

Sexual Addiction



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Introduction

Sexual addiction is a condition that involves the sufferer becoming excessively preoccupied with thoughts or behaviors that give a desired effect. It involves spending an exorbitant amount of time thinking about and/or engaging in sexually addictive behaviors. Examples of sexual addictions may involve easily accessible or less accessible (paraphilic) behaviors. Examples of more easily accessible addictive acts may include having one-night stands or multiple affairs, contacts with prostitutes, viewing pornographic pictures or videos, or excessive masturbation. The sufferer may engage in behaviors like frequenting chat rooms, engaging in personal ads, or making obscene phone calls.

Paraphilias are disorders that involve the sufferer becoming sexually aroused by objects or actions that are considered less conventional or less easily accessible to the addict. Examples of paraphilias include fetishism (arousal by objects or specific body parts), voyeurism (arousal by watching sexual behaviors), exhibitionism (arousal by having others view his or her sexual behaviors) and pedophilia (arousal by sexual contact with children). When paraphilias include the sufferer having obsessions about the object of their desire, they may be considered sexually addicted. The Diagnostic and Statistical Manual of Mental Disorders (DSM) only refers to nonparaphilic sexual addictions in the category of sexual disorder, not otherwise specified.

Overview and Facts

Statistics show that from about 10% to 17% of college-aged people suffer from a sex addiction at any one time. In the general adult population, the frequency of sexual addiction is thought to be more like 3%, translating to 17 to 37 million people with a sex addiction.

Causes and Risk Factors

No one factor is thought to cause sexual addiction, but there are thought to be biological, psychological, and social factors that contribute to the development of these disorders. For example, the intoxication associated with sexual addiction is thought to be the result of changes in certain areas and chemicals in the brain that are elicited by the compulsion. Research differs somewhat in terms of gender-based patterns of sexual addiction. For example, some studies describe males who are introverted and highly educated as more inclined to develop an Internet addiction, including sexual Internet addiction. Other studies indicate that middle-aged women using home computers were more at risk for Internet sexual addiction.

Psychological risk factors for sexual addiction are thought to include depression, anxiety, and obsessive-compulsive tendencies. The presence of a learning disability increases the risk of developing a sex addiction as well. As people with a history of suffering from any addiction are at risk for developing another addiction, being dependent on something else makes it more likely for sexual addiction to occur.

Sufferers of these disorders tend to be socially isolated and have personality traits like insecurity, impulsivity, compulsive behaviors, trouble with relationship stability and intimacy, low ability to tolerate frustration, and a tendency to have trouble coping with emotions. People who are sexually abused are at somewhat higher risk of developing a sexual addiction.

Symptoms

While the DSM has yet to describe specific diagnostic criteria for nonparaphilic sex addictions, some researchers have suggested symptoms and signs that are similar to other addictions for both paraphilic and nonparaphilic sex addictions. Specifically, sex addicts have been described as suffering from a negative pattern of sexual behavior that leads to significant problems or distress that may include the following:

- A need for more amount or intensity of behavior to achieve the desired effect (tolerance)
- Physical or psychological feelings of withdrawal when unable to engage in the addictive behavior
- The person making plans for, engaging in, or recovering from the behavior more or longer than planned
- Desire or unsuccessful attempts to decrease or stop the behavior
- Neglecting important social, work, or school activities because of the behavior
- Continuing the behavior despite suffering physical or psychological problems because of or worsened by the sexual behavior.

Diagnosis

As is true with virtually any mental-health diagnosis, there is no one test that definitively indicates that someone has a sexual addiction. Therefore, health-care practitioners diagnose these disorders by gathering comprehensive medical, family, and mental-health information. The psychiatrist, psychologist, social worker, psychiatric nurse, or certified counselor will also either perform a physical examination or request that the individual's primary-care doctor perform one. The medical examination will usually include lab tests to evaluate the person's general health and to explore whether or not the individual has a medical condition that might have mental-health symptoms.

