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TRASTORNO OBSESIVO-COMPULSIVO, OBSESIONES SEXUALES Y (DIS) FUNCIÓN SEXUAL: UNA REVISIÓN NARRATIVA

OBSESSIVE-COMPULSIVE DISORDER, SEXUAL OBSESSIONS AND SEXUAL (DYS) FUNCTION: A NARRATIVE REVIEW

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RESUMEN

Las obsesiones sexuales son un síntoma común del trastorno obsesivo- compulsivo (TOC) que puede causar gran angustia. Pueden comprender: pensamientos sexuales no deseados; pensamientos relacionados con comportamiento sexual violento; miedo a participar en actividades homosexuales o con animales. Nuestro objetivo es discutir los hallazgos de estudios previos sobre la función y las obsesiones sexuales en el TOC, analizar el trastorno de conducta sexual compulsiva y la disfunción sexual asociada con el tratamiento farmacológico del TOC.

Métodos: Se realizaron búsquedas en la base de datos "PubMed" utilizando las palabras clave: "Trastorno Obsesivo Compulsivo"; "Obsesiones Sexuales"; "Conducta Sexual Compulsiva" y "Función Sexual". Se seleccionaron 18 artículos para la discusión de la revisión narrativa.

Resultados y Discusión: Se han realizado varios estudios sobre la función sexual en personas con TOC. Las obsesiones sexuales abarcan pensamientos, imágenes o preocupaciones intrusivas, recurrentes y persistentes sobre asuntos sexuales que generalmente no provocan un comportamiento sexual. Las obsesiones de orientación sexual y la aflicción relacionada pueden ser mal interpretadas como el resultado de conflictos de identidad sexual. Las obsesiones sexuales y los pensamientos obsesivos sobre la impureza del propio individuo desempeñan un papel en causar disfunción sexual en el TOC. Algunos estudios sugieren una asociación entre TOC y trastorno de conducta sexual compulsiva, pero de hecho los pensamientos sexuales repetitivos en el comportamiento sexual compulsivo son egosintónicos y las obsesiones en el TOC son egodistónicas.

Conclusiones: La aparición de obsesiones sexuales en el TOC debe reconocerse y estos síntomas deben entenderse como síntomas frecuentes del TOC y no amenazantes. Las características neurobiológicas específicas del TOC y de su tratamiento parecen influir en la función sexual. Una mejor comprensión de este tema puede ayudar a los médicos a elegir los tratamientos más adecuados para las necesidades específicas de estos pacientes.

Palabras clave: Trastorno obsesivo-compulsivo, obsesiones sexuales, conducta sexual compulsiva, sexualidad, función sexual.

ABSTRACT

Introduction: Sexual obsessions are common symptoms of Obsessive-Compulsive Disorder (OCD) that can cause great distress and can focus on various sexual themes: unwanted sexual thoughts, thoughts of violent sexual behaviour, obsessions about the fear of engaging in homosexual activity or sex with animals. Our aim is to discuss the findings from previous studies about sexual obsessions and sexual dysfunction in OCD, analyse compulsive sexual behaviour disorder and the sexual dysfunction associated with the pharmacological treatment of OCD.

Material and Methods: A literature research was conducted using the "PubMed" database and the search equation was built using the terms: "Obsessive Compulsive Disorder"; "Sexual Obsessions"; "Compulsive Sexual Behaviour" and "Sexual Function"; 18 articles were selected for the discussion of this narrative review.

Results and Discussion: Several studies have been conducted on sexual function in individuals with OCD. Sexual obsessions comprise intrusive, recurrent and persistent thoughts, images or concerns about sexual matters that do not usually prompt sexual behaviour. Sexual orientation obsessions and the related distress may be misunderstood as being the result of a sexual identity conflicts. Sexual obsessions and obsessive thoughts about self-impurity play a role in sexual dysfunction in OCD as well as relationship difficulties and pharmacological management of the disease. Some studies suggest an association between OCD and compulsive sexual behaviour disorder, however, repetitive sexual thoughts in compulsive sexual behaviour are egosyntonic, whereas the obsessions in OCD are egodystonic.

