



Efficacy of transdermal rivastigmine for treatment hypersexuality in alzheimer's disease

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ABSTRACT

Hypersexuality in alzheimer's disease (AD) has been rarely investigated. No randomized clinical trials regarding the treatment of hypersexuality in demented people have been conducted, but available data from isolated case reports suggest the efficacy of selective serotonin reuptake inhibitors, antipsychotics, antiandrogens, and H₂ - receptor antagonists. The patient was a 72-year-old man, who presented for a neuropsychological evaluation performed at the Elbistan State Hospital with a Mini-Mental State Examination value of 18/30. The presenting symptom was persistent sexual desire. Transdermal rivastigmine was started at a dose of 5 (9 mg) once daily and the sexual desires terminated on the 2nd week of the treatment. Unfortunately, hypersexuality occurred 1 month later. Rivastigmine patch 10 (18 mg) was prescribed again to reduce the hypersexuality, and this proved to be effective. We present a case of a 72-year-old male patient with AD with hypersexual behavior as reported by his wife. Our patient exhibited significant improvement with rivastigmine. Hypersexuality, also referred to in the literature as sexually inappropriate behavior and sexual disinhibition, involves persistent, uninhibited sexual behaviors directed at oneself or at others. In this case, we would like to emphasize that cholinesterase inhibitors can be effective in treatment of hypersexuality in AD.

KEY WORDS: Alzheimer's disease, behavioral disease, demantia, hypersexuality, rivastigmine

INTRODUCTION

Despite the fact that hypersexuality affects up to 17% of all patients with dementia, and there are no official guidelines for treating sexually disinhibited behaviors in dementia [1]. In the present article, we describe the case of an alzheimer's disease (AD) patient presenting hypersexuality, successfully treated with rivastigmine transdermal patch.

CASE REPORT

The patient was a 72-year-old married man who initially presented to the Elbistan State Hospital with his wife, who supplemented the clinical history, for evaluation of gradually progressing cognitive impairment of approximately 4 years' duration. His wife reported an insidious onset of short-term memory difficulties, including repetition of stories and fluctuating periods of confusion regarding events.

Over the past years, he had become more withdrawn and apathetic. Other personality changes included occasional inappropriate comments or behaviors, including sexually inappropriate comments. Neuropsychological evaluation performed at the Elbistan State Hospital with a Mini-Mental State Examination value of 18/30. Montreal Cognitive Assessment (MoCA) score was 15/30.

The presenting symptom was persistent sexual desire. He had experienced an increase in libido, requesting sexual activity 6 times per day. His sexual desires were limited to requests. Transdermal rivastigmine was started at a dose of 5 (9 mg) once daily and the sexual desires terminated on the 2nd week of the treatment. Unfortunately, hypersexuality occurred 1 month later. Rivastigmine patch 10 (18 mg) was prescribed again to reduce the hypersexuality, and this proved to be effective. Follow-up at 1 year: Rivastigmine was continued and he did not have hypersexual disorder signs.

CONCLUSION

Hypersexuality, also referred to in the literature as sexually inappropriate behavior and sexual disinhibition, involves persistent, uninhibited sexual behaviors directed at oneself or at others. Hypersexuality is a significant symptom because of logistical and ethical problems for caregivers [2]. For DSM-5, the proposed definition of hypersexual disorder is recurrent and intense sexual fantasies, urges, and behavior over a period of 6 months or more [3]. Dementia is a common cause of inappropriate or increased sexual behavior and can illuminate the underlying mechanisms for hypersexuality [4]. Sexually inappropriate behaviors may range from inappropriate comments and inappropriate sexual activity. These behaviors occur with equal frequency in males and females [5]. Our

patient diagnosed as hypersexuality according to DSM-5. Treatment of hypersexuality in dementia is controversial. No randomized clinical trials regarding the treatment of HD in demented people have been conducted, but available data from case series and isolated case reports suggest the efficacy of selective serotonin reuptake inhibitors, antipsychotics, antiandrogens, and H2-receptor antagonists. Only one study was demonstrated rivastigmine can be effective [6].

We started transdermal rivastigmine at a dose of 5 (9 mg) once daily and the sexual desires terminated on the 2nd week of the treatment. Hypersexuality occurred 1 month later. Rivastigmine patch 10 (18 mg) was prescribed again to reduce the hypersexuality, and this proved to be effective. In an animal study, rats cholinergic system was devastated and rivastigmine was given after the behavioral tests. The behavioral impairments were significantly improved by rivastigmine [7]. In this case, we would like to emphasize that cholinesterase inhibitors can be effective for treatment of hypersexuality in AD.

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