SEXUAL DISINHIBITION IN AN ELDERLY MAN -COULD IT BE ALZHEIMER'S DEMENTIA: A CASE REPORT

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ABSTRACT: BACKGROUND: Alzheimer's Dementia is a degenerative cerebral disease, characterized by memory problems insidious in onset, impairment of activities of daily living, self-neglect, hoarding, disturbance of mood, behavior, and sleep. Patients may present not only with memory problems, but also with a variety of symptoms such as sexual disinhibition, suspiciousness, self-neglect or wandering. Recognizing these symptoms will help earlier management of this irreversible condition.

KEYWORDS: Memory Problems, Sexual Disinhibition, Memory Problems, Self-neglect Urinary Incontinence.

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CASE PRESENTATION: A 78-years-old male inmate with a previous history of hypothyroidism was referred by the Manager of a prestigious Senior Citizen's Home for a psychiatric assessment, since this gentleman was revealing a sexually disinhibited behavior with the other elderly female inmates of the senior citizen's home since July 2015. A detailed psychiatric assessment was conducted in the presence of the warden of the senior citizen's home. Further information gathering revealed that he has become increasingly forgetful since several months (Which was ignored by his family and carers); has been neglecting his personal hygiene; needs prompting for brushing and bathing; has been spilling food and liquids while eating; has been soiling his cloths; refuses to wear clean cloths; sometimes is also urinating in his cloths during day time; has become unsteady on his feet and had two falls in last three weeks; has become irritable and guarded with his carers and accuses them of stealing his money; having sleep disturbance with multiple awakenings; having frequent naps during daytime; refusing to answer phone calls from his son who lives at London.

Since last four months he has entered into three female residents rooms, while they were undressing and attempted to squeeze the left breast of a 63years old lady resident. She shouted at him and he apologized her, saying that he entered her room in confusion. On another occasion he lifted the saree of another 65years old female resident at the dining table, while she was having her lunch. Four days prior to my assessment he gave a flying kiss to a female carer of the home. All these incidents of sexually disinhibited behavior led to complaints to the home manager, which in turn led to a psychiatric referral.

He has been living in this senior citizen's home since last 7 months and was moved from another senior citizens home, where he had also revealed sexually disinhibited behavior on two occasions. His only son lives at London and works for an IT company.

He worked in Income tax department in the past and retired as a Senior Accountant. He was widowed 8 years ago and described a happy married life. He lived independently in his own house for 4 years after his son and daughter-in-law left to England. He has two granddaughters aged 19 and 16 who call him on regular basis from London. He receives his pension and rental income and has good family support. He has a history of High Tibial Osteotomy for Osteoarthritis of left knee, 23 years ago.

He has a hypothyroidism and no medical history of diabetes, hypertension, epilepsy or head injury. He has no past psychiatric history. There was no family history of dementia or other psychiatric illness. He was pre-morbidly well-adjusted and has no history of substance misuse. His current medication included Tablet Thyronorm 75mcg once a day; Tablet Shelcal once a day; Tab Hifenac twice a day; Tab Becosules once a day.

On mental status examination he was disheveled, unkempt, wearing dirty clothes, and was smelling of urine. He was very upset when I was testing his memory and was also hiding his memory defects. There was no evidence of grandiose or other delusions or hallucinations. He had no insight, and refused any form of treatment. He became irritable and uncooperative during my assessment. On mini-mental status examination he scored 21 on 30.

He was well oriented to time, place and person; He could recall only 2 of the three registered objects; He could write a sentence, but could not copy a design. He could obey a written command, but not a three stage verbal command. He scored 80 on 100 on Barthel's index. On physical examination, his gait was normal but he was unsteady on his feet; his pulse rate was 76/min, regular in rate and rhythm and normal in volume. His BP was 110/70 mm Hg. A central nervous system examination revealed no deficit. A fundus examination was done with an ophthalmoscope at his bedside and was found to be normal. A diagnosis of Dementia in Alzheimer's disease, in an elderly man became a distinct possibility.

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He was ordered a full dementia screen, which included, CBP, fasting and postlunch blood sugar, fasting lipids, serum calcium and B12 levels, Serum Electrolytes, Liver Function Test, Thyroid Function Test, VDRL, a complete urine examination, chest X ray, ECG and CT scan head.

All of these investigation reports were found to be normal. However there were some petechial hematomas around both the ventricles, ventricular dilations, atrophic changes at both parietal lobes and no frontal lobe lesion on CT scan brain. A differential diagnosis Frontal Lobe syndrome and a bipolar disorder was considered. However there were no other symptoms of mania/hypomania other than sexual disinhibition.

DISCUSSION: Alzheimer's disease (AD), also known as Alzheimer disease, (After a German Psychiatrist Alois Alzheimer.^[1]) or just Alzheimer's, accounts for 60% to 70% of cases of dementia.^{[2],[3]} It is a chronic neurodegenerative disease that usually starts slowly and gets worse over time.^{[2],[3]} The most common early symptom is difficulty in remembering recent events (Short-term memory loss).^[2] As the disease advances, symptoms can include problems with language, disorientation (Including easily getting lost), mood swings, loss of motivation, not managing self-care, and behavioural issues.^{[2],[3]} As a person's condition declines, they often withdraw from family and society.^[2] They may also develop depression and psychotic symptoms such as delusions and hallucinations. Gradually, bodily functions are lost, ultimately leading to death.^[4] Although the speed of progression can vary, the average life expectancy following diagnosis is three to nine years.^{[5],[6]}

NOTE: A sexually disinhibited behavior in an elderly person may indicate a mental illness such as mania, hypomania, dementia, alcohol abuse, Frontal Lobe syndrome or an abnormal personality change. Any such behaviour in an elderly individual need a psychiatric referral.

AN EARLY INTERVENTION IS ABSOLUTELY ESSENTIAL:

Since Alzheimer's dementia is an irreversible and progressive disorder, it is essential that attention is paid to the memory problems, peculiar and abnormal behaviours (Such as suspiciousness/sexually disinhibition) and to the progressive deterioration of cognitive and motor skills in an elderly individual. Usually memory problems; becoming unsteady on feet, a slow decline in the activities of daily living is considered as a part of "Normal Ageing". However a dementing illness such as Alzheimer's disease can debilitate an elderly person and make him become increasingly dependant. An early intervention by making an early specialist referral can improve the quality of life of a Alzheimer's dementia patient.

CONSENT: Written informed consent was obtained from the patient for publication of this Case Report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

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