

25 - Management

Management

Prescribing in older people CHAPTER 6 have been recommended as the first line of pharmacological treatment after attempting non-pharmacological interventions. Several other categories of pharmacological interventions are listed in Table 6.7. Management To inform the management of inappropriate sexual behaviour, evaluation should include a medical history, physical examination, sexual history and medication review. The history should cover specifics of the demonstrated behaviour, such as potential precipitants and consequences including the frequencies of episodes, when and where they occur and with whom.³ Sometimes normal sexual behaviour, such as a patient masturbating in their bedroom, can be labelled as 'disinhibition', particularly in care home settings. In these cases, a discussion with staff and relatives about simple measures (e.g. a care plan to allow the resident periods of privacy in their room at set times each day) can avoid normal behaviours being pathologised. Non- pharmacological treatments should be tried first to prevent unnecessary prescription of psychotropics. Because of the complex nature of sexual disinhibition and varying origins of this behaviour, treatment will be most successful when tailored to the patient's specific presentation.¹ Studies on the pharmacological treatment of sexual disinhibition are limited and larger studies are necessary to establish a preferred medication regimen. In addition, there are few data available on treating these symptoms in women.¹ A systematic review⁴ concluded that when treating patients with Alzheimer's disease, vascular dementia or unspecified dementia, serotonergic agents including SSRIs and TCAs are recommended as a first--line treatment, followed by antiandrogens as a second line, and luteinising hormone-releasing hormone agonists and oestrogens as a third line. A literature review⁵ determined SSRIs to be the first line of treatment, antipsychotics to be the second line and hormonal modulators to be the third line (owing to cost and adverse effects).

Table 6.7 Pharmacological options in inappropriate sexual behaviour in older adults.^{1,6-8}

Medication	Drug	Dose	Mechanism of action	Adverse effects	Cautions/additional information
Antiandrogens	Cyproterone acetate	Low dose 10mg/day ⁹ High dose 50-100mg/day ¹⁰			
	Cyproterone	is licensed in the UK for hypersexuality in males: 50mg bd ¹¹	Reduction in serum testosterone level by inhibiting LH and FSH ¹	Gynaecomastia, galactorrhoea, elevated blood glucose, depression, osteoporosis ¹	Cyproterone acetate has been associated with risk of meningioma. Monitor patients for meningiomas and discontinue treatment if diagnosed. Surgical implantation of hormonal therapy to reduce male sex drive is subject to the conditions of Section 57 of the UK MHA and requires patient consent and a second medical opinion. ¹²
	Medroxyprogesterone acetate (MPA)	Oral 5mg/day ⁷ Oral 100-400mg/ day ¹³ IM 100-300mg/week every 2 weeks ¹⁴	Reduction in testosterone ¹	Sedation, weight gain, hot flushes, depression, elevated blood glucose ¹	Finasteride (for men who have benign prostatic hyperplasia) 5mg/day ⁷

Reduction in testosterone¹ Gynaecomastia, testicular pain, depression¹ Antidepressants SSRIs usually first-line treatment Citalopram 20mg/day¹⁵ Decreased libido and antiobsessive effects Insomnia, somnolence, nausea, diarrhoea, headache, anorexia¹ SSRIs cited as best first-line treatment Escitalopram 10–20mg/day Paroxetine 20mg/day¹⁶ Clomipramine 150–175mg/day¹⁶ Decreased libido¹ Postural hypotension, anticholinergic effects including constipation, dry mouth, urinary retention and memory impairment¹ Anticholinergic activity less than ideal in this group of patients Trazodone 100–500mg/day¹⁶ Decreased libido¹ Day-time sedation, orthostatic hypotension, priapism, falls and fractures, delirium¹ Mirtazapine 30mg/day¹⁶ Unknown Appetite increase, arthralgia, confusion, constipation, diarrhoea, dizziness, drowsiness, dry mouth, fatigue

Anticonvulsants Gabapentin 300–1800mg/day¹⁷ Increased GABA¹ GI upset, skin reactions, confusion, nystagmus, dizziness, drowsiness⁶ Carbamazepine 200–800mg/day¹⁶ May help lower testosterone levels leading to decreased libido¹ Dizziness, ataxia, drowsiness, diplopia, hyponatraemia, blood dyscrasias, severe skin reaction⁶ Potent enzyme inducer with many interactions Oxcarbazepine Starting dose 150mg/ day, titrated by 150mg/day in two divided doses. Average effective dose 600–750mg/ day in two divided doses¹⁸ May help lower testosterone levels leading to decreased libido¹ Abdominal pain, alopecia, asthenia, ataxia, concentration impaired, depression, dizziness, drowsiness, hyponatraemia, nausea, nystagmus, skin reactions, vertigo, vision disorders, leucopenia Valproate Dose not specified but 50–200mg/day has been used Unknown Abdominal pain, tremor, agitation, alopecia (regrowth may be curly), anaemia, confusion, deafness, diarrhoea, drowsiness, haemorrhage, hallucination, headache, hepatic disorders Valproate causes serious harm in pregnancy and in children of men taking valproate (see Chapter 7). (Continued)

