Letter to the editor

Five cases of sexual addiction under Short-term Psychodynamic Group Psychotherapy

Cinco casos de dependência de sexo em tratamento com Psicoterapia Psicodinâmica em Grupo e de Tempo Limitado

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Received: 1/20/2013 – **Accepted:** 6/5/2013

Scanavino MT / Rev Psiq Clín. 2013;40(5):208-9

Dear Editor,

Sexual addicts searching for treatment usually present severe sexual compulsivity (SC) in Brazil[1,2]. Stressful events in childhood, which are common in Brazil[3], are often reported by sex addicts[4], and because of this, psychodynamic psychotherapy is a good choice of treatment. We aim to report the evolution of five sex addicts, who underwent short-term psychodynamic group psychotherapy (STPGP). Our specific goal is investigate the effect of the STPGP on SC.

The five patients also had impulse control disorder or drug/alcohol dependence, and were all Brazilian men over 18 years of the Institute of Psychiatry at Clinicas' Hospital of University of São Paulo Medical School (HC-FMUSP). All of them met the Goodman's criteria for sex addiction[4], and also reached scores up of the cut-off of the Sexual Compulsivity Scale (SCS) (= 24)[5].

The inventories employed were: 1) Mini International Neuropsychiatric Interview (MINI)[6]; 2) Structured Clinical Interview for DSM-IV Axis I Disorders – Clinical Version (SCID-CV)[7]; 3) SCS[5].

The study was approved by the Ethics Committee of HCFMUSP. After signing the consent form, the patients were submitted to psychiatric evaluation, and they responded to instruments 1 and 2. Psychiatric assessment was introduced with intervals of two to four weeks before the beginning of the STPGP, and with 40 days of interval on average, during the STPGP. The same doctor consulted all patients during the study period. The patients had the medication introduced since three to six months before the beginning of the STPGP. All the patients achieved the therapeutic dose of their medication, and responded to instrument 3 before initiating the program of 16 sessions of STPGP. After the 16th session, they responded to SCS again.

Sociodemografic and clinical data and the results of the inventories can be seen in table 1. All patients reported good adherence to the medication. The mean and standard error on SCS were 27.5, 2.17 before the intervention, and 16.25, 2.09 after the intervention. All patients reported a decrease in the SC during the treatment. Patient D. reported some worsening in his pathologic gambling behavior. His dose of topiramate was increased and he improved.

Table 1. Sociodemographic and clinical data of the patients

Identification	Occupation	Sexual orientation	Prominent sexual behavior	Medication (dose pre- | dose post-intervention)	SCS Scores (pre | post-intervention)	ICD-10
Patient A., 38 years	Business administrator	Heterosexual	Casual sex and masturbation	Topiramate 100 mg/day | 100 mg/day	SCS 26 | 18	F52.7 F19.2
Patient B., 37 years	Adverstising person	Homosexual	Sex clubs and cruising	Sertraline 150 mg/day | 150 mg/day	SCS 25 | 18	F 52.7 F63.8 V08
Patient C., 36 years	Painter	Heterosexual	Internet/virtual sex	Paroxetine 20 mg/day | 20 mg/day Topiramate 200 mg/day | 100 mg/day	SCS 25 | 19	F 52.7 F 10.2
Patient D., 56 years	Journalist	Homosexual	Male sex worker	Sertraline 100 mg/day | 100 mg/day Clonazepam 2 mg/day | 2 mg/day Topiramate 100 mg/day | 200 mg/day	SCS 34 | 10	F52.7 F 19.2 F 63.0 V08
Patient E., 28 years	Translator	Heterosexual	Female sex worker	Paroxetin 40 mg/day | -* Lamotrigine 50 mg/day | -*	SCS 26 | -*	F 52.7 F63.8

* Patient has not finished sessions.

SCS: Sexual Compulsivity Scale; F 10.2: mental and behavioral disorders due to use of alcohol – dependence syndrome; F 19.2: mental and behavioral disorders due to use of multiple drugs – dependence syndrome; F52.7: excessive sexual drive; F 63.0: pathologic gambling; F 63.8: other habit and impulse disorder; V08: asymptomatic human immunodeficiency virus [HIV] infection.

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In the 8th session, E. got a job, and had to drop out the treatment, and he did not answer the SCS after 16 sessions.

This is a first STPGP study with SC patients, and using standardized instruments before and after the intervention. We could see that the mean of SCS scores before and after the intervention, respectively, was above and below from the cut-off point. We consider the improvement on SC was due the STPGP because the first application of the SCS was done after achieving the therapeutic dose of the medication. Unfortunately, it is difficult to separate psychotherapy from medication effects without comparative groups of SC individuals under different therapeutic modalities. Future studies with more patients and control group may get more evidence. Finally, our study did not include women and the gender differences are relevant to design interventions[8].

Figure 1 resumes the psychodynamic aspects, and vignettes, of each stage of STPGP.

Figure 1. Resume of psychodynamic aspects, and vignettes, of each stage of STPGP

Stages of STPGP – 16 sessions	Psychodynamic aspects	Vignettes
- Sessions 1, 2 and 3	Each patient told his life history and correlate life events with the development of his SC. Anxiety and resistance mechanisms were pointed out	C: I will not continue the treatment in a group with homosexuals, because I did not feel comfortable to listen to their sexual affairs
- Sessions 4, 5 and 6	Patients were stimulated to identify psychodynamic aspects related to the outbreak of their SC	B: I've been thinking whether this therapy has done any good for me. It seems that I feel sadder and more anxious to stop this behavior, and then it feels like I have to have a farewell
- Sessions 7, 8 and 9	Exploring difficulties in professional, family and affectionate relationship resulting in become more aware than before regarding emotional vulnerability	B: It was hard because I realized how much I needed to take refuge in the sex booths to avoid professional commitments, for example
- Sessions 10, 11 and 12	The patients got more control over their sexual behavior, and became more aware about some unconscious conflicts, which resulted in felt more distressed	D: When I was compulsive for sex, I ended up not getting emotionally involved with anybody, because I didn't give myself a chance. Now it is even worse
- Sessions 13, 14, 15 and 16	Besides working the disengagement of the group, the therapist stimulated the identification and functioning of the psychodynamic triggers to SC and others	A: Told us that he noticed himself anxious about the new phase of his life and felt a strong desire for sex

Note: "A", "B", "C", and "D" are the patients.

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