

HYPERSEXUAL BEHAVIOR IN DEPRESSION RESPONDED TO ESCITALOPRAM

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ABSTRACT

We report a 49-year old patient presented with moderate depressive episode with hypersexual symptoms. There was past history of three episodes of depressive disorder with hypersexual behavior in past two years. The patient was treated with a SSRI, escitalopram and showed complete remission of hypersexual symptoms with improvement of depressive episode. Hyposexuality has been described as a symptom of depression. This is the first reported case of hypersexual behavior in major depressive disorder, unipolar type.

Key Words: Hypersexual behaviour, Depression

INTRODUCTION

Hypersexuality has been reported as a symptom in neuropsychiatric disorders e.g. mania¹, Kluver Bucy syndrome² schizophrenia, mental retardation and substance intoxication³ or due to medications (dopamine agonists⁴, moclobemide⁵, pergolide⁶). Sexsomnia, a type of parasomnia characterized by hypersexual behavior has been reported as a side-effect of escitalopram⁷. In an article on sexual disorders in epilepsy, Silva et al reported a case of pedophilia⁸. We report a case of hypersexual behavior in major depressive disorder, unipolar type.

CASE HISTORY

Mr. H, a 49 year old male presented with chief complaints of sad mood, disinterest in previously pleasurable activities, easy fatigueability, disturbed sleep and appetite, ideas of helplessness and worthlessness, feeling of loneliness and increased sexual drive for last 6 months. Within 7-10 days of onset of above complaints, the patient started experiencing increased desire for sexual intercourse. Consequently, he started visiting female commercial sex-workers on almost daily basis and despite this he would not feel sexually satiated. Subsequently he tried to gratify his sexual needs by indulging in sexual intercourse with male commercial sex-workers. The patient reported that by indulging in hetero-

sexual as well as homosexual behavior, he gets gratification. There was a past history of 3 previous similar depressive episodes with hypersexual symptoms in the past two years. There was no elicitable history of any instance of increased sexual drive independent of the depressive episodes. During each episode, the patient took tablet escitalopram (10 to 20 mg) and the depressive complaints along with increased sexual drive remitted in around 6-8 weeks. There were no identifiable triggers for hypersexual behavior.

Mental state examination revealed a middle aged male of average built, dressed and groomed appropriately with cooperative attitude. Affect was depressed and thought content revealed ideas of helplessness, unworthiness and guilt about his increased desire for sex. There was no perceptual abnormality. The cognitive functions were intact. Personal judgment was impaired and insight was present. A diagnosis of moderate depressive episode with hypersexual with comorbid hypersexual symptoms⁹ was established. Detailed physical examination including neurological examination was normal. There was no abnormality in relevant blood investigations, EEG and MRI brain. Patient scored 12 on Hamilton Rating Scale for Depression (HRSD-17 items). Patient was started on 10mg escitalopram, which was gradually increased to 20 mg after 3 weeks. The patient maintained regular follow up and compliance with the prescribed medications. In the 8th week, the patient exhibited remission in depressive symptoms along with disappearance of hypersexual behavior.

DISCUSSION

Hypersexuality has not been mentioned as a symptom of depressive disorder in available literature. Even common textbooks of psychiatry² and international classification including ICD-10⁹ or DSM-IV¹⁰ do not mention hypersexual behavior as a symptom of depression. Rather, decrease in interest in sexual activity, reduced

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libido, ejaculatory and erectile dysfunctions have reported as symptoms of depression. These symptoms improve with improvement in depression. In the present case, the hypersexual behavior occurred as a component of depression and showed complete remission with treatment with a SSRI, escitalopram. The previous three episodes also showed complete remission of hypersexual behavior with the treatment of depression. The patient did not fulfill the diagnostic criteria of Hypersexual Disorder proposed in DSM-V¹¹. He also did not show any reported causes of hypersexual behavior.

Hypersexuality can occur as a paradoxical somatic symptom in depression and must be included as a symptom in the future revisions of diagnostic classifications.

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