Conclusions: The occurrence of sexual obsessions in OCD should be recognised and understood as an ordinary and non-threatening OCD symptom. The more specific neurobiological characteristics of OCD and its treatment seem to influence sexual function in unique ways. A better understanding of sexual function in OCD may help clinicians to choose treatments more suited to the specific needs of these patients.

Keywords: Obsessive-compulsive disorder, sexual obsessions, compulsive sexual behaviour, sexuality, sexual functioning.

I NTRODUCTION

Obsessive-compulsive disorder (OCD) is a disabling disorder characterised by intrusive thoughts and/or repetitive behaviours. This disorder affects approximately 1– 3% of the population (Real et al., 2013) and has several negative consequences, including with regard to sexual function.

Although impaired sexuality is frequently reported in patients with OCD, given that some clinical manifestations of OCD (such as washing, checking, doubt, taboo thoughts) and drug treatment could affect sexual function (Ghassemzadeh et al., 2017), research on the role of sexuality in OCD patients has been neglected (Vulink et al., 2006).

While contamination obsessions are the most frequently reported, sexual obsessions are a common a symptom of OCD and include several types of unwanted, unacceptable cognitive intrusions with egodystonic content that can range from sexual thoughts about family or children to concerns about sexual orientation, thoughts of sex with animals or fears about engaging in sexually aggressive behaviour (Real et al., 2013). These obsessions can lead to a total avoidance of sexual or intimate situations.

Since sex is heavily laden with emotional, moral and religious significance, it can become a prime topic for obsessions.

The aim of this narrative review is to discuss the results of previous studies about sexual obsessions and sexual function in OCD. In addition, we will discuss the compulsive sexual behaviour disorder and the sexual dysfunction associated with pharmacological treatment of OCD.

M ETHODS

A PubMed search was carried out in June 2019 using the combination of keywords: "Obsessive Compulsive Disorder", "Sexual Obsessions", "Compulsive Sexual Behaviour" and "Sexual Function". Only studies published in English between June 2009 and June 2019 were included in this narrative review. However, other studies of relevance to the topic were also considered.

Only clinical studies, clinical trials, comparative studies, randomized controlled trials (RCT), meta-analyses, reviews and systematic reviews were included. The references generated were checked and analysed for their qualitative relevance on the basis of their title and abstract.

The initial search was filtered by title to include only those studies evaluating sexual obsessions and sexual function in OCD. The abstracts of the resulting papers were examined to exclude those which assessed the risk of sexual dysfunction with other types of obsessions, or those which examined the pharmacological management of OCD, although we kept the ones that analysed sexual dysfunction associated with the pharmacological treatment of OCD.

The search resulted in forty-eight articles. After screening the titles and abstracts, twenty-eight articles were excluded. Using the established selection criteria, two articles were discarded after full-text review and eighteen articles were selected for inclusion in the narrative review (Fig. 1).

RESULTS AND DISCUSSION:

SEXUAL OBSESSIONS

Recent studies on OCD symptom dimensions have generally converged upon four major groupings: contamination/cleaning, symmetry/ordering, doubts about harm/checking, and unacceptable thoughts/mental rituals (Williams & Farris, 2011).

Within the unacceptable thoughts category, sexual obsessions include unwanted thoughts about sexual acts with