Antipsychotics Haloperidol 1.5–3mg/day¹⁶ Blocks dopamine receptors to decrease libido¹ Cognitive decline, extrapyramidal symptoms, sedation, gait disturbances, falls, tardive dyskinesia, delirium, QT prolongation, increases in UTI and respiratory infections¹ Increased risk of stroke and mortality in dementia. Extrapyramidal symptoms First-line treatment in cases where patients present with pathological irritability or unstable mood¹ Olanzapine 2.5–15mg/day⁷ Arrhythmias, constipation, dizziness, drowsiness, dry mouth, erectile dysfunction, fatigue, galactorrhoea, gynaecomastia, hyperglycaemia, weight increase¹¹ Quetiapine 25–75mg/day¹⁶ Appetite increased, asthenia, dysarthria, dyspepsia, dyspnoea, fever, headache, irritability, palpitations, peripheral oedema¹¹ Zuclopenthixol 50mg IM monthly⁶ Tardive dyskinesia, delirium, QT prolongation, increases in UTI and respiratory infections, peripheral oedema, extrapyramidal effects¹ Beta blockers Pindolol 5–40mg/day^{6,16} Decreased adrenergic drive¹ Dizziness, sleep disturbance, headache, weakness, fatigue, GI upset Buspirone 10–60mg/day^{16,19} Unknown Abdominal pain, cold sweat, confusion, depression, dizziness, drowsiness, dry mouth, laryngeal pain, movement disorders, musculoskeletal pain, paraesthesia, skin reactions, tachycardia

Table 6.7 (Continued) Medication Drug Dose Mechanism of action Adverse effects Cautions/additional information

Cimetidine 600–1600mg/day¹⁴ Antiandrogen actions¹ Worsening cognition, dizziness, nausea, arthralgia, headache¹ A small study (n = 20) on elderly patients exhibiting hypersexual behaviours with dementia. This study found that 14 patients improved with cimetidine alone while six patients improved with a combination of cimetidine with ketoconazole or spironolactone.¹ Ketoconazole 100–200mg/day²⁰ Antiandrogen actions¹ Sedation, headache, rash, photosensitivity, pruritus,

hepatotoxicity, GI upset¹ Gonadotropin and luteinising hormone- releasing hormone (GnRH and LHRH) agonists Leuprolide 7.5mg IM monthly⁶ Triptorelin is licensed in the UK for male hypersexuality: 11.25 mg IM every 12 weeks Decrease testosterone and decrease libido¹ Hot flushes, decreased erectile dysfunction¹ Caution: risk factors for osteoporosis L-tryptophan supplementation Dose not specified Increases 5HT synthesis in brain, stimulating 5HT release and function¹ High blood glucose, increased risk of bladder cancer, eosinophilia-myalgia syndrome¹ Naltrexone 100–150mg/day²¹ Unknown Abdominal pain, anxiety, appetite abnormal, arthralgia, asthenia, chest pain, dizziness, eye disorders, headache, hyperhidrosis, myalgia, nausea, palpitations, sexual dysfunction, skin reactions, sleep disorders, tachycardia, thirst Naltrexone is used after establishing normal liver and kidney function tests. (Continued)

Oestrogens Conjugated oestrogens Diethylstilbestrol 0.625mg once daily 0.05–0.1mg/day transdermal patch⁸ 1mg once to twice daily⁷ Decreased testosterone and decreased libido Weight gain, gynaecomastia, venous thromboembolism, risk of cardiovascular adverse effects, fluid retention, GI effects¹ Rivastigmine Up to 4.5mg bd (oral)²² 4.6–9.5mg/day (patch) Reduces behavioural symptoms by improving cognitive functioning¹ Nausea, diarrhoea, urinary incontinence, syncope¹ Conflicting evidence. Rivastigmine has been shown to help many patients with sexual disinhibition while donepezil may exacerbate these symptoms.¹ Spironolactone 12.5–75mg/day²⁰ Antiandrogen actions¹ Hyperkalaemia, gynaecomastia, GI ulcers¹ bd, twice a day; FSH, follicle-stimulating hormone; GABA, gamma-aminobutyric acid; GI, gastrointestinal; LH, luteinising hormone; MHA, Mental Health Act; UTI, urinary tract infection. Table 6.7 (Continued)

Medication Drug Dose Mechanism of action Adverse effects Cautions/additional information

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