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Case Report

Journal of Psychiatry and Neurochemistry Research

A Case Report on Compulsive Sexual Behavioural Disorder in a Geriatrics Male without Obsessive Compulsive Disorder and its Management

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Submitted: 16 February 2024 **Accepted:** 22 February 2024 **Published:** 04 March 2024

Citation: *Nayab Anjum, Miranda Talukdar, Manju Kumari and Zeba Khan (2024) A Case report on Compulsive Sexual Behavioural Disorder in a Geriatrics Male without Obsessive Compulsive Disorder and its Management. J Psych and Neuroche Res 2(2), 01-03.*

Abstract

Background: *Compulsive sexual behavioural disorder (CSBD) is included in ICD-11 as an impulse control disorder. CSBD shares clinical features with obsessive compulsive spectrum disorder and behavioural addiction. Due to controversy about this disorder and lack of validated diagnostic instrument, there are only few studies on CSBD.*

Case: *68 years old male patient presented to opd for the first time with complaints of repetitive sexual urges. He was apparently functioning well until 30 years when his family members reported behavioural changes including involvement in repetitive sexual activities wife and paid sexual activities on a regular basis after his wife refused to get involved with him, excessive masturbation while watching porn throughout the day. He had uncontrollable urge for sexual activities due to which he was fired from his job as he was involved in a inappropriate sexual activity with a child. His relationship with his family members worsens due to his uncontrollable urge towards sexual activities. He has been repeatedly involved in talking to females in his society to get engage in sexual activities which was uncontrollable even after getting legal complaints due to which there was marked distress and significant impairment in personal and social life.*

Conclusion: *on the basis of history and examination; scales were applied like SIAS, CSBI, Hypersexual behavioural Inventory, , patient was diagnosed to be a case of Compulsive Sexual Behaviour Disorder and managed Psycho-pharmacologically and there was improvement after two months of admission.*

Keywords: Hyper Sexuality, Compulsivity, Uncontrollable Sexual Urge, Compulsive Sexual Behaviour Disorder

Introduction

Many terms have been used to describe the phenomenon of compulsive sexual behavior (CSB), including hyperphilia, erotomania, hypersexuality, nymphomania, satyriasis, promiscuity, and Don Juanism and Don Juanitism. Here, the term "compulsive sexual behaviour" refers to behaviour that is motivated more by anxiety-reduction strategies than by sexual desire [1]. In fact, the American Psychiatric Association (APA) board of trustees rejected the proposal to include hypersexual disease to the Diagnostic and Statistical Manual of Mental Disorders fifth edition [2]. The 11th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), which includes compulsive sexual behaviour disorder (CSBD) as an impulse-control illness, is scheduled for official approval in 2019 [3]. The controversy surrounding the disorder, the absence of officially recognised diagnostic standards, and the lack of a validated diagnostic tool all contribute to the need for this case report to open the door for additional research on the disorder. When strong, repeated sexual impulses or urges are not controlled, it can lead to prolonged periods of repetitive sexual behaviour that cause significant distress or impairment in social, familial, educational, occupational, or other important areas of functioning [3]. This condition is known as clinically significant behavioural bowel disorder (CSBD). Although the illness is thought to afflict 5%–6% of the general population, a recent representative research in the US reported significantly greater rates of discomfort related to trouble managing sexual sensations, impulses, and behaviours [4, 5].

Case Report

A 68 years old married male patient from Gurgaon having two married children came with the chief complaints of uncontrollable sexual urge towards any females, excessive involvement in sexual activities, repetitively involved in watching porn along with excessive masturbation since more than 30 years. He has been married since 45 years and since then he is always been excessively sexually involved with his wife. During 1997 at his job at Army, he was inappropriately involved in a sexual position/activity as he was not able to control his sexual urges with a child who was his colleague's daughter due to which he got fired

