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Compulsive sexual behavior and psychopathology among treatment-seeking men in São Paulo, Brazil

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ABSTRACT

This study examined compulsive sexual behavior (CSB) and psychopathology in a treatment-seeking sample of men in São Paulo, Brazil. Eighty-six men (26% gay, 17% bisexual, 57% heterosexual) who met diagnostic criteria for excessive sexual drive and sexual addiction completed assessments consisting of the Mini International Neuropsychiatric Interview, a structured clinical interview for DSM-IV Axis I Disorders—Clinical Version (segment for Impulse Control Disorder), Sexual Compulsivity Scale (SCS), and questions about problematic CSB. The average SCS score for our sample was above the cut-off score reported in other studies, and 72% of the sample presented at least one Axis I psychiatric diagnosis. There were no differences among gay, bisexual, and heterosexual men on SCS scores and psychiatric conditions, but gay and bisexual men were more likely than heterosexual men to report casual sex and sex with multiple casual partners as problematic behaviors. SCS scores were associated with psychiatric co-morbidities, mood disorder, and suicide risk, but diagnosis of a mood disorder predicted higher SCS scores in a regression analysis. The study provides important data on the mental health needs of men with CSB in São Paulo, Brazil.

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1. Introduction

Compulsive sexual behavior (CSB) is characterized by sexual fantasies and behaviors (*e.g.*, excessive masturbation, excessive use of pornography, multiple casual sex partners) that increase in intensity and frequency over time and lead to adverse consequences in one's daily life, including personal aspirations, interpersonal relationships, and vocational pursuits (Kalichman and Rompa, 1995; Black, 2000; Goodman, 2001; Raymond et al., 2003; Muench and Parsons, 2004; Parsons et al., 2007a; Kuzma and Black, 2008; Kafka, 2010; Morgenstern et al., 2011; Parsons et al., 2012). Goodman (2001) proposed diagnostic criteria for "sexual addiction" based on clinical observations that resembled a substance dependence diagnosis in the DSM-IV-TR (American Psychiatric Association, 2000), which he characterized as a maladaptive pattern of sexual behavior leading to clinical impairment as manifested in the same 12-month period by three or more of the following: tolerance; withdrawal; frequent sexual behavior; unsuccessful efforts to control sexual behavior; a lot of time spent in preparation for sexual behavior; a reduction in social or occupational activities because of sexual behavior; and sexual behavior that continues despite negative consequences. Hypersexual Disorder had been considered for the 5th edition of the DSM as a new non-paraphilic (*i.e.*, non-socially deviant behavior) sexual disorder diagnosis using the following criteria: recurrent and intense sexual fantasies, sexual urges, and sexual behaviors that lead to adverse consequences, distress and impairment (Kafka, 2010; Kaplan and Krueger, 2010). However, there was a lack of empirical support for its inclusion (APA, 2012). Despite this and variability in nomenclature, definitions, and operational criteria about what constitutes excessive sexual behavior (Kaplan and Krueger, 2010), descriptions of the clinical picture are quite consistent and uniform (see Kafka, 2010 for a historical overview).

Most of the empirical evidence on CSB emerged from studies developed with treatment seeking samples (Black et al., 1997; Wines, 1997; Raymond et al., 2003; Kafka and Prentky, 1994; Kafka and Hennen, 1999; Kafka and Hennen, 2002) and community based samples (Parsons et al., 2007a; Parsons et al., 2007b; Grov et al., 2008; Kelly et al., 2009; Grov et al., 2010; Morgenstern et al., 2011; Parsons et al., 2012).

Estimates indicate that the prevalence of CSB in the United States is between 3% and 6% of the adult population (Carnes, 1991;

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Coleman, 1992; Black, 2000; Kuzma and Black, 2008), with males comprising about 80% of the individuals with self-identified CSB (Kaplan and Krueger, 2010). CSB appears to be more common among gay and bisexual men, with as many as 27% of men sampled for community-based surveys reporting at least some symptoms of CSB (Kelly et al., 2009; Grov et al., 2010). It has been suggested that the prevalence of CSB among gay and bisexual men is higher than among the general population because of the increased variety of and access to sexual "outlets" (*e.g.*, bathhouses, Internet sex sites, sex parties) (Parsons et al., 2001; Parsons et al., 2007b; Grov et al., 2008; Grov et al., 2010) and that it is easier for those gay and bisexual men at risk for CSB to actually develop the problem and/or to trigger CSB episodes (Parsons, et al., 2007a). Among individuals in the United States seeking treatment for CSB, the most commonly reported symptoms involve compulsive masturbation, use of pornography, and having multiple casual sex partners (Wines, 1997; Kafka and Hennen, 1999; Raymond et al., 2003). The use of the internet to meet potential sex partners or to engage in virtual sex while in chat rooms or with web-cams (cybersex) is also common (Carnes et al., 2001; Cooper et al., 2004).

In the past decade, interest in examining co-morbidity of CSB with other mental health disorders has increased among researchers in the United States. Studies that have systematically evaluated Axis I psychiatric diagnoses in individuals with CSB have found substantial evidence of co-morbidity of two or more psychiatric or substance use disorders (Kafka, 2010; Kaplan and Krueger, 2010). One study examining the prevalence of psychiatric disorders in a treatment seeking sample of individuals with CSB found that 88% met diagnostic criteria for a current Axis I disorder and 100% met criteria for a lifetime Axis I disorder, with the most commonly reported lifetime disorders being anxiety, mood, and substance use disorders (Raymond et al., 2003). A study of a community sample of gay and bisexual men who reported difficulty in controlling their sexual behavior also found high co-morbidity with Axis I psychiatric conditions; anxiety, mood, and substance use disorders were the most common (Morgenstern et al., 2011).

