

# Compulsive Sexual Behavior Disorder

# What do we call this?

- Sex addiction
- Sexual compulsivity
- Hypersexual disorder
- Porn addiction
- Compulsive sexual behavior disorder
- Pathological sexuality
- Excessive sexual drive
- Psychosexual disorder
- Sexual disorder NOS

# DSM V (published 2013)

- Previous editions had more specific diagnoses, though not otherwise specified
- There was a proposed “**Hypersexual Behavior Disorder**” (Kafka, 2010) that underwent field trials but was turned down
- Closest current diagnosis is “Other Specified Disruptive, Impulse-Control And Conduct Disorder”
- “Other Specified Mental Disorder” also possible

# ICD 11 (2019) Compulsive Sexual Behavior Disorder

- neglecting health and personal care or other interests, activities and responsibilities
- numerous unsuccessful efforts to control or significantly reduce repetitive sexual behavior
- engage in repetitive sexual behavior despite adverse consequences
- continues to engage in repetitive sexual behavior even when he/she derives little or no satisfaction from it

# ICD 11 (2019) CSBD

- a persistent pattern of failure to control intense, repetitive sexual impulses or urges
- resulting in repetitive sexual behaviour over an extended period (e.g., six months or more) not better accounted for by another psychiatry disorder, medical condition or medication
- causes marked distress or impairment in personal, family, social, educational, occupational or other important areas of functioning
  - The distress cannot come only from judgements

## Reduced Satisfaction Over Time

Table 1. Comparison of compulsive sexual behavior disorder conceptualization proposed for ICD-11 and hypersexual disorder proposed for DSM-5

Compulsive sexual behavior disorder proposed for ICD-11	Hypersexual disorder proposed for DSM-5	Domain
1. Repetitive sexual activities become a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities	A1. Time consumed by sexual fantasies, urges or behaviors repetitively interferes with other important (non-sexual) goals, activities and obligations.	Domain: <b>Excessive focus and amount of time</b> dedicated to sexual behavior to the point of neglecting other important life domains.
2. A person makes numerous unsuccessful efforts to significantly reduce repetitive sexual behavior	A4. Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviors.	Domain: <b>Impaired control.</b>
3. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behavior causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.	B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviors.	Domain: Sexual thoughts or behavior generating marked or <b>significant distress and/or impairment in functioning.</b>
4. A person continues the engagement in repetitive sexual behavior despite adverse consequences.	A5. Repetitively engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others.	Domain: <b>Continued engagement</b> in sexual behaviors despite risk and/or adverse consequences
5. A person continues the engagement in repetitive sexual behavior despite deriving little or no satisfaction from it	Not present	Domain: <b>Compulsive engagement</b> involving less sexual satisfaction over time.
Not present	A2. Repetitively engaging in sexual fantasies, urges or behaviors in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability). A3. Repetitively engaging in sexual fantasies, urges or behaviors in response to stressful life events.	Domain: Using sexual behavior as a <b>maladaptive coping strategy in response to unpleasant emotional states or stress</b>
Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient for a CSBD diagnosis.	Not present	Exclusion criterion: <b>distress entirely related to moral incongruence</b>
Not present	C. These sexual fantasies, urges or behaviors are not due to the direct physiological effect of an exogenous substance (e.g., a drug of abuse or a medication).	Exclusion criterion: CSBD episodes directly <b>due to exogenous substances</b>

## Response to Unpleasant Emotions

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2. A person makes numerous unsuccessful efforts to significantly reduce repetitive sexual behavior	A4. Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviors.	Domain: <b>Impaired control.</b>
3. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behavior causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.	B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviors.	Domain: Sexual thoughts or behavior generating marked or <b>significant distress and/or impairment in functioning.</b>
4. A person continues the engagement in repetitive sexual behavior despite adverse consequences.	A5. Repetitively engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others.	Domain: <b>Continued engagement</b> in sexual behaviors despite risk and/or adverse consequences
5. A person continues the engagement in repetitive sexual behavior despite deriving little or no satisfaction from it.	Not present	Domain: <b>Compulsive engagement</b> involving less sexual satisfaction over time.
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Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient for a CSBD diagnosis. Not present	Not present	Exclusion criterion: <b>distress entirely related to moral incongruence</b>
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## Exclude distress about moral judgements

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	A3. Repetitively engaging in sexual fantasies, urges or behaviors in response to stressful life events.	
Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient for a CSBD diagnosis.	Not present	Exclusion criterion: <b>distress entirely related to moral incongruence</b>
Not present	C. These sexual fantasies, urges or behaviors are not due to the direct physiological effect of an exogenous substance (e.g., a drug of abuse or a medication).	Exclusion criterion: CSBD episodes directly <b>due to exogenous substances</b>

## Exclude episodes directly related to exogenous substances

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# Assessments

- Hypersexual Behavior Inventory (Reid et al. 2011)
- Hypersexual Disorder Screening Inventory (HDSI) (Reid, et al. 2012)
- Sexual Compulsivity Scale (Kalichman, 1994)
- Sexual Addiction Screening Test – Revised (Carnes, 2010)

# Anatomy and pathology

- Controlled trials and RCT looking at relationship between emotional/mood dysregulation and hypersexual behavior in both men and women.
- fMRI looking at arousal/inhibition, sometimes using medicated Parkinson's disease as the model.

# Medications

- Small RCT's or cross overs looking at:
  - Naltrexone
  - SSRI's
  - Anti-androgens

# Non-medication treatments

- Small RCT's looking at
  - ACT
  - CBT
  - TMS

# 12 step groups

## **For the affected individual**

- Sex Addicts Anonymous
- Sex and Love Addicts Anonymous
- Sexual Compulsives Anonymous
- Sexaholics Anonymous
- Sexual Recovery Anonymous

## **For Partners/families/others**

- COSA
- S-Anon

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