

Sexuality and Cognitive Decline: Why Affection Remains Essential

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When we think of conditions such as Alzheimer's disease, attention often focuses on memory loss, difficulties with communication or a loss of independence. However, there is one aspect that is often overlooked: the need for affection, intimacy and closeness.

As part of the **Never Gets Old** project, which promotes a more inclusive approach to sexuality and ageing, we spoke to **Neuropsychologist Vera Fernandes** about one of the topics that remains shrouded in prejudice and silence: the sexuality of people with cognitive decline.

A Myth That Needs to Be Debunked

One of the most persistent misconceptions is that people with dementia no longer feel the need for affection, love or intimacy. According to Vera Fernandes, this belief is far from the truth.

"The idea that older people and those with cognitive decline no longer have emotional or sexual needs is a myth. What changes is the way in which these needs are expressed and regulated."

Although cognitive decline may alter the way in which these needs are expressed or regulated, this does not mean that they disappear.

As the neuropsychologist explains:

"Sexuality and affection are not limited to the physical act; they are expressed through touch, acceptance and the preservation of identity."

To recognise this aspect is also to recognise the dignity and identity of those living with a neurodegenerative disease.

When Illness Changes the Way We Express Our Emotions

Conditions such as Alzheimer's disease or frontotemporal dementia can affect different areas of the brain and, consequently, alter the way a person experiences and expresses their sexuality. Some people experience sexual disinhibition and may make comments or engage in behaviour that is socially inappropriate, often without understanding why such behaviour is considered inappropriate. In other situations, the exact opposite occurs: a profound apathy sets in, reducing interest in emotional relationships and interaction with others.

According to Vera Fernandes, these changes are not a matter of personal choice. Often, older people themselves lose awareness of their condition and do not understand why certain behaviours are considered inappropriate. Furthermore, some medicines used to treat neurological conditions can also influence sexual behaviour, making it essential that this issue is addressed during consultations.

The Weight of the Taboo

Although sexuality is part of health and wellbeing throughout life, it remains a subject that is rarely discussed when we talk about ageing.

"The subject of sexuality remains a taboo topic in society at large and, consequently, the elderly are no exception," says Vera Fernandes.

According to the neuropsychologist, this silence is present across all age groups, but becomes even more evident among older people, where physical and cognitive problems tend to take up all the attention of care professionals and families.

Stigma means that many families avoid raising questions, and that many professionals end up prioritising only the clinical issues considered most urgent. However, ignoring this aspect can compromise older people's quality of life and make it difficult to understand certain behaviours associated with neurodegenerative diseases.

Nevertheless, Vera Fernandes believes that fields such as Neurology, Psychiatry and Neuropsychology have been incorporating this aspect more frequently into clinical assessment, recognising its importance for a person's well-being.

The Challenge Faced by Families

For carers, these changes can be emotionally difficult. Situations involving sexual disinhibition, unexpected displays of affection or changes in the way the person relates to others can provoke feelings of confusion, sadness, shame or even guilt. Vera Fernandes describes this experience as a true 'ambiguous grief':

"The person is physically there, but the relationship they built together no longer exists in the same way."

Understanding that many of these behaviours are part of the illness can alleviate some of this suffering and help families respond with greater composure.

Care Continues to Make a Difference

Even when memory fails, emotions remain. A hug, a steady hand or a simple gesture of affection can offer comfort, reduce anxiety and help a person feel safe in a world that often becomes increasingly confusing.

As the neuropsychologist explains:

"For this elderly person, for whom everything around them is confusing and even threatening, the touch of someone they trust is one of the simplest ways to restore a sense of comfort and security."

The ability to recognise names or faces may disappear, but the emotional response to affection is often preserved. That is why touch remains a powerful form of communication.

Men and Women Face Different Challenges

The way in which these issues are experienced also varies between men and women.

Women tend to live longer and often spend more time alone or in care homes. At the same time, women's desire for intimacy continues to be subject to greater invisibility and prejudice.

As for men, uninhibited behaviour is often interpreted as a threat, particularly as many care teams are predominantly made up of women. This reality can lead to the premature use of restraint measures, including pharmacological ones.

Promoting a More Humane Approach

For Vera Fernandes, it is essential that healthcare professionals create safe spaces in which to discuss these issues openly.

"If the healthcare professional takes the care to ask directly, they are creating a safe space, validating the patient's doubts and preventing situations that are manageable from turning into real problems."

Institutions also have a key role to play, by investing in the training of their staff so that they can respond in an ethical, respectful and informed manner to the various situations that may arise.

Talking about sexuality, ageing and cognitive decline does not mean encouraging certain behaviours. It means recognising that everyone retains the right to dignity, affection and respect throughout their lives.

It's Never Too Late to Break Down Prejudices

One of the aims of the *Never Gets Old* project is precisely to create a space for conversations such as this one. By giving a voice to experts, older people and carers, the project aims to combat ageism and promote a more comprehensive and humane view of sexuality as we age.

Because growing older does not mean ceasing to feel. And living with cognitive decline does not mean ceasing to need affection, closeness and respect.

Neuropsychologist Vera Fernandes also leaves a message of hope for all families:

"Love and care don't follow a script. It's perfectly normal to feel sadness, guilt or a lot of doubts, but nobody has to go through this alone. Seeking specialist support helps you to better understand the behaviours associated with the illness and makes the whole caregiving process a little easier."

When we gain a better understanding of the illness and the behaviours associated with it, it becomes easier to care for people with empathy, reduce emotional strain and ensure that the person continues to be seen in their entirety – not just through their diagnosis, but through their history, identity and humanity.



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