COMPULSIVE MASTURBATION TREATED WITH COMBINED NALTREXONE AND MIRTAZAPINE: CASE REPORT AND REVIEW

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ABSTRACT

Masturbation is a normal part of psychosexual development. It becomes troublesome when it becomes compulsive masturbation. The article reviews the small amount of literature available on compulsive masturbation and provides a case report of an adolescent that presented with compulsive masturbation and was treated successfully with a combination of Naltrexone and Mirtzapine with covert sensitization.

Key words: Naltrexone, Mirtazapine, Compulsive Masturbation.

INTRODUCTION

Masturbation is a normal activity that is common in all stages of life right from infancy to old age. It is a normal precursor of object related sexual behavior. It is stated to be an inevitable part of normal psychosexual development. Re-analysis of the Kinsey data has shown that 94% men have masturbated themselves to the point of orgasm at some point in their lives[1]. Moral taboos against masturbation have generated myths that it causes mental illness or decreases sexual potency though no scientific data supports this claim[2]. Masturbation becomes a psychopathological symptom when it becomes a compulsion above and beyond a person's willful control, thus causing emotional disturbance due to its compulsive nature.

Compulsive masturbation (CM) has been defined as a non paraphilic sexual disorder[3]. The DSM-IIIR classification of psychiatric disorders has classified it as sexual addiction and puts it under the category sexual disorders not otherwise specified4[3] while ICD-10 classification of mental diseases puts it in the category of excessive sexual desire[5]. There is a scarcity of data on the clinical characteristics of such populations. The disorder is rare and though most patients coming for treatment are male, female cases also have been reported[6]. Cases studied report that 75% had major depression as a com-morbid diagnosis7[7]. The phenomenon may be seen in schizophrenia[8] and in gay populations[9]. It is reported to be seen even in normal adolescence[10-12] or as a part of infantile autism[13] and as part of the clinical profile of sexual offenders[14]. It may be seen even in certain epilepsies or as a manifestation in absence status[15].

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Here we present a normal adolescent that presented with compulsive masturbation and secondary major depressive features and responded well to a combination of Naltrexone, Mirtazapine and covert sensitization.

CASE HISTORY

A 16 year old male student presented with a history of excessive uncontrollable frequency of masturbation since 1 year. He wanted to quit the habit. He had a lot of guilt associated with the habit. Repeated masturbation had affected his studies and he used to remain preoccupied with sexual thoughts most of the day. He also had physical weakness and symptoms suggestive of major depressive disorder. He attributed all his symptoms to his masturbation. His distress was great as he thought of getting himself castrated, vasectomized or undergoing a penile amputation to help him get rid of the habit. Initially his frequency of masturbation was once or twice a day. The frequency of masturbation gradually increased to 8-12 times per day. He used to spend 4-6 hours a day in the act. When he presented to our clinic, he was started on Naltrexone 50mg /day and Mirtazapine 15mg / day. The Naltrexone was increased to 100mg / day in a span of 2 weeks. He was also started on covert sensitization behavior modification method. At the end of 5 weeks, his masturbatory frequency decreased by 30% compared to baseline. At the end of 8 weeks he was 50% better. The patient was unfortunately lost to follow up.

DISCUSSION

Before initiating treatment in any form, the patient's motivation for treatment must be established. No controlled trials of drugs are available in the management of this disorder though anecdotal case reports exist. The selective serotonin reuptake inhibitors have been used with a fair degree of success. Reports of the use of

Fluoxetine, Fluvoxamine and Citalopram exist[8,9,16]. There is also mention of cases that have responded well separately to Naltrexone and Mirtazapine[11,13,17]. Other therapies like cognitive behavior therapy, covert sensitization and systematic desensitization have been reported to be useful[18]. To our knowledge the above mentioned case is the first where a combination of Naltrexone and Mirtazapine has been used with success in the management of compulsive masturbation.

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