International Journal of Research and Review
[Indexed, Peer-Reviewed Journal]
Volume 12; Issue: 2; February 2025
Website: www.ijrrjournal.com
E-ISSN: 2349-9788; P-ISSN: 2454-2237

Case Report

Not Every Bizarre Behavior is Psychosis- A Peculiar Presentation of Compulsive Sexual Behavior Disorder Mimicking Psychosis - A Case Report

Dr Amit Kumar[1], Dr Sambhu Prasad[2], Ritisha Mishra[3]

[1]Senior Resident, Department of Psychiatry, All India Institute of Medical Sciences, Patna
[2]Associate Professor, Department of Psychiatry, All India Institute of Medical Sciences, Patna
[3]M.B.B.S Student, 2nd Year, All India Institute of Medical Sciences, Patna

Corresponding Author: Dr Amit Kumar

DOI: https://doi.org/10.52403/ijrr.20250248

ABSTRACT

Sex-related disorders are often underreported entities in developing countries probably due to social stigma, lack of knowledge, and the personal significance of sex in their life [1]. Digital media offers portability, access, and visually explicit depictions of sexual acts in high-definition that leave nothing to the imagination [2]. Terms like sex addiction or compulsive sexuality are not incorporated in DSM-5, however, we do come across such cases in Psychiatry practices. Many sex addicts have an associated psychiatric disorder and there exists a correlation between sex addicts and substance-use disorders (up to 80 percent in some studies), which needs specific treatment in the line of dual diagnosis. The ICD-11 codes for impulse control disorders are 6C70-6C7Z. Impulse control disorders can involve a range of behaviours, including fire-setting, stealing, explosive outbursts, etc. ICD11, in its code 6C72, describes Compulsive Sexual Behaviour Disorder as a separate entity [3]. We are reporting such a case where the initial presentation prompted us to work on the line of Schizophrenia, but later it turned out to be a case of Compulsive Sexual Behaviour Disorder.

Keywords: Compulsive Sexual Behaviour Disorder, Digital Media, Pornography

CASE REPORT

A 23-year-old girl was brought to psychiatry OPD by her mother with complaints of insidious change in behaviour, poor performance in studies, wandering behaviour, inappropriate laughing, and phobia from mobile for the past one year. She would wander purposelessly, take little interest in self-care, and wouldn't assist her mother in household work. Sometimes, she was seen laughing inappropriately without any stimulus. On occasion, she was seen walking without dress, in the house. This had alarmed the mother of serious issues with her daughter. The mother reported that patient's brother has a similar illness and is on medication for schizophrenia. During, the initial interview the girl complained of fearfulness, fear of mobile, and lack of interest in studies. She complained of reduced sleep, restlessness, poor concentration, and difficulty in recalling for the past year. Initially, the patient was diagnosed with Psychosis Nos, based on a history of disorganized behaviour, talking to self, poor self-care, impaired functioning, and a family history of Schizophrenia in the patient's brother and she was advised Tab Olanzapine 10 mg at night, Tab Clonazepam

0.5 mg at night. Despite adequate trial for at least 4 weeks with around 10 mg of olanzapine patient did not show significant improvement in symptoms but the patient was ready to discuss her symptoms in her second session. She admitted that she has repeated obscene thoughts of engaging in sexual activities. During the interview, she said that initially she used to share obscene videos with her boyfriend but within a few months she couldn't control her urge to think about having sex and she also felt happy about these thoughts. She did not feel these thoughts were beyond her control nor it was intrusive. Soon she was thinking about these for most of the day which interfered with her studies and she would fantasize having sex with them which ended in masturbation most of the time. She admitted having sexual gratification after masturbation and searching for sexual partners. The girl admitted that due to her overly engagement in sex-seeking behavior and fantasies, she is not able to concentrate on her studies. She attempted to stop masturbating or think about having sex, but she could not control the urge and the thought and so she would often feel ashamed as she could not control the urge.

Following the elaboration of the history by the patient and new insight gained, the diagnosis was revised to Compulsive Sexual Behaviour Disorder (CSBD). So she was started on Cap Fluoxetine 20 mg once daily for her impulsivity and Tab Naltrexone 50 mg at night to reduce the reward-seeking behaviour namely the compulsive masturbation. She was advised to review every two weeks and progress was measured by her self-report. She reported more than 75 % improvement in both her urge and behavior within two weeks of starting the medication, which was her subjective self-report. She also said that she was able to concentrate better on her studies. On objective assessment she scored above 50 in CSBD-19, a validated tool to assess CSBD.

CONCLUSION

Compulsive sexual behavior disorder is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities, and responsibilities and many unsuccessful efforts to significantly reduce repetitive sexual behaviour. It should cause marked impairment in various domains of functioning including personal, family, social educational etc. Compulsive sexual behaviour disorder can be misdiagnosed as depression, anxiety, or psychosis unless the clinician develops rapport and serial interviews are performed, as cross-sectional interviews may be misleading. Despite all these, clinicians should also be vigilant while eliciting these thoughts. The frustration of not being able to control the urge and the behaviour can precipitate an episode of anxiety or depression and sexually transmitted diseases [4]. This delay in diagnosis can further delay the recovery and add the risk of side effects due to medication prescribed because of the misdiagnosis. In many cases, a substance-related disorder may be present and needs treatment for the same [5].

Declaration by Authors

Consent: Participant has consented to write and publish this case report.

Acknowledgement: None

Source of Funding: No funding has been done for this study

Conflict of Interest: None

REFERENCES

1. Shenoi SD, Prabhu SS. Female sexual dysfunction: A clinical case series. Indian J Sex Transm Dis AIDS. 2022 Jul-Dec;43(2):208-210. doi: 10.4103/ijstd.IJSTD_67_20. Epub 2022 Nov 17. PMID: 36743123; PMCID: PMC9891021.
2. Fong TW. Understanding and managing compulsive sexual behaviors. Psychiatry (Edgmont (Pa: Township)) [Internet]. 2006 Nov 1;3(11):51–8.

https://pubmed.ncbi.nlm.nih.gov/20877518/ Dec;35(6):1709-1720. doi: 10.1002/jts.22872. Epub 2022 Sep 5. PMID: 36059231.

3. International classification of Diseases, Eleventh Revision (ICD-11): World Health Organization (WHO),2019/2021
4. Singh G, Singh H, Magny S, Virk I, Gill M. Use of Fluoxetine in Treating Compulsive Sexual Behavior: A Case Report. Cureus. 2022 Sep 16;14(9): e29245. doi: 10.7759/cureus.29245. PMID: 36262958; PMCID: PMC9573801.
5. Blum K, Badgaiyan RD, Gold MS. Hypersexuality Addiction and Withdrawal: Phenomenology, Neurogenetics and Epigenetics. Cureus. 2015 Jul 27;7(7): e290. doi: 10.7759/cureus.290. Retraction in: Cureus. 2015 Oct 06;7(10): r1. doi: 10.7759/cureus. r1. Erratum in: Cureus. 2015 Sep 11;7(9):c1. doi: 10.7759/cureus.c1. Corrected and republished in: Cureus. 2015 Oct 12;7(10): e348. doi: 10.7759/cureus.348. PMID: 26251766; PMCID: PMC4524748.

How to cite this article: Amit Kumar, Sambhu Prasad, Ritisha Mishra. Not every bizarre behavior is psychosis- a peculiar presentation of compulsive sexual behavior disorder mimicking psychosis - a case report. *International Journal of Research and Review*. 2025; 12(2): 398-400. DOI: *https://doi.org/10.52403/ijrr.20250248*

******