A case of Compulsive Masturbation Treated with Fluoxetine and Psychoeducation, Ayder Hospital, North Ethiopia

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Abstract

Background: Compulsive masturbation iscompulsive sexual behavior defined as a clinical syndrome characterized by the experience of sexual urges, fantasies, and behaviors that are recurrent, intense, and cause a distressful interference in one's daily functioning and sexual obsessions is also expressed as recurrent and repetitive sexual thoughts, impulses or images that come into the mind and cause significant distress into an individual; despite the person's effort to avoid them. These are characteristics compulsive masturbation. Though, Masturbation does not have a distinct code in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (D.S.M.-V).

Case presentation:A 17 years old male, visited Psychiatry outpatient department, Ayder comprehensive specialized hospital, Mekelle University with a compliant of three years history of masturbation and frequent masturbation for the past one year. The increased masturbation comes with different problems such as poor sleep pattern, irritability feeling, guilt feeling, repeated suicidal ideation, afraid of talking sexual issues with any person including his intimate friends, functional impairment in his interpersonal communications, and decreasing educational performance. The patient was treated with Fluoxetine for six months with a dose of 20-40 mg daily together with a strong follow up on psycho education, concerned on each exacerbating factors, by convincing masturbation as a normal sexual behavior of adolescents and promotion of free talks rather than avoiding about sexual issues with his friends.

Conclusion:A combined pharmacological and psych education intervention was successful in treating a case of compulsive masturbation.

Keywords: Case Report, Compulsive Masturbation, Fluoxetine, Psychoeducation , North Ethiopia

Background

Compulsive sexual behavior has been defined as a clinical syndrome characterized by the experience of sexual urges, fantasies, and behaviors that are recurrent, intense, and cause a distressful interference in one's daily functioning(1). Sexual Obsessions are recurrent and repetitive sexual thoughts, impulses or images that come into the mind and cause significant distress into an individual; despite the person's effort to avoid them, they cannot be suppressed. Among the different mechanisms to alleviate this distress, the most popular one is masturbation(2, 3). Masturbation is gaining sexual pleasure from stimulating own genitalia. Repetitive masturbation usually performed without the person's intent to alleviate the distress caused by obsessive thoughts is compulsive masturbation(3).

Masturbation does not have a distinct code in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition D.S.M.-V but it can be classified as part of other specified sexual dysfunction within it(1). It can also fit to the disease category of "excessive sexual desire" in International Classification of Diseases developed by WHO(1992) (4). Masturbation is one of the culture sensitive issues which have been abandoned and considered as form of immoral and sinful act on religious perspectives(5, 6). Nonetheless this time cultural changes have increased the acceptability and availability of sexual rewards(2) which uncovered an inability to control sexual impulses resulting in continued engagement in these behaviors despite the creation of negative consequences known as sexual addiction(6). Evidences strengthen that, better physiological and psychological health is related with penile- vaginal intercourse than masturbation or other sexual activities(7, 8). Similarly higher desire for masturbation was found among depressed people than non-depressed (9, 10). Accepting masturbation as a widely recognized act in men, masturbation is also associated with life time depression among women(11).

Magnitude of the problem is widely spread all over the world. For instance, 61% of men and 38% of women reported any masturbation in the earlier year in the US(12). Similar experience was reported among 35% of men and 13% of women in Urban China. In Britain, 73% of men and 37% of women reported masturbatory

experience in a 4 week period(13). Sexual engagement of adolescents in Africa is early at a mean age of 17 years(14). The same to other African countries, the mean age at first sexual intercourse in Ethiopia has been found in a range of 16 to 18 years; also the major reason for the first sex act include curiosity, marriage, peer pressure, alcohol/substances, coercion by men and for commercial purpose(15, 16). This early engagement could significantly precipitate them to deferent sexual acts including masturbation(7, 8). It is possible to guess masturbation as extremely widespread act in Africa, but researchers and the scientific community in general didn't able to address the topic. The reason could be the extreme sensitivity to question participants on the topic and less emphasis give in the health effect of masturbation.

Moreover different case reports and studies have been reported from the western countries, but studies regarding masturbation in developing nations including Ethiopia are scant. In this case report we will try to discuss the clinical condition and progress of a young male adolescent who developed compulsive masturbation.