from his job, although he has not regret and he started working in a different field and started staying away with his family members. Gradually he started involving in repetitive sexual activities through paid sex on a regular basis after his wife was not available. Since 10 years he has been staying with his wife however he has been involved in paid sex as his wife refused to get overly sexually involved with him. Whenever his wife goes out from the house he finds an opportunity to get involved sexually with any sex workers or any house helps. There has been significant behaviour of asking or proposing house helps to get involved in sexual activities by offering them with money. There have been many complaints from guards or other family members from the society regarding his behaviour towards female house helps that he initiates conversations and offers money to enjoy sexual activities at his house in the absence of his wife. His relationship with his family members worsens due to his uncontrollable sexual urge and activities with other women. His daily activity was to watch porn continuously and masturbate. There is no interaction with his wife apart from asking for his meals and he prefers staying alone in a room and he has never taken any responsibilities towards his family members. Since 3 years there has been many complaints from other people regarding his behaviour of staring, touching, trying to kiss and asking females to spend some time with him while enjoying hugging and kissing for few minutes as since 3 years there is no erection due to which he was focusing majorly on touching and kissing females specially house helps from his society. As per patient there is irresistible urge to do sexual activity despite knowing its consequences, although he knows everything but he was unable to control so. He also had guilt after the event but he says he was unable to control his feelings and again repetitively involved in sexual activity. 10 days before his admission there has been a legal complaint against him as he kissed a lady from his society in a lift while she was with his son. Later he stated that he wanted to kiss her and was not able to control so he did that. He did understand the consequences and again started staring and talking to other females in his society. Even after getting legal complaints, he was involved in talking to females due to which there was marked distress and significant impairment in personal and social life. After admission The Sexual Interest, Activity and Satisfaction Scale (SAIS) including 6 items where the score was 20 out of 28. Compulsive Sexual Behaviour Inventory (CSBI) including 22 items where his score was 36. Hypersexual Behaviour Inventory where he scored 37 out of 90. Hence the diagnosis of compulsive sexual behaviour disorder was made. There is no history of ego dystonia following those thoughts of sexual urges. There is no history of repetitive handwashing, frequent checking, repetitive rumination ideas.

Patient was prescribed tab sertraline 25 mg bd and the dose was increased to 100mg gradually. He was also prescribed tab naltrexone 25mg hs and tab olanzapine 2,5mg hs and the dose of olanzapine gradually increased to 5mg hs. The patient's non-pharmacological treatment initially focused on his insight which was Grade 1. The patient and the family were psycho-educated about the illness and his assessment (MCMI-III, BAI-II, and other scales) findings were shared. Though at this age it was very difficult to work on his personality and it was a long-time time-consuming process too we preferred working on Compulsive Sexual Behaviour. They were also psycho-educated about the treatment plan. In order to improve insight of the patient and improve his motivation for change we initiated by understanding unmanageability during the sessions and did Motivation Enhancement Therapy (MET). Post completion of MET we motivated the patient to read a few literature (Sexaholic Anonymous, living sober) and it was discussed regularly so that we could ensure an improvement in his understanding. The patient's personality had dominating and controlling traits and hence the family was educated about it and the future expected prognosis. Post this we initiated Cognitive behaviour Therapy where a functional analysis was done in relation to the patient's inappropriate sexual behaviours. His triggers were identified and he was suggested for journaling and was taught stress and anxiety-reducing exercises e.g. JPMR and mindfulness. He was psycho-educated about alternative pleasurable activities. We also focused on relapse prevention and the patient was helped with urge-controlling techniques including healthy coping strategies. We got the patient involved in the SA group through online meetings which later was planned to be continued offline. He was encouraged to share his feelings with family members and take support from them. After this treatment, there was a change observed in patient scores. After 2 months there was some improvement in patient and The Sexual Interest, Activity and Satisfaction Scale (SAIS) including 6 items where the score was 19 out of 28. Compulsive Sexual Behaviour Inventory (CSBI) including 22 items where his score was 28. Hypersexual Behaviour Inventory where he scored 27 out of 90.

Discussion

According to Goodman's definition, sexual addiction is a behavior that may be used to both feel good and get away from uncomfortable feelings inside [6]. He defined it as the inability to exercise self-control over one's sexual conduct and the persistence of such behavior in the face of grave risks. According to the criteria, the patient was sexually addicted [7]. Large epidemiological studies have not been conducted, however the prevalence of CSB is estimated in older literature to be between 3 and 6%, with women making up 20% of the cases [7-8]. Compared to 39% of boys with CSB, 63% of girls with CSB are said to have been sexually abused as children [9]. The trauma theory, which holds that "dissociative defenses are used to protect an individual from feelings of helplessness, lack of control, and/or the realities of the traumatic events," is a popular explanation for why childhood sexual abuse can result in CSB, though the exact causes of the abuse are still unknown [10]. The most common comorbidities identified are major depressive disorder or dysthymia, phobic disorders, and alcohol misuse or dependence [11]. Numerous neurological conditions, including Parkinson's and Alzheimer's diseases, have been linked to it [12, 13]. Dopamine replacement treatments (Levodopa, dopamine agonists) in Parkinson's disease have been linked to CSB [14]. Naltrexone has been shown to be beneficial in lowering CSB-related cravings and behaviors in a small number of case studies [15]. In a sample of 28 gay and bisexual males, citalopram significantly reduced their weekly hours of pornography consumption, frequency of masturbation, and desire for sex [16]. Behavior associated to CSB was reduced when naltrexone was added to SSRI treatment [17]. It has been demonstrated that non-pharmacological treatments, such as cognitive behavior therapy and psychodynamic psychotherapy, are successful. Sex Addicts Anonymous (SAA), Sex and Love Addicts Anonymous (SLAA), and Sexaholics Anonymous are a few examples of support organizations.