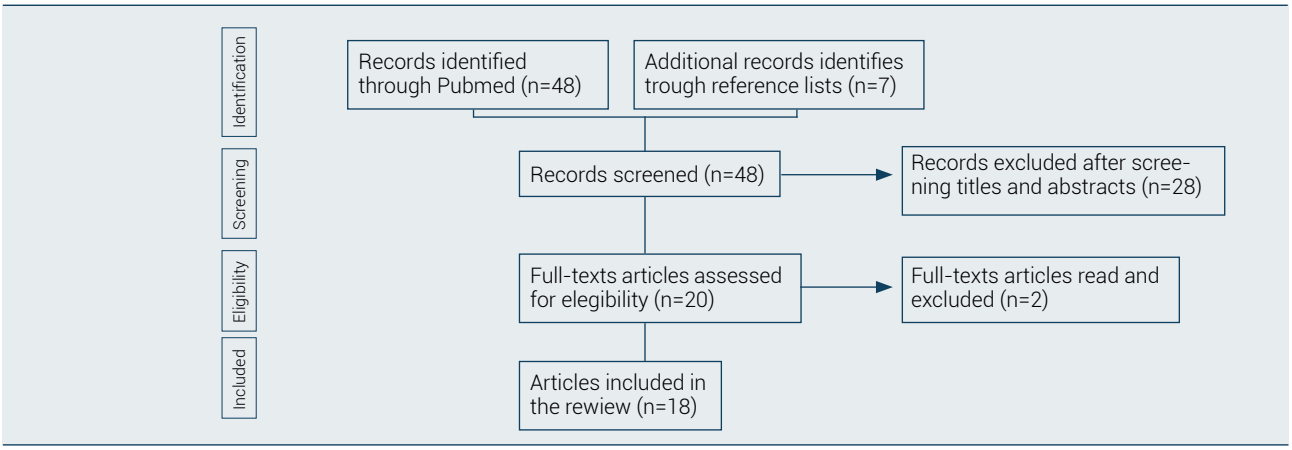

Figura 1. Flow chart showing the filtering process to select the studies included in the review.

family members or young children, sexually aggressive behaviour, unfaithfulness, and homosexual acts (Grant et al., 2006; Williams & Farris, 2011).

The prevalence of sexual obsessions in OCD ranges from 20 to 30% according to different studies (Real et al., 2013) and can occur with or without compulsions. When present, the compulsion can be a behavioural act or a purely mental ritual. Examples of compulsions include silent counting, repeating magical words, arguing with oneself about the validity and significance of the intrusive thought (Gordon, 2002), somatic checking and reassurance seeking (Bruce et al. , 2018).

Grant et al. (2006) studied sexual symptoms in OCD patients. In their treatment- seeking sample of 296 adults, they found current sexual obsessions amongst 13.3%, while 24.9% of patients reported having had symptoms in the past. They were thought to be more common in men with OCD (Grant et al., 2006; Williams & Farris, 2011). They also found that subjects with sexual obsessions had an earlier age of OCD onset, an earlier entry into treatment, higher rates of aggressive and religious obsessions, as well as a trend for greater depressive symptoms, a longer duration of treatment, and higher rates of impulsive control disorder. They were also associated with poorer treatment response and with poorer insight (Grant et al., 2006; Real et al., 2013).

In a large multicentric study, the presence of sexual/religious symptoms was strongly associated with suicidal thoughts and suicidal plans (Torres et al., 2011). If individuals regard their sexual obsessions as immoral, sinful, or as potential causes of a complete loss of control or horrific actions, they can favour suicide plans as a possible solution to end their feelings of shame and guilt (Dell'osso et al., 2012).

Obsessions relating to sexual orientation and sexual identity can also potentially lead to misinterpretation and delayed treatment, particularly in the peripubertal period: these are particularly distressing due to the stigma surrounding same-sex orientation, with females experiencing more distress over same-sex thoughts than males (Williams et al., 2015). Such obsessions and the related distress may be misunderstood as being the result of sexual identity conflicts and prevent access to evidence-based treatment for OCD (Williams & Farris, 2011).

Fears surrounding one's sexual orientation are common within OCD (also called SO- OCD). Given that people with sexual obsessions are more depressed (Dell'osso et al., 2012; Grant et al., 2006), and those with SO-OCD experience greater distress (Williams & Farris, 2011), it is possible that increased rates of depression may be part of the clinical picture in this specific type of OCD.

Sexual obsessions are also common in paediatric patients with OCD. The minors with sexual obsessions were marginally, yet significantly, older than those without sexual obsessions. In the study by Fernández de la Cruz et al. (2013), sexual obsessions were particularly common in children aged 15 or older. The most frequent concerns involved forbidden or perverse sexual thoughts, images or impulses, which were experienced by over 70% of the young people who reported sexual obsession (Fernández de la Cruz et al., 2013). Freeman and Leonard (2000) reported onset of OCD in two young chil-

dren after sexual abuse or sex play, and suggested that these experiences had become incorporated into the obsessional content (Freeman & Leonard, 2000).

SEXUAL (DYS)FUNCTION IN OCD

The excessive need to control thoughts, the concealing of obsessional beliefs such as obsessive thoughts about self-impurity and washing compulsions, avoidance and disgust may play a role in the sexual dysfunction experienced by OCD patients (Ghassemzadeh et al., 2017). When present, sexual obsessions appear to interfere with sexual satisfaction (Freund & Steketee, 1989).

