

Report of Findings in a DSM-5 Field Trial for Hypersexual Disorder

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DOI: 10.1111/j.1743-6109.2012.02936.x

ABSTRACT

Introduction. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for hypersexual disorder (HD) have been proposed to capture symptoms reported by patients seeking help for out-of-control sexual behavior. The proposed criteria created by the DSM-5 Work Group on Sexual and Gender Identity Disorders require evaluation in a formal field trial.

Aim. This DSM-5 Field Trial was designed to assess the reliability and validity of the criteria for HD in a sample of patients seeking treatment for hypersexual behavior, a general psychiatric condition, or a substance-related disorder.

Method. Patients (N = 207) were assessed for psychopathology and HD by blinded raters to determine inter-rater reliability of the HD criteria and following a 2-week interval by a third rater to evaluate the stability of the HD criteria over time. Patients also completed a number of self-report measures to assess the validity of the HD criteria.

Main Outcome Measures. HD and psychopathology were measured by structured diagnostic interviews, the Hypersexual Behavior Inventory, Sexual Compulsivity Scale, and Hypersexual Behavior Consequences Scale. Emotional dysregulation and stress proneness were measured by facets on the NEO Personality Inventory—Revised.

Results. Inter-rater reliability was high and the HD criteria showed good stability over time. Sensitivity and specificity indices showed that the criteria for HD accurately reflected the presenting problem among patients. The diagnostic criteria for HD showed good validity with theoretically related measures of hypersexuality, impulsivity, emotional dysregulation, and stress proneness, as well as good internal consistency. Patients assessed for HD also reported a vast array of consequences for hypersexual behavior that were significantly greater than those diagnosed with a general psychiatric condition or substance-related disorder.

Conclusions. The HD criteria proposed by the DSM-5 Work Group on Sexual and Gender Identity Disorders appear to demonstrate high reliability and validity when applied to patients in a clinical setting among a group of raters with modest training on assessing HD. **Reid RC, Carpenter BN, Hook JN, Garos S, Manning JC, Gilliland R, Cooper EB, McKittrick H, Davtian M, and Fong T. Report of findings in a DSM-5 Field Trial for hypersexual disorder. J Sex Med 2012;9:2868–2877.**

Key Words. Hypersexual Disorder; DSM-5 Field Trial; Sex Addiction; Sexual Compulsivity; Hypersexual Behavior

Introduction

The present article reports the results of a field trial designed to examine the criteria for hypersexual disorder (HD) proposed by the Diagnostic and Statistical Manual of Mental Disorders,

Fifth Edition (DSM-5) Work Group on Sexual and Gender Identity Disorders [1]. The diagnostic criteria for HD include nonparaphilic repetitive and intense preoccupation with sexual fantasies, urges, and behaviors, leading to adverse consequences and clinically significant distress or impairment in

Table 1 DSM-5 proposed criteria for hypersexual disorder

- A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with four or more of the following five criteria:
1. Excessive time is consumed by sexual fantasies and urges, and by planning for and engaging in sexual behavior.
 2. Repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphoric mood states (e.g., anxiety, depression, boredom, and irritability).
 3. Repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events.
 4. Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior.
 5. Repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others.
- B. There is clinically significant personal distress or impairment in social, occupational, or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior.
- C. These sexual fantasies, urges, and behavior are not due to direct physiological effects of exogenous substances (e.g., drugs of abuse or medications), a co-occurring general medical condition, or to manic episodes.
- D. The person is at least 18 years of age.

Specify if masturbation, pornography, sexual behavior with consenting adults, cybersex, telephone sex, and strip clubs

Source: <http://www.dsm5.org>

DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

social, occupational, or other important areas of functioning [1–4]. Patients seeking help for HD typically experience multiple unsuccessful attempts to control or diminish the amount of time spent engaging in sexual fantasies, urges, and behaviors in response to dysphoric mood states or stressful life events [1]. These symptoms must persist for a period of at least 6 months and must occur independent of drug use, a general medical condition, or mania in order for a diagnosis of HD to be established (see Table 1). In addition to assessing the validity and reliability of the symptom criteria, our field trial also examined proposed specifiers (behaviors described as most problematic) for HD, which include masturbation, pornography, sexual behavior with consenting adults, cybersex, telephone sex, and frequenting strip clubs along with their associated consequences (e.g., sexually transmitted infections [STIs]). Trajectories characterizing the clinical course of HD were also assessed.

HD has been proposed as a new diagnosis for the DSM-5 and greater awareness of HD-like symptoms in both clinical and nonclinical populations has resulted in a dramatic increase in related research. Attempts have been made to understand the risk factors, developmental pathways, clinical presentations, and comorbid conditions associated with HD. Although descriptions of hypersexual

behavior have a long history [1–3,5,6], only recently has the psychiatric community acknowledged that such behavior may indeed be clinically significant rather than a normal variant of sexual expression. Subsequently, there appears to be a sufficient scientific foundation to support consideration of HD in our diagnostic system by the Sexual and Gender Identity Disorders Work Group [1]. Nevertheless, the proposed criteria for HD are not without controversy despite attempts to clarify the rationale for HD. For example, the HD criteria require more than simple manifestations of excessive sexual behavior including an expansive range of associated features such as whether sexual thoughts, urges, and behaviors arise from stress or dysphoric mood states, create difficulties leading to dysfunctional consequences, and lead to a perceived diminished of sense of control [7,8]. As such, common behaviors such as brief sexual encounters with unfamiliar partners, multiple extradyadic affairs, or frequent pornography consumption do not satisfy the symptom criteria unless they are concurrently associated with the broader spectrum of pathological expression for a period of at least 6 months [9]. In addition, a diagnostic threshold that requires four out of five of the “A” criteria (see Table 1) be met was implemented to safeguard against classifying false positives in identifying HD cases. Moreover, the diagnostic label “hypersexual” was chosen over labels such as “sexual addiction” or “sexual compulsivity” to avoid misunderstandings or premature conclusions about possible etiology that has yet to be empirically established. Although we refer to HD in describing the manifestation of symptoms applied to the patient samples in this field trial, we remind the reader that references to “HD” throughout this article characterize a *proposed* disorder and is not reflective of an established disorder sanctioned by the American Psychiatric Association at this time.

Approach to the Field Trial

Field trials are a means to determine the feasibility, clinical utility, reliability, and validity of diagnostic criteria in clinical settings. Despite the limitations and associated criticisms of current taxonomies of psychiatric diagnoses [10,11], operational definitions of conditions can provide clinicians with a conceptual framework for determining the boundaries between healthy and unhealthy states. With regard to disordered sexual behavior, this article highlights initial attempts to establish the validity and reliability of diagnostic criteria for HD, as

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