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CASE REORT

COMPULSIVE MASTURBATION TREATED WITH ESCITALOPRAM

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ABSTRACT
Mastrubation is a normal part of psychosexual development. The habit becomes troublesome when it takes the turn to compulsive masturbation. The article provides a case report of compulsive masturbation that was successfully treated with Escitalopram along with behaviour modification, supportive psychotherapy and family therapy.
Keywords – Masturbation, Compulsive

INTRODUCTION

Masturbation can be defined as a person's achieving sexual pleasure which usually results in orgasm by himself or herself and is also termed as auto-eroticism. It is a normal activity that is common in all stages of life from infancy to old age, a viewpoint that has both proponents and critics. It is very often a normal precursor of object related sexual behaviour.

Moral taboos against masturbation have generated myths that it causes mental illness or decreases sexual potency [1]. However no scientific data supports such claims. Compulsive masturbation is a symptom of emotional disturbance not because it is sexual but because it is compulsive.

Compulsive masturbation has been described as a non paraphilic sexual disorder [2]. The D.S.M.-IV (1994) classification however has no mention of these disorders [3]. The I.C.D. –10 classification (W.H.O., 1992) have a diagnostic category termed 'excessive sexual desire' and compulsive masturbation may fall into this category [4].

CASE REPORT

A 35 year old male from an urban Indian family in Mumbai presented with a history of excessive uncontrollable frequency of masturbation since the past 6 months and wanted desperately to quit the habit. He lived in a middle class family with his parents. His parents were working while he was an IT professional. He was over-protected and over-pampered from an early age. He had started masturbating at the age of 14 years and had significant guilt associated with the habit since it started. Presently, this habit had affected his work and he used to remained preoccupied with sexual thoughts most of the day. He also had become irritable, used to back answer his parents and was having physical weakness and depressed mood which he attributed to his masturbation habit. His distress was great as he was thinking of getting himself castrated, vasectomized and if needed even undergoing a penile amputation to help him get rid of the habit.

Initially at the age of 14, his frequency of masturbation was once or twice a week. His parents used to return late from office and he had the whole afternoon alone to himself at home. He started watching

pornographic movies a8 months ago to pass his time as and the frequency increased from once or twice a week to three to four times a week and then daily as he started watching pornographic movies daily. He then started masturbating even in his room as he was constantly fantasizing about sexual thoughts even when working. Thus he started masturbating two to three times a day and used to spend long hours in the bathroom. Since the past 5 months the frequency has increased to 10-12 times per day and there were times when he masturbated even in a public bathroom or in the office bathroom. There was however no exhibitionism at any point of time shown by the patient. He used to spend 2-3 hours a day in the act. His office work suffered due to the same and he had been reprimanded for the time he spent in the bathroom of the office.

On assessment a detailed history was taken and a mental status examination was conducted. There were personality problems that surfaced in the course of the interview. He had an inferiority complex and had always felt inferior to his peers at school and in his locality. He expressed a desire to be ahead of them. He was from a conservative background and hence there was not much knowledge about sex conveyed to him by his parents. He had a feeling that knowing about sex would make him superior. This made him watch pornographic movies that increased the frequency of his masturbation. Masturbation was a means of relief to the anxiety he perceived for being inferior to his peers. History revealed that there was marked anxiety prior to the act that was relieved when the act was completed. There was no history of major medical or surgical illness as well no positive family history of any mental illness. All routine pathology investigations were carried out that yielded normal results. An electroencephalogram revealed a normal tracing. This was done to rule out organicity as well as epilepsy that may have presented with this form of sexual behaviour as has been reported [5].

The patient was diagnosed as having an Impulse Control Disorder Not Otherwise Specified as per the D.S.M.-IV Classification (A.P.A., 1994) and the diagnosis was conveyed to the parents. He was started on Fluoxetine 20mg/day that was increased to 40mg/day in a span of 3 weeks and then to 60mg//day in another 2 weeks. With Fluoxetine at 40mg/day he was masturbating much less around twice a day, but was starting to develop symptoms of akathisia that is common with the drug and hence we were reluctant to increase the dose of the drug. He was then shifted to Escitalopram 5mg per day which was increased to 20mg per day and the patient was also simultaneously on behaviour modification therapy like positive reinforcement for desirable patterns of behaviour and individual sessions of supportive psychotherapy to build his self esteem and reducing the inferiority complex he possessed. At the end of 6 weeks his masturbatory frequency had decreased from 8-10 times a day to 3-4 times a week. His mother had stopped her work to make herself available in the afternoons which was the time when the habit had started thus providing supervision to her child. Family therapy was instituted at this point of time and family dynamics as well as family interaction was focused upon. He has good work performance presently and his irritability and depressive features are absent.

DISCUSSION

Compulsive sexual behaviour has been classified socially deviant and non socially deviant hypersexual behaviours [6]. Compulsive Masturbation falls into the latter category. There is scarcity of literature on the subject even in extensive reviews on compulsive sexual behaviour [7-9].

The disorder itself is rare. Though males come more often for treatment, the gender distribution of this unwanted behavior is unknown. Cases studied report that 75% of the men had major depression as a co-morbid diagnosis. A prevalence of histrionic and passive aggressive personality disorders was also found to be high in these subjects [2,8].

Critical to good treatment response is the obtaining of information with meticulous care of the behavior to be treated. Embarrassment, mistrust and ambivalence must not interfere with this part. An assessment of the patient's sexual experiences and attitudes towards sexuality must be explored prior to starting treatment.

The patient's motivation for treatment must be established. Treating the pre-morbid condition is also a pre-requisite to help the patient in overcoming his sexual problem. No trials of drugs in the form of therapy for this disorder are available. The selective serotonin reuptake inhibitors (SSRIs) have been found useful in the management of these patients [10]. Of these Fluoxetine has been reported in a case report [11]. Naltrexone has been used in most cases published with a greater degree of success [12-13]. There is a report of the combined use of SSRIs and Naltrexone in the successful management of compulsive masturbation [14].

Psychotherapy as a form of intervention is a must in every case and must be administered after taking into account the sexual complaint, the co-morbid conditions, the cultural background and the life experiences of the individual. Behavior therapy in the form of cognitive behavior therapy, covert sensitization and systematic desensitization has been reported useful [15].

This case responded to a combination of Escitalopram and the combined use of supportive psychotherapy and behaviour modification techniques. Family therapy was instituted at a later stage. Thus in the treatment of compulsive masturbation we feel that it is necessary in order to obtain a recovery, that a variety of interventions be used in a proper manner looking at the patient holistically and aiming to change not only biology but also environmental factors as well as family dynamics. Every case must be tackled on an individual basis and choice of interventions decided accordingly.

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