In asking questions about mental-health symptoms, mental-health professionals are often exploring if the individual suffers from sexual obsession or compulsions but also depression or manic symptoms, anxiety, substance abuse, hallucinations or delusions, as well as some personality and behavioral disorders that may have excessive sexual behavior as part of the associated symptoms. Practitioners may provide the people they evaluate with a quiz or self-test as a screening tool for sexual addiction. Since some of the symptoms of sex addiction can also occur in other mental illnesses, the mental-health screening is to determine if the individual suffers from an anxiety disorder like panic disorder, generalized anxiety disorder, posttraumatic stress disorder (PTSD), or the cyclical mood swings of bipolar disorder. The examiner also explores whether the person with a sex addiction suffers from other mental illnesses like schizophrenia, schizoaffective disorder, and other psychotic disorders or a substance abuse, personality, or behavior disorder like attention deficit hyperactivity disorder (ADHD). Any disorder that is associated with hypersexual behavior, like some developmental disorders, borderline personality disorder, dependent personality disorder, antisocial personality disorder, or multiple personality disorder (MPD), may be particularly challenging to distinguish from a sex addiction. In order to assess the person's current emotional state, health-care practitioners perform a mental-status examination as well.

In an effort to accurately establish a sexual addiction diagnosis, health-care professionals

will work to distinguish sexual addictions from medical conditions that may include hypersexual symptoms. Examples of such conditions include seizures, tumors, dementia, and Huntington's disease, which may involve injuries to certain areas of the brain like the frontal or temporal lobes and therefore affect behavior.

Treatment

Many people with a sexual addiction benefit from the support and structure of recovery groups like Sex Addicts Anonymous and Sexaholics Anonymous. Professionals often use cognitive behavioral therapy (CBT) to help individuals with sex addiction learn their individual triggers for sexually destructive (acting out) behaviors, reevaluating distortions in their thoughts that contribute to their acting out behaviors, and ultimately controlling those behaviors.

When sexual compulsions become severe, the sufferer may require inpatient treatment centers or intensive outpatient programs.

Seroetoninergic (SSRI) medications that are often used to treat depressive and anxiety disorders and mood stabilizers that are used to treat bipolar disorder have been found to decrease the compulsive urges associated with sexual addictions for some sufferers. Examples of SSRIs include fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), citalopram (Celexa), fluvoxamine (Luvox), and escitalopram (Lexapro).

SSRIs are generally well tolerated, and side effects are usually mild. The most common side effects are nausea, diarrhea, agitation, insomnia, and headache. However, these side effects generally go away within the first month of SSRI use. Some patients experience sexual side effects, such as decreased sexual desire (decreased libido), delayed orgasm, or an inability to have an orgasm. Some patients experience tremors with SSRIs. The so-called serotonergic (meaning caused by serotonin) syndrome is a serious neurologic condition associated with the use of SSRIs. It is characterized by high fevers, seizures, and heart-rhythm disturbances. This condition is very rare and has been reported only in very ill psychiatric patients taking multiple psychiatric medications.

Mood stabilizers like carbamazepine (Tegretol), divalproex sodium (Depakote), and lamotrigine (Lamictal) are sometimes used to treat OCD, particularly in individuals who also suffer from bipolar disorder. They may also be helpful in decreasing the impulsive behaviors suffered by some sex addicts. The side effects that professionals look for tend to vary depending on which medication is being prescribed. Health-care professionals tend to watch for mild side effects like sleepiness when using Depakote or Tegretol or stomach upset when using one of those medications or Lamictal. Health-care professionals also monitor patients for serious side effects like severely low white blood cell count in people taking Tegretol or severe autoimmune symptoms like Steven Johnson's syndrome in those taking Depakote and Lamictal.

Naltrexone, a medication that is often used to decrease the effects of narcotic medications, may be useful for decreasing the sexual compulsions, sex drive, or arousal of some sex offenders. That may be particularly important for people who have a sexual addiction and seek celibacy to abstain from their sexual compulsions. That has also been found for medications that decrease male hormones, called anti-androgens. One example of an anti-androgenic medication is medroxyprogesterone acetate (MPA), also known by its trade name of Depo-Provera.

Sources and Links

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