Several classical studies report a high incidence (around 54–73%) of sexual dissatisfaction and sexual dysfunction in OCD (Freund & Steketee, 1989). Higher incidences of sexual dysfunction amongst OCD patients were found in the domains of sexual satisfaction, frequency, sensuality and orgasm (Aksoy et al., 2012).

In a study that was conducted on 23 patients with OCD, anorgasmia and sexual avoidance were significantly higher in OCD patients (Freund & Steketee, 1989). Anorgasmia is higher in female OCD patients, varying between 9% (Freund & Steketee, 1989), 24.2% (Aksoy et al., 2012) and 33% (Vulink at al., 2006).

Female OCD patients also had higher rates of vaginismus (Aksoy et al., 2012). In some studies, sexual avoidance is attributed to the absence of a partner (Freund & Steketee, 1989), but in others sexual avoidance may be related to sexual arousal phase problems since participants were in a regular relationship or married (Aksoy et al., 2012; Vulink et al., 2006).

Vulink et al. (2006) examined sexual satisfaction in women with OCD and found that 62% of the patients experienced reduced sexual desire, 29% had reduced sexual arousal, 33% had anorgasmia dysfunction, 25% had problems regarding physiological arousal and 10% had lack of sexual pleasure. The same authors found no change in the frequency of sexual intercourse among the OCD patients although they seemed to avoid sexual intercourse.

Patients with OCD reported impaired sexual arousal and desire, as well as significant levels of sexual disgust (Ghassemzadeh et al., 2017). The fact that patients with OCD displayed greater difficulty to reach orgasm may be ascribed to the need of individuals with the condition to keep their own thoughts under control while orgasm requires the ability to abandon self-control (Vulink et al., 2006).

Difficulties in establishing and maintaining interpersonal relationships are often prevailing in OCD. Although the specific ways in which these difficulties lead to sexual or sentimental dissatisfaction are unknown, there seem to be some common aspects especially affected (Freund and Steketee, 1989). Significant marital problems and distress have been reported for OCD patients and according to Freund and Steketee, 47% of patients do not have a partner. Also, the need to control their thoughts, to take control of or conceal their obsessional beliefs or fears of contamination, for example, may hamper the person's capacity for intimacy and impair sexual functioning (Real et al., 2013).

People with sexual obsessions suffer from secondary disturbances in mood, impaired concentration, low self-esteem, and various inhibitions in sexual behaviour (Gordon, 2002). The relationship between sexual dysfunction, OCD and depression may be related to their psychopathology or to the side effects of pharmacological treatment

Sexual dysfunction associated with pharmacological treatment in OCD

Sexual dysfunction, a common problem in patients with OCD, has mainly been accounted for by the effect of psychopharmacotherapy on sexual function. Patients with OCD are usually treated with selective serotonin reuptake inhibitors (SSRIs) at higher doses and for longer periods than in other disorders and, therefore, it increases the likelihood of them suffering from sexual dysfunction due to pharmacological treatment. The incidence of global SSRI associated sexual dysfunction would probably lie between 30 and 50%, but percentages up to 80% and over have been reported (Real et al., 2013). In a study on the effects of citalopram, sexual obsessions were a predictor of positive response; however, in another SSRI study, individuals with sexual obsessions had poorer long-term outcomes (Singh & Coffey, 2012).

Augmentation strategies involve antipsychotic agents. Although there are differences between antipsychotic drugs, some of them have also been reported to induce sexual side effects. In such cases, the pathogenesis of sexual dysfunction seems to be related to increased prolactin levels, although it may not be the only mechanism involved (Real et al., 2013).