Women's sexual compulsivity has not received enough attention. Further work is required to ascertain the frequency of this disorder in the general population and to establish its natural history, risk factors, psychiatric comorbidity, and medical consequences so that, eventually, treatments may be developed and offered to those in need.

Conclusion

Compulsive sexual behavior disorder is recently included in ICD 11 and a separate entity from obsessive compulsive disorder. A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour, manifested in one or more of the following: Engaging in repetitive sexual behaviour has become a central focus of the individual's life to the point of neglecting health and personal care or other interests, activities and responsibilities. The person has tried in vain to curb or drastically lessen their recurrent sexual conduct on multiple occasions. Even if they get little to no satisfaction from it, the person keeps engaging in recurrent sexual conduct. It is a subject that needs more research and investigation because it seriously impairs a person's social and personal life. Although compulsive sexual behaviour disorder is infrequently reported and rarely recognised as a problem, this case study highlights the need of diagnosing and treating it.

References

1. Barth RJ, Kinder BN (1987) The mislabeling of sexual impulsivity. Journal of Ser and Marital Therapy 13: 15-23.
2. Martin P Kafka (2010) Hypersexual disorder: A proposed diagnosis for DSM-V. Archives of Sexual Behavior 39: 377-400.
3. Shane W Kraus, Richard B Krueger, Peer Briken, Michael B First, Dan J Stein, et al. (2018) Compulsive sexual behavior disorder in the ICD-11. World Psychiatry 17: 109-110.
4. Carnes P (1991) Don't call it love: Recovering from sexual addiction. New York, NY: Bantam.
5. Dickenson JAGN, Coleman E, Miner MH (2018) Prevalence of distress associated with difficulty controlling sexual urges, feelings, and behaviors in the United States. JAMA Network Open 1: e184468.
6. Mujawar S, Sukumaran S, Chaudhury S, Saldanha D (2021) Compulsive Sexual Behaviour Following Childhood Sexual Abuse: A Case Report. SunText Rev Case Rep Image 2: 137.
7. Coleman E (1992) Is your patient suffering from compulsive sexual behavior. Psychiatry Annals 22: 320-325.
8. Darryl S Inaba, William E Cohen (2014) Uppers, downers, all arounders: Physical and mental effects of psychoactive drugs. thed Medford Cns Productions.
9. Perera B, Reece M, Monahan P, Billingham R, Finn P (2009) Childhood characteristics and personal dispositions to sexually compulsive behavior among young adults. Sexual Addiction Compulsivity 16: 131-145.
10. Guigliamo J (2006) Out of control sexual behavior: A qualitative investigation. Sexual Addiction Compulsivity 13: 361-375.
11. Black DW, Kehrberg LL, Flumerfelt DL, Schlosser SS (1997) Characteristics of 36 subjects reporting compulsive sexual behavior. Am J Psychiatry 243-249.
12. Dhikav V, Anand K, Aggarwal N (2007) Grossly disinhibited sexual behavior in dementia of Alzheimer's type. Arch Sex Behave 133-134.
13. Cooper C A, Jadidian A, Paggi M, Romrell J, Okun MS, et al. (2009) Prevalence of hyper sexual behavior in Parkinson's disease patients: Not restricted to males and dopamine agonist use. Int J General Med 2: 57-61.
14. Weintraub D, Koester J, Potenza MN, Siderowf AD, Stacy M, et al. (2010) Impulse control disorders in Parkinson disease: a cross-sectional study of 3090 patients. Arch Neurol 67: 589- 595.
15. Raymond NC, Grant JE, Coleman E (2010) Augmentation with naltrexone to treat compulsive sexual behaviour: a case series. Ann Clin Psychiatry 22: 55-62.
16. Wainberg ML, Muench F, Morgenstern J, Hollander E, Irwin TW, et al. (2006) A double-blind study of citalopram versus placebo in the treatment of compulsive sexual behaviours in gay and bisexual men. J Clinical Psychiatry 1968-1973.
17. Raymond NC, Grant JE, Coleman E (2010) Augmentation with naltrexone to treat compulsive sexual behaviour: A case series. Annals Clinical Psychiatry 55-62.