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\* Modesto

\*\* Significativa

\*\*\* Significativa. Montantes fornecidos à instituição do autor ou a colega para pesquisa onde o autor tem participação, não diretamente ao autor.

Nota: UFOP = Universidade Federal de Ouro Preto; UFMG = Universidade Federal de Minas Gerais.

Para mais informações, ver Instruções aos autores.

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## Sexual compulsion and HIV transmission: a case report

### Compulsão sexual e transmissão do HIV: um relato de caso

Dear Editor,

We report on a case drawing attention to sexual compulsion (SC) as a risk factor for HIV transmission.

P., 37 year-old, male, Caucasian, single, retired physics teacher, born and resident in São Paulo, Brazil, homosexual and HIV positive was referred from Hospital Emílio Ribas to the Sexuality Project of Institute of Psychiatry, Hospital das Clínicas, Universidade de São Paulo Medical School, due to risk of transmission as he had exacerbated sexual behavior. P. started going to saunas, cinemas and public restrooms on a daily basis in search of sex since the age

of 18. He had unprotected homosexual intercourses with multiple partners, sometimes ten or more on the same day. He rarely had more than one sexual intercourse with the same person. P. spent a lot of money on sex. He frequently abandoned his professional routine to look for sex, compromising his career. He never earned a university degree. The patient did not have emotional feelings for his partners. He did not waste time with foreplay (hugs, kisses, caresses), focusing on contact with erogenous zones. When he felt the "uncontrollable desire of having sex", he only followed his impulse and rarely used a condom. In 1993, he had syphilis and anal and genital herpes. He has had HIV since 1996. In 2003, he was hospitalized due to pneumocystosis and, since then, has been taking antiretrovirals. His family relationship is extremely poor and he has no friends. He has no leisure activities. The patient had no previous history of drug use and was not sexually abused in childhood. He did not meet criteria for personality disorder. He met six out of seven criteria proposed by Goodman<sup>1</sup> for sexual addiction (Table 1). His score on the Sexual Addiction Screening Scale<sup>2</sup> was 15 (cases should score 6 or higher) and he scored 26 (moderate to severe depression) on the Beck Depression Inventory.<sup>3</sup> Treatment consisted of psychiatric follow-up, when paroxetine was started. He had partial reduction in sexual desire at a daily dose of 40mg. In the second month, psychodynamic psychotherapy was associated. After a 1-year follow-up, the patient had improvements in all clinical parameters, developing higher control over his sexual impulses and no longer searching for sex in cinemas and saunas. He began to use condoms in almost every sexual intercourse. Single individuals exclusively with occasional partners account for 15% of the sexually active population in Brazil. Use of condom in the last intercourse was reported by 79.5% of this group.<sup>4</sup> In Brazil, transmission in homosexual and bisexual intercourses

Table 1 - Criteria for sexual addiction

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A maladaptive pattern of sexual behavior, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- 1- **Tolerance, as defined by either of the following: a need for markedly increased amount or intensity of the sexual behavior to achieve the desired effect; markedly diminished effect with continued involvement in the sexual behavior at the same level of intensity;**
- 2- **Withdrawal, as manifested by either of the following: characteristic psychophysiologic withdrawal syndrome of physiologically described changes and/or psychologically described changes upon discontinuation of the sexual behavior; the same (or a closely related) sexual behavior is engaged in to relieve or avoid withdrawal symptoms;**
- 3- **The sexual behavior is often engaged in over a longer period, in greater quantity, or at a higher level of intensity than was intended;**
- 4- **There is a persistent desire or unsuccessful efforts to cut down or control the sexual behavior;**
- 5- **A great deal of time is spent in activities necessary to prepare for the sexual behavior, to engage in the behavior, or to recover from its effects;**
- 6- **Important social, occupational, or recreational activities are given up or reduced because of the sexual behavior;**
- 7- **The sexual behavior continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been cause or exacerbated by the behavior.**

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Note: The six criteria met by P. are in bold.

accounts for 20.7 and 12.2%, respectively, of all cases of AIDS in men.<sup>5</sup> Therefore, our patient's vulnerability to HIV/AIDS seems to be less associated with homosexual orientation and multiplicity of partners and more associated with the clinical outcome of SC: lack of control over sexual impulses, impairment of affective, social, and occupational areas of life. The patient had no previous history of depression. The depressive episode is recent and may be secondary to psychosocial difficulties. SC has not received proper emphasis in scientific publications as to its potential for higher risk of HIV transmission and its prevalence is estimated to be between 3 to 6%.<sup>1</sup>

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## Disclosures

Writing group member	Employment	Research grant <sup>1</sup>	Other research grant or medical continuous education <sup>2</sup>	Speaker's honoraria	Ownership interest	Consultant/ Advisory board	Other <sup>3</sup>
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Note: USP = Universidade de São Paulo.

For more information, see Instructions for authors.

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