Deep brain stimulation (DBS) for treatment resistant OCD has been studied. However, adverse effects, such as

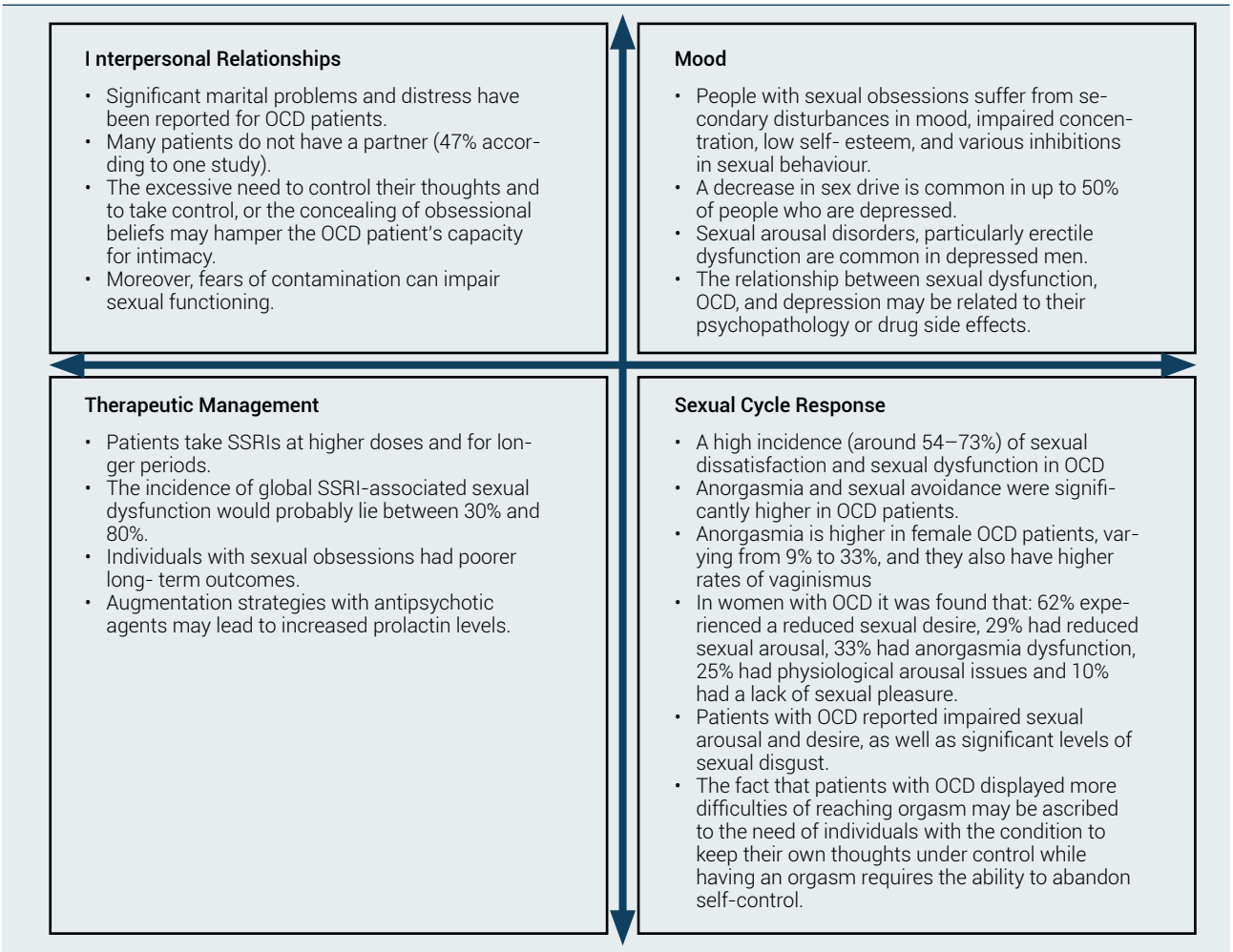

Figura 2. Summary of the main dimensions relating to sexual dysfunction in OCD patients.

mood changes induced by stimulation, have been noted. In one clinical case, the authors describe a man with OCD who experienced hypomania with hypersexuality after bilateral DBS in the anterior limbs of the internal capsules, and they suggest that bilateral DBS in the anterior limbs of the internal capsules may induce hypomania with hypersexuality (Chang et al., 2010).

Assessment of sexual functioning in these individuals before treatment may help prevent the deterioration of sexual functioning that may occur after the introduction of psychotropic medication (Aksoy et al., 2012).

