HYPERSEXUAL BEHAVIOR:

A non-consensual diagnosis

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BACKGROUND:

The notion of excessive or uncontrolled sexual behavior dates back to the early references of “hyperesthesia” by Krafft-Ebing’s works at the end of the 19th century and also references like nymphomania, satyriasis or Don Juanism . Since then, there’s been much debate as to whether sexual behavior that is out of control could be best regarded as a compulsive behavior, an addiction, an impulse control disorder or a sexual desire dysregulation and, obviously, each label is based on a particular etiology and treatment idea. ¹

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) rejected the inclusion of Hypersexual Disorder (HD) as a new, stand-alone diagnosis. Concerns raised about the proposed diagnosis included lack of scientific research, inadequate neuropsychological testing, and potential misuse of new sexual disorders by overzealous members of the legal community. Despite rejection of the proposed diagnosis, research into the conceptualization and assessment of HD continues.

We intend to review the concept of HD, the controversial of this diagnosis, comorbid disorders, the major etiologic theories and their importance on the patient’s approach.

DISCUSSION:

DEFINITION

HD involves **compulsive** behaviors such as constantly **seeking new sexual partners**, having frequent **sexual encounters**, engaging in **compulsive masturbation** and frequently using **pornography**. Despite **efforts to reduce or stop** excessive sexual behaviors individuals find it difficult to stop and they engage in **risky sexual activities**, **pay for sexual services** and resist behavioral changes to avert **HIV risk**. Sexual compulsivity has been associated with the number of unprotected vaginal sex acts with female sexual workers, lower self-efficacy for condom use, greater use of illicit drugs, and more financial need. ^{1,2}

Cognitive and emotional symptoms include **obsessive thoughts of sex**, feelings of **guilt** about excessive sexual behavior, the desire to escape from or suppress unpleasant emotions, loneliness, boredom, low self-esteem, shame, secrecy regarding sexual behaviors, rationalization about the continuation of sexual behaviors, indifference toward a regular sexual partner, a preference for anonymous sex, a tendency to disconnect intimacy from sex, and an absence of control in many aspects of life. Some studies find that sexual addiction is associated with or in response to dysphoric affects or stressful life events. ⁴

ETIOLOGIC CONCEPTUALIZATIONS ⁷

There are data to support conceptualizing HD as a **sexual desire disorder**, a disorder with an admixture of both **compulsive and impulsive features**, or a **behavioral addiction**. We continue not having the neurobiological/neuropsychological data to more definitively assess the etiology for this set of sexual behavior disorders. At this point, the empirical evidence suggests that persons afflicted with HD are heterogeneous and the clinical course associated with these conditions may have different presentations and characteristics precedent to adverse consequences and help-seeking behavior.

The theoretical construct of “compulsive sexual behavior” as associated with an Obsessive-Compulsive Spectrum Disorder is not empirically supported by the psychiatric comorbidity reports reviewed.

Several criteria proposed for HD are consistent with a Behavioral Addiction model as applied to the impulsivity-associated component of HD. However, the published literature is lacking to firmly support a specific withdrawal syndrome. Moreover, there is insufficient empirical evidence of tolerance phenomena although progressive risk-taking behaviors could be analogous to drug tolerance.

The designation of HD as an Impulsivity Disorder could contradict the current placement of other putatively analogous, biologically mediated appetitive behaviors disorders such as Bulimia Nervosa (Eating Disorders) or Hypersomnia (Sleep Disorders).

HD could be considered as a Sexual Disorder associated with increased or disinhibited expressions of sexual arousal and desire in association with a dimension of impulsivity as well.

CONCLUSIONS:

Currently, **there is neither a clear accepted terminology nor consensus about HD diagnosis**. An integrated approach to etiology which simultaneously considers affective, cognitive and neuropsychological aspects might be more appropriate than the discussion around whether it should be classified as an addiction, a compulsive disorder, an impulse control disorder or a sexual desire dysregulation.

The adverse personal, relational and public health consequences (like HIV and other sexually transmitted infections) associated with HD rank it as **one of the most serious but still neglected contemporary psychiatric disorders**. More research is needed to consolidate an operational definition and a common set of criteria for such condition so that we can respond to a significant clinical need and “demand” from these patients. ⁶

Sources:

1.Black, D.W., 2000. The epidemiology and phenomenology of compulsive sexual behavior. CNS Spectrum 5, 26–72. **2.** Black, D.W., Kehrberg, L.L., Flumerfelt, D.L., Schlosser, S.S., 1997. Characteristics of 36 subjects reporting compulsive sexual behavior. American Journal of Psychiatry 154, 243–249. **3.** Carnes, P., 1991. Sexual addiction screening test. Tennessee Nurse 54, 29. **4.** Carnes, P., Delmonico, D.L., Griffin, E., Moriarity, J.M., 2001. In the shadows of the net. breaking free of compulsive online sexual behavior. Hazelden Foundation, Center City, MN. **5.** Raymond, N.C., Coleman, E., Miner, M.H., 2003. Psychiatric comorbidity and compulsive/impulsive traits in compulsive sexual behavior. Comprehensive Psychiatry 44, 370–380. **6.** Scanavino, T., Torres, R.R., Abdo, C.H., Rego, M.A., Fernandez, F.M., 2009. Sexual compulsion and HIV transmission: a case report. Revista Brasileira de Psiquiatria 31, 189–190. **7.** Kafka, MP, 2010. Hypersexual Disorder: A Proposed Diagnosis for DSM-V. Arch Sex Behav 39:377–400.