

## Clinical case

# Pharmacological management of inappropriate sexual behaviors in youth with autism spectrum disorder: A case study and review of the literature

## *Traitement médicamenteux de comportements sexuels inappropriés chez les jeunes atteints d'un trouble de l'autisme : un cas clinique et revue de la littérature*

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**Abstract**

Inappropriate sexual behaviors are common in children and youth with autism spectrum disorder that could lead to major distress in the patient and caregivers and sometimes could lead to the patient's expulsion from a social environment. When educational and behavioral intervention failed in reducing such behaviors, pharmacological management would be necessary. We presented here a clinical vignette of treatment of inappropriate sexual behaviors in an adolescent boy with autistic disorder. We further made a review of the literature on its pharmacological management. Our review revealed very limited documentation with only some cases studies that have reported successful treatment by several medications. More controlled studies are needed.

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**Keywords:** Inappropriate sexual behaviors; Autism spectrum disorder; Pharmacological management

**Résumé**

Les comportements sexuels inappropriés sont fréquents chez les jeunes atteints d'un trouble de l'autisme. Ce type de comportement socialement inacceptable peut entraîner des rejets sociaux et des grandes souffrances chez le patient et sa famille. Malgré des mesures éducatives et des interventions comportementales, un traitement médicamenteux est parfois nécessaire pour mieux gérer ce type de comportement. Nous présentons ici un cas clinique et une revue de littérature sur le traitement médicamenteux de comportements sexuels inappropriés chez les jeunes atteints d'un trouble de l'autisme.

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**Mots clés :** Comportements sexuels inappropriés ; Autisme ; Traitement médicamenteux

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**1. Introduction**

Autism spectrum disorder (ASD) is characterized by persistent deficits in social interaction and social communication across multiple contexts, as well as restricted and repetitive patterns of behavior, interests or activities [1]. Despite of the uncommon developmental trajectories, many individuals with

autism demonstrate their interest in discovering sexuality [2,3] and desire relationships, as their peers with a typical development do. It seems important to accept sexuality as a normative part of adolescent development in youth with ASD who may suffer from particular difficulties on learning and daily functioning relating to sexuality [4]. Studies examining children and younger adolescents with ASD demonstrate that they may have less sex education and poorer knowledge regarding privacy issues and display more inappropriate sexual behaviors [2] mostly due to a poorer social ability and lack of effective sexual education. Children with autism may require intensive social and sexual

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education interventions starting at a very young age [5]. However, even pediatricians who were aware of such importance found it difficult to address sexuality-related issues in children and youth with ASD especially topics about prevention of sexual abuse and inappropriate sexual behaviors [6]. Previously reported inappropriate sexual behaviors in children and youth with ASD include undressing or masturbating in public, excessive masturbation, touching other people's private body area and sexual fetishism. One of the primary parental concerns relating to sexuality is the vulnerability of their child with ASD to involvement in sexual risk taking and negative sexual behaviors outcomes (being sexually abused or demonstrating behaviors that can be misregarded as sexually provocative) [7]. To prevent and treat socially unacceptable sexual behaviors, psychoeducation programs and behavior therapy have often been proposed as first-line intervention and have demonstrated their efficacy [8]. When educational and behavioral intervention failed in reducing such target behaviors, pharmacological management would be necessary. To date, however, still little is known about the use of medication to treat inappropriate sexual behaviors in children and young adults, especially in those with ASD.

Here, we presented a clinical vignette of treatment of inappropriate sexual behaviors in a 14-year-old adolescent boy with autistic disorder. We further made a review of the literature to expand our knowledge about pharmacological management of inappropriate sexual behaviors in youth with ASD.

## 2. Clinical vignette

Samuel<sup>1</sup> is a 14-year-old male adolescent with autism with a normal IQ. The early warning signs of autism have been observed at nursery: he had poor eye contact and attention deficit; he rarely spoke to others or used only echolalia; he seemed to be in his own world and failed to initiate or respond to social interactions with his pairs; he didn't have pretend play. He was then integrated in a special class and benefited a lot from a speech-language therapy. Samuel later acquired a better level of language and showed a preserved cognitive ability. When he was 9, risperidone (Risperdal®) 0.5 mg/day was administered to manage his aggression and self-injurious behaviors related to his social-communicating difficulties. These behavioral problems quickly diminished. However, risperidone led to a progressive but important weight gain in spite of dietetic counseling. When he was 12, risperidone was replaced by aripiprazole (Abilify®) 10 mg/day. The weight gain stagnated while Samuel began complaining of persisting tiredness and headache. His parents reported daytime erection and think it could be a side effect of the medication. Aripiprazole was then progressively stopped and replaced later by amisulpride (Solian®).

Samuel's hypersexual behaviors appeared about 2 years ago with the onset of puberty. He was once excluded from a sport club after having touched provocatively the breast of a girl in order to show his discontent to the monitor. He was reported to have excessive open masturbation at home, which was very

embarrassing for other family members. More recently, a teenager girl accused Samuel to have forced her to be touched and sucked on her private part in toilet. Samuel seemed to be confused and hurt, asking why the girl who accepted his kiss would accuse him for sexual caress. For him, they were already a couple after the kiss and a couple should have sexual relationship. After this event, Samuel became very anxious and showed depressed mood with suicidal threat. He was hospitalized during 4 weeks in a child and adolescent psychiatric inpatient unit. The daily dose of his treatment by amisulpride was then increased to 300 mg. His anxiodepressive symptoms rapidly diminished and he didn't show any inappropriate sexual behavior during the hospitalization. He was now back to school and waiting for an evaluation and guidance on sexuality prescribed by the Juvenile Court. A residential treating center specialized for individuals with autism could be very helpful to offer him psychoeducation programs and behavior therapy on sexuality. Unfortunately, only very limited places exist in the French-speaking part of Switzerland.

In this clinical vignette, the patient presented 3 types of challenging behaviors. The first one seems to be a kind of impulsive provocative behavior with less sexual intention. Samuel explained that he touched the breast of the girl in the swimming pool although he knew it's forbidden. He did it anyway to show that he was angry at the monitor. Undoubtedly, this behavior was perceived by others as with clear sexual intention while it was not the case for Samuel. The second type of inappropriate sexual behaviors is his excessive open masturbations at home which should be nuanced, in our opinion, in the light of normal adolescent sexuality development. Samuel has never been reported to masturbate outside his home; however, it seems to be still difficult for him to understand that "at home" is not equal to "private". The third type of inappropriate sexual behaviors for which he has been accused was with clear sexual intention while based on some romantic feelings. Apparently, Samuel didn't understand that more intimate approach without consent would be perceived as sexual offending. Due to their core social deficits, individuals with ASD may be naive about potential consequences of their social-rule-breaking-behaviors.

## 3. Review of the literature

In order to expand our knowledge about pharmacological management of inappropriate sexual behaviors in children and youth with ASD, we further reviewed related publications via Medline (<http://www.ncbi.nlm.nih.gov/pubmed>). Only English publications were included, covering children and young adults aged up to 24 years (as defined by United Nations the term "youth"). We have chosen especially reports describing pharmacological agents other than antipsychotics that have been widely used in individuals with ASD.

As shown in Table 1, the literature on pharmacological treatment of inappropriate sexual behaviors in children and youth with ASD seems to be very limited. Medline search revealed only several case reports, including 6 single-case reports [5,9–13] and 1 case-series [14].

Successful suppression of inappropriate sexual behaviours has been reported in a 24-year male with ASD [5], using

<sup>1</sup> All the identifying details have been changed.

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