

Dramatic Improvement with Sertraline in a Male Adolescent with Voyeurism



Ozhan Yalcin¹, Esra Guney², Esin Gokce Saripinar³

Bulletin of Clinical Psychopharmacology 2014;24(3):292-4

Dear Editor,

According to the DSM-IV-TR, voyeurism is defined as recurrent intense desires, sexual fantasies causing arousal, sexual impulses and behaviors about watching people who are nude, undressing or having sexual intercourse¹. It usually starts before the age of 15. The overwhelming majority of patients with voyeurism is male². We present an adolescent male with voyeurism showing dramatic improvement with sertraline, whose severe paraphilic behaviors could not be accounted for by adolescence sexual curiosity or interest.

A 16 year old male adolescent, in the 10th grade, attended our outpatient clinic with complaints of aggression, family related problems and sadness. He came to the session with his mother. He was living in a small city with his nuclear family. There was no history of psychiatric disorders in the family. In the first interview it was learned that he had been experiencing voyeuristic behaviors which started at the age of 13, including peeking at sexual intercourse between his parents. This behaviour was still going on. Also he was watching his sisters and female adolescent cousin when they were nude, in a secret manner. He was also peeking at his uncle, aunt, male cousin and older sister while they were engaged in sexual intercourse when he stayed at their home. These behaviors were very frequent. He was finding excuses and pretexts to stay at his relatives house to get a chance of spying on them during sexual intercourse. He had an intense desire and behavior that he could not resist about spying on his female cousin when she was nude and on his

uncle, parents, aunt, or cousin during sexual intercourse. He was forced by his mother to seek psychiatric treatment after she had seen him observing his cousin. These voyeuristic behaviors had occurred countless times. He was not masturbating when he was peeking people during sexual intercourse or when they were nude but he was experiencing arousal. After the voyeuristic behavior he usually masturbated thinking of these voyeuristic experiences. He had never had sexual intercourse. As he mentioned to us, those voyeuristic behaviors were bothering him. After his mother caught him observing his cousin, he cut his penis superficially to punish himself because of the shame and guilt. He was diagnosed with voyeurism. He did not meet any criteria for disruptive behavior disorders or mental retardation. We could not detect childhood sexual abuse in our evaluation. He was followed with cognitive-behavioral (modelling for healthy sexual and other positive behaviors, self instructive inner sounds, cognitive restructuring, delay and postponing reward, imagination and relaxation techniques, improving negative self concept) insight oriented psychotherapy and trazodone 200 mg/day. After two months of follow up, he dropped out. Four months later, he spontaneously contacted us. He had tried to commit suicide with an excess dose of an analgesic drug after quitting our follow up. He explained his suicidal behavior as a result of hopelessness about his deviant sexual behaviors, feelings of shame and guilt. In his hometown, he had been diagnosed with bipolar disorder probably for his deviant sexual behavior and he had continued olanzapine and valproic acid, which was not helpful for his

paraphilic behaviors. In his second contact, he was more depressed and still had severe voyeuristic behaviors. We prescribed sertraline 50 mg, decided to carry on our sessions and discontinued valproate as well as olanzapine. His depressive symptoms improved with sertraline. The sertraline dose was increased to 100 mg/day at the follow-up; and his voyeuristic behaviors dramatically decreased in the first six weeks and complete remission was obtained in the third month of the sertraline treatment. At the one year follow up, he did not report any voyeuristic behavior so his sertraline dose was gradually decreased and stopped. He is still being followed up with no medication without relapse of his paraphilic behaviours and depressive symptoms.

As far as we know, this is the first case reporting dramatic efficacy of sertraline in an adolescent with voyeurism. Different types of antidepressants and hormonal therapies are possible options for the treatment of paraphilic behaviours^{3,4}. As paraphilic behaviours are also categorised under obsessive compulsive spectrum disorders⁵, selective serotonin reuptake inhibitors (SSRI's) can be a good option for treatment^{2,6}. In our case, the efficacy of sertraline for voyeuristic behaviors could be related to its antiobsessive and anticomulsive effect. In an open-label trial, sertraline has been found to be effective in 15 of 24 male patients with paraphilia⁶. Bradford et al. reported clinical improvement in 25 pedophilic patients with sertraline in their open label study⁷. Several case reports have been reported in the medical literature about the efficacy of sertraline in paraphilic patients^{8,9}. SSRI's can reduce compulsive paraphilic desires and control the impulsivity in these disorders⁵.