Epidemiological, behavioral, and clinical data on CSB and its connections to mental health in Brazil are very limited. A search on PubMed, "Biblioteca Virtual em Saúde" [Virtual Health Library], which included Medline, Lilacs, and Cochrane Library for publications through April of 2012 on studies conducted in Brazil using the following keywords "compulsive sexual behavior," "sexual addiction," "sexual compulsion," "sexual compulsivity," "hypersexual," "hypersexuality," and "excessive sexual drive" resulted in only eight publications focusing on CSB in Brazil: four case reports (Oliveira and Tavares, 1999; Mutarelli et al., 2006; Munhoz et al., 2009; Scanavino et al., 2009); a study to validate the Sexual Addiction Screening Test (SAST) for use in Brazil (Silveira et al., 2000); a study of SAST scores among sexual offenders (Baltieri and Andrade, 2008), a study comparing obsessive compulsive disorder (OCD) and social anxiety disorder outpatients on CSB (Fontenelle et al., 2007), and a study comparing CSB among OCD outpatients with and without alcohol use disorders (Gentil et al., 2009). There were no published studies on Brazilian samples seeking treatment for CSB, nor any which compared CSB symptoms or co-morbidity by sexual orientation.

The goal of this study was to descriptively examine CSB and co-morbid psychopathological conditions among the first empirical sample of treatment-seeking men with CSB in São Paulo, Brazil. Based on data from the United States, we hypothesized that gay and bisexual men would present higher scores on the Sexual Compulsivity Scale (SCS), greater number of problematic CSB symptoms, and more psychiatric co-morbidity than heterosexual men. We also hypothesized that SCS scores would be positively associated with psychiatric co-morbidity and a greater number of problematic sexual behaviors.

2. Method

2.1. Participants

One hundred twenty eight individuals who sought treatment for CSB at the Institute of Psychiatry, the Clínicas' Hospital of the University of São Paulo Medical School (HC-FMUSP), a public university based medical center in São Paulo, were screened for this study. Of these, 122 (112 men and 10 women) were eligible for the study, based on the following criteria: (1) 18 years of age or older; (2) literate (in Portuguese); (3) live in Brazil for the last 10 years; (4) classification as having an excessive sexual drive (ICD-10: F52.7) (World Health Organization, 1992); (5) meet criteria for sex addiction (Goodman, 2001); and (6) no current diagnosis of paraphilic disorders (ICD-10 F65), gender identity disorder (ICD-10 F64), schizophrenia (ICD-10 F20), and other mental disorders due to brain dysfunction, injury or physical disease (ICD-10 F0.6). Given that our ability to make any statistical inferences based on group comparisons with only 10 women enrolled in this study was limited, we dropped data from women from our analyses. However, we do recognize the importance of understanding CSB and psychiatric co-morbidity among women. In addition, 26 men did not complete all of the assessments. Of these, we could not reach seven men to schedule a study appointment, seven did not show for their scheduled study appointment, eight discontinued their study participation (three moved to another city, three indicated that they wanted to seek treatment for another psychiatric condition, and the remaining two did not mention a reason), and four men were excluded from the study due to difficulty in understanding the questions. Thus, in this paper we report data from 86 male outpatients who completed all of the study assessments from October of 2010–September of 2011. Of these, 22 (25.58%) identified as gay, 15 (17.44%) as bisexual, and 49 (56.98%) as heterosexual.

2.2. Procedures

After providing informed consent to participate in this study, participants completed a 2–3 h assessment, which consisted of a paper-and-pencil self-report questionnaire and a clinician-administered psychiatric assessment and standardized diagnostic interview. Participants were not compensated for their participation, as this is not customary in Brazil. This study was reviewed and approved by the Ethics Committee of the HC-FMUSP.

2.3. Measures

2.3.1. Participant characteristics

Participants were asked to self-report their age, gender, legal marital status, race, highest year of school completed, employment status, monthly income, sexual orientation, and whether they sought previous mental health treatment.

2.3.2. Problematic sexually compulsive behaviors

Participants were asked during a clinician-administered, semi-structured interview to report whether they engaged in any of the following eight types of behaviors, as these have been reported to be problematic by people with CSB (Kafka, 2010; Kaplan and Krueger, 2010): compulsive masturbation, compulsive use of pornography, excessive casual sex, multiple casual sex partners, frequent attendance at strip clubs, excessive use of online sex chats, frequent use of telephone sex, and frequent sex with sex workers.

2.3.3. Compulsive sexual behavior

We used the *Sexual Compulsivity Scale* (*SCS*), a 10-item scale that is used widely in the US and that has been shown to have good reliability (Cronbach's alphas have ranged from 0.85 to 0.91) (Kalichman et al., 1994). Statements are rated on a 4-point scale from 1="not at all like me" to 4="very much like me". Two psychiatrists who are members of the research team translated the SCS into Portuguese and then reviewed the two translations to reconcile any discrepancies between them. A native English speaker who resides in Brazil conducted the back translation, which was then reviewed by one of the US-based researchers on this team.

2.3.4. Psychopathology measures

The *Mini International Neuropsychiatric Interview* (*MINI*) is a brief standardized diagnostic interview that was adapted and validated for use in Brazil (Amorim, 2000) and investigates Major Depressive Episode, Dysthymia, Suicide Risk, Manic/Hypomanic Episode, Panic, Agoraphobia, Social Phobia, OCD, Posttraumatic Stress Disorder, Alcohol/Substance Abuse and Dependence, Psychotic Disorders, Anorexia/Bulimia, Generalized Anxiety Disorder, Antisocial Personality Disorder. The MINI showed similar psychometric properties to the Composite International

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