Case presentation

A 17 years old male Mekelle town, north Ethiopia resident comes to psychiatry outpatient department, Ayder comprehensive specialized hospital, Mekelle University. His chief complaint was "I am suffering from repeated masturbation". He was a grade 11 student, single (has no girlfriend), living with his family, orthodox Christian by religion and Tigrai by Ethnicity, Ethiopian nationality. He was a self-referred patient and this was his first visit the unit for psychiatry consultation.

The first time that he experienced masturbation was when he was 14 years old. Three years ago he started to practice this act after he saw while his friend doing a similar act. In the early begging he used to masturbate occasionally. Especially in the first year of his masturbation history he used to masturbate from minimum occasionally (around once weekly) up to maximum one up two times a day. In the past 12 months from his psychiatry unit visit time, the frequency of masturbation increased to 4 up to 5 times a day mainly masturbating in the evening time at bed with few minutes' difference; and sometimes he used to masturbate within 5-10 minutes difference. Currently, unless he masturbates for at least

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two times at bed time he can't sleep at all. Many times he decided not to do the act but he couldn't sleep until 3 or 4 AM at night thinking in doing that due to the intolerable desire to masturbate.

This behavior aggravated by different factors that he exposes in day time. Those are when he saw a big lady ass, if he saw well-dressed women's, when he see females with romantic clothes, seductive behavior and females romantic walking style on street even in public area. By then besides continuing what he planned to do, to manage this and get relive, he go back to home to masturbate. Generally he didn't want to talk about any sexual issues with school friends, relatives but in case the issue is raised he angry and leaves from around. Totally he did not want to approach and have sex with females.

Having this all, he never shares his idea to anyone, but he always thinks on how to stop this problem, fortunately he didn't able do that. And he becomes very irritable toward his family and as a result, he routinely argues with his family. He also reported as he had a suicidal ideation but he didn't attempt because of his religion. In the last few months he started to face a problem with his education such as difficulty to attend class and difficulty to read in the evening because of the repeated desire and act of the compulsive behavior. Since the past year he feels sad by the sexual behavior that he is exhibiting and to get a mercy he visits repeatedly an Orthodox Church as a result he gets relieve for a moment. To solve this problem means not to masturbate he stared to share a bed with his brother but it didn't able to help him. He can only wait until his brother and the all family fell asleep.

In the psychiatric evaluation, there is no any identified major psychiatry disorders except the depressed symptom, guilt feeling, irritability and sleep problem in recent one year. Other than this he has no any life event stressor. He grew up happily with his family. There was no gynecological, neurological and other medical problem identified by consultation to medical side in the hospital. He had no history of major medical illness surgical procedure and substance use history. His child hood development was normal and he was also among the top scorer students in class. Finally the patient was diagnosed as part of other specified sexual dysfunction, "compulsive masturbation" in the D.S.M-5. After the diagnosis he starts a treatment,

Fluoxetine 20mg at morning time per day for two weeks. In addition to this, Psycho education was given to help him try thinking and talking freely about sexual issues such as with his friends rather than trying to avoiding it and telling that masturbation is normal adolescent sexual behavior. In the evaluation after two weeks treatment, the frequency of masturbation did not show decrement except some improvement in his sleep problem.

He continued the same treatment and dose together with the psycho education, in the evaluation of six weeks after the treatment initiation, there was improvement in the frequency of masturbation and improvement in depressive symptoms, but not significant. This time, the treatment dose was increased to Fluoxetine 40 mg per day and this dose was given for two months. This 2 months' time, he convinced that masturbation as a normal sexual behavior of adolescents, and starts to freely talk rather than avoiding discussion with his cloth friends, depression mood and guilty feeling decreased in intensity, suicidal ideation disappear and masturbation frequency decreased. After three month treatment he showed an improvement of the masturbation frequency excellently and he also started to talk with females and he continues his education properly. Then, after 3 months of the same treatment, the masturbation frequency decreased to 1-2 times per month. And then after six months treatment with repeated follow-up the masturbation completely stopped, he feels good, he start aerobic exercise at gymnasium and he is fully functional in interpersonal relationship and in his education. See the detail in (Table 1) for the results Fluoxetine Treatment and the frequency of masturbation pattern.