COMPULSIVE SEXUAL BEHAVIOUR IN OCD

Some studies suggest an association between OCD and compulsive sexual behaviour disorder (CSBD). CSBD also shares features with obsessive-compulsive spectrum disorders (Fuss et al., 2019). Whereas repetitive sexual thoughts and actions in CSBD are usually egosyntonic, obsessions in OCD are egodystonic. This means that sexual obsessions in OCD are always unacceptable and never give pleasure to the individual. Feelings in compulsive sexual behaviour and paraphilias are often positive and can act as triggers for engaging in sexual behaviour, contrary to OCD patients to whom

sexual obsessions are rarely sexually arousing (Gordon, 2002) and who rarely engage in actions reflecting their obsessional thoughts (Real et al., 2013). The OCD sufferer dreads that the thought might magically come true but the paraphiliac experiences no such dread (Gordon, 2002).

For the paraphiliac, intense fantasies and urges to act out the thought produce sexual arousal and indeed often trigger sexual behaviour. The sexual behaviours in paraphilias are often extremely ritualistic, but OCD has been characterised as primarily an impulse control disorder (Fuss et al., 2019). Higher levels of attentional impulsivity, particularly in patients suffering from sexual, aggressive or religious obsessions suggest a common diathesis for a dysfunction in neural correlates corresponding to these symptoms (Sahmelikoglu Onur et al., 2016).

CSBD will be included in ICD-11 as an impulsive control disorder. Lifetime prevalence of CSBD was at 5.6% in patients with current OCD and significantly higher in men than women (Fuss et al., 2019).

CONCLUSIONS:

The occurrence of sexual obsessions in OCD are common clinical features but are often misdiagnosed in both children and adults; they should be recognised and understood as regular and non-threatening OCD symptoms. The specific clinical characteristics of OCD seem to influence sexual function in unique ways: high percentages of sexual dissatisfaction have been reported in both women and men with OCD.

The relationship between sexual dysfunction and OCD is bidirectional and complex and the causal path is not clear. Also, the pharmacological treatment of OCD (mainly SSRIs) is associated with sexual dysfunction itself.

In relation to the compulsive sexual behaviour, the studies show that either sexual paraphilias or nonparaphilic sexual behaviour share some clinical features with OCD spectrum disorders.

In conclusion, sexual problems have a deep effect on patient quality of life. If the dysfunction is attributed to pharmacological treatment it can make the management of OCD difficult, as it is one of the worst tolerated side effects and may challenge patient compliance. A better understanding of sexual function in OCD may help clinicians to choose treatments more suited to the specific needs of these patients.

The following diagram summarises the key points of this narrative review (Fig. 2).

