ISB?

### **Is the patient exhibiting dementia associated ISB?**

Based on the information provided in the case study, it does appear that the patient may be exhibiting dementia associated ISB?

How can health care professionals use patient monitoring and patient observation to confirm the presence of dementia associated ISB?

### **How can health care professionals help manage the patient from the above case study?**

The patient's team of health care professionals can help manage the patient by adhering to the following recommendations: health care professionals should be aware of patients suffering from dementia associated ISB, health care professionals should monitor patients exhibiting ISB, health care professionals should avoid touching patients exhibiting ISB in a "friendly manner," health care professionals should be aware and conscious of their body language, health care professionals should understand patients suffering from dementia associated ISB may misinterpret specific cues or behaviors, health care professionals should wear health care appropriate attire, health care professionals should avoid patient triggers, health care professionals should work to redirect any patient conversations regarding sex or sexual behavior, health care professionals should not indulge "foul language," health care professionals should not indulge obscene gestures, health care professionals should not positively reinforce ISB, health care professionals should have verbal responses ready to address ISB, identify times of day when ISB may occur from a specific patient, identify patients that are prone to public disrobing, identify patients that are prone to public masturbation; health care professionals should be aware that patients suffering from dementia may experience hallucinations and/or delusions; health care professionals should understand that patients suffering from dementia associated ISB may also be dealing with other health-related conditions or issues; health care professionals may want to consider using diversionary tactics, allow patients to hold a "safe item" in their hands, keep patients busy; health care professionals should work to maintain consistency when caring for patients suffering from dementia associated ISB, engage patients in activities to help reduce dementia associated stress and frustration, ensure patients are comfortable, provide patients appropriate attention; health care professionals should establish boundaries with patients; health care professionals should not meet aggressive sexual behavior from a patient with aggression and, perhaps most importantly, health care professionals should remain calm when caring for patients suffering from dementia associated ISB.

How can health care administrators or other individuals representing a health care organization help manage patients exhibiting dementia associated ISB, like the patient included in the above case study?

### **What non-pharmacological treatment options may be used to address the patient's dementia associated ISB?**

The following non-pharmacological treatment options may be used to address the patient's dementia associated ISB: psychotherapy, cognitive behavioral therapy,



support groups, psychoeducation, and/or establishing routines centered around sleep and bedtimes. Additional non-pharmacological treatment options that may be used to address the patient's dementia associated ISB include the following: ensuring the patient is receiving adequate nutrition and physical activity. When considering physical activity for older adult patients, health care administrators/professionals should consider the following points of interest:

- Older adults should follow the adult guidelines for physical activity. When older adults cannot meet the adult guidelines for physical activity, they should be as physically active as their abilities and conditions will allow.
- Older adults should do exercises that maintain or improve balance if they are at risk of falling.
- Older adults should determine their level of effort for physical activity relative to their level of fitness.
- Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.

Are there any other non-pharmacological treatment options that may be used to address the patient's dementia associated ISB; if so, what are they?

**What pharmacological treatment options may be used to address the patient's dementia associated ISB?**

There are many pharmacological treatment options that may be used to address the patient's dementia, including the following medications: Namenda, Aricept, Razadyne, Razadyne ER, Exelon, Exelon Patch, Zolof, Celexa, Paxil, Lexapro, Desyrel, Anafranil, and, potentially, antipsychotic agents (e.g., Risperdal). When considering the aforementioned pharmacological treatment options, health care professionals should weigh the benefits and risks of each medication, as well as analyze patient specific factors such as: weight, renal function, hepatic function, and current medications to determine the most appropriate pharmacological treatment strategy, which may include adding additional medications and/or increasing current patient medication doses. That being said, it should be noted that the patient, included in the above case study, is on Namenda. As previously mentioned, Namenda is a NMDA receptor antagonist indicated for the treatment of moderate to severe dementia of the Alzheimer's type. It should also be noted that the patient's Namenda dose is 5 mg once daily. Health care professionals should note that Namenda doses may be increased, in 5 mg increments, to a maintenance dose of 10 mg twice daily. Thus, for the patient included in the above case study, it may be a potential option to increase his Namenda dose. When considering an increase in Namenda doses health care

professionals should note the following: a target dose of 5 mg twice daily is recommended in patients with severe renal impairment; Namenda should be administered with caution to patients with severe hepatic impairment.

Are there any other non-pharmacological treatment options that may be used to address the patient's dementia associated ISB; if so, what are they?

## Conclusion

ISB may refer to a type of behavior that is characterized by potentially disruptive and/or inappropriate sexually driven actions. ISB is often associated with dementia and caring for older adult patients suffering from ISB can be a challenge. Thus, health care administrators and other health care professionals should possess an understanding of dementia, dementia associated ISB as well as ISB management and dementia treatment. That being said, ISB-related recommendations were developed to help both health care professionals and health care organizations manage patients exhibiting ISB. Health care professionals and health care organizations may help adequately manage patients exhibiting ISB by following such recommendations.

Treatment options for dementia/dementia associated ISB may include: psychotherapy, cognitive behavioral therapy, support groups, psychoeducation, establishing routines centered around sleep and bedtimes as well as the use of medications. Medications that may be used to treat patients suffering from dementia/dementia associated ISB may include: Namenda, Aricept, Razadyne, Razadyne ER, Exelon, Exelon Patch, Zoloft, Celexa, Paxil, Lexapro, Desyrel, Anafranil, and, potentially, antipsychotic agents (e.g., Risperdal). Health care professionals should possess insight into the aforementioned treatment options.

Finally, health care professionals and health care organizations should work together to care for patients exhibiting dementia associated ISB. A united effort by individual health care professionals and health care administrators, representing health care organizations, can help ensure the safe and effective care of older adult patients in need.

## References

1. De Giorgi et al. Treatment of Inappropriate Sexual Behavior in Dementia. *Curr Treat Options Neurol.* 2016; 18: 41. Published online 2016 Aug 11. doi: 10.1007/s11940-016-0425-2.
2. [www.hhs.gov](http://www.hhs.gov)
3. [www.cdc.gov](http://www.cdc.gov)
4. "Dietary Guidelines for Americans 2015 - 2020," <https://health.gov>
5. "Understanding Psychotherapy and How it Works," [www.apa.org](http://www.apa.org)
6. David et al. Why Cognitive Behavioral Therapy Is the Current Gold Standard of Psychotherapy. *Front Psychiatry.* 2018; 9: 4. Published online 2018 Jan 29. doi: 10.3389/fpsy.2018.00004.
7. [www.fda.gov](http://www.fda.gov)





"The material contained herein was created by EdCompass, LLC ("EdCompass") for the purpose of preparing users for course examinations on websites owned by EdCompass, and is intended for use only by users for those exams. The material is owned or licensed by EdCompass and is protected under the copyright laws of the United States and under applicable international treaties and conventions. Copyright 2020 EdCompass. All rights reserved. Any reproduction, retransmission, or republication of all or part of this material is expressly prohibited, unless specifically authorized by EdCompass in writing."