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Table: 1, Results Fluoxetine Treatment and the frequency of masturbation pattern at Ayder comprehensive specialized hospital

Time	Treatment	Masturbation frequency	Other Improved symptoms
Before treatment	Nothing	5-6 times a day	-
After 2 week of starting treatment	Fluoxetine 2o mg	5-6 times a day	• Improved sleep problem
After 6 week of starting treatment	Fluoxetine 2o mg Psycho education	5-6 times a day	• Irritability • Guilt feeling • Suicidal ideation • Depresses mood
After 2 month of starting treatment	Fluoxetine 4o mg Psycho education	3-4 times a month	• Talk freely about sexual issue
After 3 month of starting treatment	Fluoxetine 4o mg Psycho education	1-2 times a month	• Functional impairment improved
After 6 month of starting treatment	Fluoxetine 4o mg Psycho education	Stopped	• Fully functional in his education and interpersonal relationship

Discussion and conclusion

Although compulsive sexual behavior is not currently well recognized as a psychiatric disorder, different studies in the previous time tested and advocated for the inclusion of its synonym, "hypersexual disorder," in the DSM-5 (7). Because in the previous time, compulsive masturbation was considered as an impulse control disorder (4) and other researchers consider it as variant of obsessive compulsive disorder in which there is a phenomenological overlap of features of compulsive masturbation among these disorders [9]. But in this case study, the same to other studies conducted after the development D.S.M.-5, (8), compulsive masturbation was classified as part of 'other specified sexual dysfunction 'in the D.S.M.-5 classification .Currently, most researchers would agree that compulsive sexual behavior is neither a question of aberrant behavior nor mere quantity. Rather, compulsive sexual behavior is identified when the behavior presents a disturbance in the individual's normative daily functioning(12, 17). In this case, within one year the frequency of masturbation increased to 4 up to 5 times a day mainly in the evening with few minutes' difference; and sometimes he used to masturbate within 5-10 minutes difference. The increased frequency of masturbation comes with, different problems such as Poor

sleep problem, Irritability, guilt feeling, suicidal ideation, afraid of talking sexual issue, functional impairment, and poor educational status. Those sign and symptoms were dominantly documented as a complication of unbearable and frequent masturbation among adolescents on different literatures. For instance, a study conducted in northern America reveled that, compulsive sexual behavior frequently associated with comorbidities of current mood disorders 33%, anxiety disorders 42% , substance disorders 29% and Personality disorders 46%(18, 19).

Many cases reported that were successfully treated with SSRIs like fluoxetine, sertraline(13). Other medications can be used: aripiprazole (20) mirtazapine(21). Behavior therapy in the form of cognitive behavior therapy, covert sensitization and systematic desensitization has been reported useful(22). In this case the patient was treated with Fluoxetine for six month with a dose of 20-40 mg per day dosing. Thus in the treatment of compulsive masturbation we feel that a variety of interventions is a necessary to achieve comprehensive result. Strong follow up on psycho education, concerned on each factors such as convincing masturbation as a normal sexual behavior of adolescents and how free talks rather than avoiding discussion with cloth friends. This suggests that to have a proper manner of treatment, looking at the patient holistically as well as environmental factors and family dynamics was mandatory.Finally we conclude that it is important to consider a combined pharmacological and behavioral treatment is more effective than either of them. Any case of compulsive masturbation should be assessed for the consequences faced and treated accordingly as separate issue.

Abbreviations: D.S.M.-V: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, USA: United States of America, WHO: world health organization

Declarations

Ethics approval and consent to participate

Ethical clearance was received from Institutional Review Board of College ***(ERC: MUCHS/090/2018)***and full written informed consent was obtained from participant. Privacy and strict confidentiality were maintained in all process. No personal details were recorded or produced on any documentation related to the study. We declare that all necessary data's and materials are available in the manuscript and

supporting information section of the journal.

Consent to Publish:considering a possibility of individual information disclosure, a written informed assent was requested from the study participant and a written consent was received from his parent and both study participant and his parent signed the form as they are volunteered to disclose the obtained information in the publication. Signed informed consentand assent is available as a supplementary material.

Availability of data and materials

All the necessary data and materials of this study are readily available in the supplementary material section of the journal. But if further clarification, files or data regarding the case is required, it is possible to request the chief medical director of the hospital through the following address. Email: reiyeesayas@gmail.com, phone: +251930465227

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Authors' contributions

KT is an author of the research title who took history of the patient, diagnosis and treated with him Fluoxetine and Psychoeducation, MH and DM participated in the intervention and contributed similar effort in all process of this research. All authors contributed to the data analysis, read and approved the final manuscript.

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