BIBLIOGRAFÍA

1. Aksoy, U. M., Aksoy, S. G., Maner, F., Gokalp, P., & Yanik, M. (2012). Sexual dysfunction in obsessive compulsive disorder and panic disorder. Psychiatria Danubina, 24(4), 381–385.
2. Bruce, S. L., Ching, T. H. W., & Williams, M. T. (2018). Pedophilia-Themed Obsessive- Compulsive Disorder: Assessment, Differential Diagnosis, and Treatment with Exposure and Response Prevention. Archives of Sexual Behavior, 47(2), 389–402. https://doi.org/10.1007/s10508-017-1031-4
3. Chang, C.-H., Chen, S.-Y., Hsiao, Y.-L., Tsai, S.-T., & Tsai, H.-C. (2010). Hypomania with hypersexuality following bilateral anterior limb stimulation in obsessive- compulsive disorder. Journal of Neurosurgery, 112(6), 1299–1300. https://doi.org/10.3171/2009.10.JNS09918.
4. Dell'osso, L., Casu, G., Carlini, M., Conversano, C., Gremigni, P., & Carmassi, C. (2012). Sexual obsessions and suicidal behaviors in patients with mood disorders, panic disorder and schizophrenia. Annals of General Psychiatry, 11(1), 27. https://doi.org/10.1186/1744-859X-11-27.
5. Fernández de la Cruz, L., Barrow, F., Bolhuis, K., Krebs, G., Volz, C., Nakatani, E., Heyman, I., & Mataix-Cols, D. (2013). Sexual obsessions in pediatric obsessive- compulsive disorder: clinical characteristics and treatment outcomes. Depression and Anxiety, 30(8), 732–740. https://doi.org/10.1002/da.22097.
6. Freeman, J. B., & Leonard, H. L. (2000). Sexual obsessions in obsessive-compulsive disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 39(2), 141–142. https://doi.org/10.1097/00004583-200002000-00010.
7. Freund, B., & Steketee, G. (1989). Sexual History, Attitudes and Functioning of Obsessive-Compulsive Patients. Journal of Sex & Marital Therapy, 15(1), 31–41. https://doi.org/10.1080/00926238908412845
8. Fuss, J., Briken, P., Stein, D. J., & Lochner, C. (2019). Compulsive sexual behavior disorder in obsessive-compulsive disorder: Prevalence and associated comorbidity. Journal of Behavioral Addictions, 8(2), 242–248. https://doi.org/10.1556/2006.8.2019.23.
9. Ghassemzadeh, H., Raisi, F., Firoozikhojastefar, R., Meysamie, A., Karamghadiri, N., Nasehi, A. A., Fallah, J., Sorayani, M., & Ebrahimkhani, N. (2017). A Study on Sexual Function in Obsessive-Compulsive Disorder (OCD) Patients With and Without Depressive Symptoms. Perspectives in Psychiatric Care, 53(3), 208–213. https://doi.org/10.1111/ppc.12160.
10. Gordon, W. M. (2002). Sexual obsessions and OCD. Sexual and Relationship Therapy, 17(4), 343–354. https://doi.org/10.1080/1468199021000017191
11. Grant, J. E., Pinto, A., Gunnip, M., Mancebo, M. C., Eisen, J. L., & Rasmussen, S. A. (2006). Sexual obsessions and clinical correlates in adults with obsessive- compulsive disorder. Comprehensive Psychiatry, 47(5), 325–329. https://doi.org/10.1016/j.comppsych.2006.01.007.
12. Real, E., Montejo, Á., Alonso, P., & Manuel Menchón, J. (2013). Sexuality and obsessive- compulsive disorder: The hidden affair. In Neuropsychiatry 3(1), 23-31. https://doi.org/10.2217/npy.12.72
13. Sahmelikoglu Onur, O., Tabo, A., Aydin, E., Tuna, O., Maner, A. F., Yildirim, E. A., & Çarpar, E. (2016). Relationship between impulsivity and obsession types in obsessive-compulsive disorder. International Journal of Psychiatry in Clinical Practice, 20(4), 218–223. https://doi.org/10.1080/13651501.2016.1220580.
14. Singh, P. G., & Coffey, D. B. J. (2012). Sexual Obsessions, Compulsions, Suicidality and Homicidality in an Adolescent Diagnosed with Bipolar Disorder Not Otherwise Specified, Obsessive-Compulsive Disorder, Pervasive Developmental Disorder Not Otherwise Specified, and Mild Mental Retardation. Journal of Child and Adolescent Psychopharmacology, 22(3), 250–253. https://doi.org/10.1089/cap.2012.2234.

15. Torres, A. R., Ramos-Cerqueira, A. T. A., Ferrão, Y. A., Fontenelle, L. F., do Rosário, M. C., & Miguel, E. C. (2011). Suicidality in obsessive-compulsive disorder: prevalence and relation to symptom dimensions and comorbid conditions. The Journal of Clinical Psychiatry, 72(1), 17–26; quiz 119–120. https://doi.org/10.4088/JCP.09m05651blu.
16. Vulink, N. C. C., Denys, D., Bus, L., & Westenberg, H. G. M. (2006). Sexual pleasure in women with obsessive-compulsive disorder? Journal of Affective Disorders, 91(1), 19–25. https://doi.org/10.1016/J.JAD.2005.12.006.
17. Williams, M. T., & Farris, S. G. (2011). Sexual orientation obsessions in obsessive- compulsive disorder: Prevalence and correlates. Psychiatry Research, 187(1–2), 156–159. https://doi.org/10.1016/j.psychres.2010.10.019
18. Williams, M. T., Wetterneck, C., Tellawi, G., & Duque, G. (2015). Domains of distress among people with sexual orientation obsessions. Archives of Sexual Behavior, 44(3), 783–789. https://doi.org/10.1007/s10508-014-0421-0.