There is a clinical controversy about labelling and diagnosis of some deviant sexual behaviors as paraphilia or hypersexuality-sexual curiosity due to specific characteristics of the adolescence period^{2,10}. Although the DSM-V restricts voyeuristic disorder under the age of 18, as our patient had great desire for voyeuristic behaviors, which were decreasing his functionality and as he was finding excuses and pretexts to stay in different places to

spy on sexual intercourse compulsively, we diagnosed his severe paraphilic behaviours as voyeurism according to the DSM-IV-TR criteria¹ rather than the voyeuristic behavior. This patient has fulfilled the A (over 6 months of symptoms) and B (prominent impairment in functionality) criteria of the DSM-V voyeuristic disorder¹⁰. In our opinion, his severe paraphilic behaviors could not be accounted for by adolescence sexual curiosity or interest. Perhaps early intervention and early treatment of adolescents with paraphilias may lead to better results than for adult paraphilic patients; however, specific characteristics of the adolescence period must be considered, preceding a diagnosis of paraphilic disorder in this age group. According to our point of view, the DSM-V criteria restricting the diagnosis of voyeuristic disorder under the age of eighteen¹⁰ could lead to a missed diagnosis and lack of early treatment of young patients with severe voyeuristic behaviors like the individual in our case report.

¹M.D., Bakirkoy Psychiatry, Neurology, And Neurosurgery Research and Training Hospital, Child and Adolescent Psychiatry Clinic, Istanbul - Turkey

²M.D., Diskapi Pediatric Hematology and Oncology Research and Training Hospital, Child and Adolescent Psychiatry Clinic, Ankara - Turkey

³M.D., Gazi University School of Medicine, Department of Child and Adolescent Psychiatry, Ankara - Turkey

*Corresponding author: Dr. Ozhan Yalcin
Bakirkoy Ruh ve Sinir Hastaliklari Egitim ve Arastirma Hastanesi, Cocuk ve Ergen Psikiyatrisi Klinigi, Istanbul - Turkey*

Email address: cpozhan@gmail.com

Phone: +90-532-523-1550

This letter was accepted for publication in February 05, 2014.

Declaration of interest:

O.Y., E.G., E.G.S.: The authors reported no conflict of interest related to this article.

References:

1. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.). Washington, DC: American Psychiatric Publishing; 2000.
2. Beech AR, Harkins L. DSM-IV paraphilia: descriptions, demographics and treatment interventions. *Aggress Violent Behav* 2012;17:527-393.
3. Thiabaut F. Pharmacological treatment of paraphilias. *Isr J Psychiatry Relat Sci* 2012;49(4):297-305.
4. Codispoti VL. Pharmacology of sexually compulsive behavior. *Psychiatr Clin North Am* 2008;31(4):671-9. [\[CrossRef\]](#)
5. Fontenelle LF, Mendlowicz MV, Versiani M. Impulse control disorders in patients with obsessive-compulsive disorder. *Psychiatry Clin Neurosci* 2005;59(1): 30-7. [\[CrossRef\]](#)
6. Kafka MP. Sertraline pharmacotherapy for paraphilias and paraphilia-related disorders: an open trial. *Ann Clin Psychiatry* 1994;6(3):189-95. [\[CrossRef\]](#)
7. Bradford JM, Martindale JJ, Goldberg M, Greenberg D, Lane JG. Sertraline in the treatment of pedophilia: An open label study. *New Research Program Abstracts, NR 441, APA Annual Meeting 1996, Miami, FL; 1996.*
8. Rubenstein EB, Engel NL. Successful treatment of transvestic fetishism with sertraline and lithium. *J Clin Psychiatry* 1996;57(2):92.
9. Bradford JM, Gratzner TG. A treatment for impulse control disorders and paraphilia: a case report. *Can J Psychiatry* 1995;40(1):4-5.
10. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing; 2013.