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Letter to the Editors

Severe compulsive sexual behaviors: a report on two cases under treatment

Dear Editor,

Compulsive sexual behavior (CSB) is defined by sexual urges, sexually arousing fantasies, and sexual behaviors that are recurrent and intense, causing distressful interference in daily life.¹ Severe CSB can be associated to prolonged occurrence of CSB and several negative consequences: intense emotional suffering, legal sanctions, and increased health risks¹ - e.g. intentional unprotected anal intercourse (barebacking) and sexual practice among men (MSM),² contributing to increase HIV transmission indicators.³

In Brazil, MSM account for 28% of male AIDS cases dating from 2000.⁴ Looking at the reports of two severe CSB cases associated with barebacking, we see that these patients underwent medicated psychiatric treatment (Table 1) and 16 sessions of psychodynamic psychotherapy. The inventory used was the Sexual Compulsivity Scale (SCS), that was applied before, immediately after, and three months following the intervention (Table 1). The sexual behaviors studied were: having a main partner, number of casual partners and condom use during anal intercourse. The criterion for barebacking behavior was report of no condom use during most instances of anal sexual intercourse. The criterion for CSB was exceeding the cutoff score of 24 on the SCS.⁵

This study was approved by the Ethics Committee of the Hospital das Clínicas in the Medicine School of the Universidade de São Paulo (HC-FMUSP). The patients sought treatment for CSB at the Sexuality Studies Program of the Institute of Psychiatry in HC-FMUSP. After they signed the consent form, they were enrolled in the study.

C., who is HIV-negative, reports CSB occurring since 2000. The main aspects of his CSB include: chatting via phone calls or internet and visiting cinemas and saunas looking for sex. He reported 30 to 40 casual partners over the last six months, despite a three-year relationship with a main partner with whom he rarely uses condoms. He had been using other sexual harm-reduction strategies such as having his partner withdraw prior to ejaculation.

A., who is HIV-positive, reports never having a stable relationship and is constantly searching for sex in saunas. He pays for his sexual encounters and reports having unprotected receptive anal intercourse with three different men each time. A. reported having 50 casual partners over the last six months.

At the end of treatment, A. and C. improved according to scores of SCS (Table 1), increasing their control over CSB and their use of condoms. A. visited saunas less frequently, had only four casual partners over last six months, and used

Table 1 Sociodemographic and clinical data of patients. São Paulo, Brazil. 2011

Identification	Occupation	Sexual orientation	Promiscuous sexual behavior	Medication dose (pre post)	SCS Score (pre post post 3-months)	ICD-10
Patient A., 38 years	Desk Assistant	Homosexual	Saunas	Sertraline 150 mg/day 150 mg/day	40 22 22	F 52.7 F 40.0 F 40.1 F 41.1
Patient C., 31 years	Desk Assistant	Homosexual	Casual sex, saunas and cinemas	Paroxetine 20 mg/day 20 mg/day Naltrexone 50 mg/day 50 mg/day	27 20 21	F 52.7 F 41.1

Note: SCS: Sexual Compulsivity Scale. F 52.7: Excessive sexual drive; F40.0: Agoraphobia; F40.1: Social phobias; F41.1: Generalized anxiety disorder. pre: pre-intervention; post: post-intervention; post 3-months: three months after intervention.

condoms most of the time. He increased awareness about risks of sexually transmitted diseases involving unsafe sex. C. increased the use of condoms with his main partner, stopped visiting saunas and cinemas and decreased his use of the internet and practice of casual sex, dropping to four casual partners over a period of six months with a 50% frequency of condom use.

These reports suggest that psychiatric drug treatment and brief psychodynamic psychotherapy may increase control over CSB and reduce negative outcomes.

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Maria Luiza Sant'Ana do Amaral^{1,2}
Marco de Tubino Scanavino, PhD³

¹ Psychologist;

² Expert in Human Sexuality, School of Medicine, Universidade de São Paulo (USP);

³ Assistant-Physician, Sexuality Studies Program (ProSex), Institute of Psychiatry of the School of Medicine, Universidade de São Paulo (USP).

Disclosures

Maria Luiza Sant'Ana do Amaral

Employment: Psychologist, Expert in Human Sexuality; School of Medicine, Universidade de São Paulo (USP), Brazil.

Marco de Tubino Scanavino, PhD

Employment: Assistant-Physician, Sexuality Studies Program (ProSex), Institute of Psychiatry of the School of Medicine, Universidade de São Paulo (USP), Brazil.

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* Modest

** Significant

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