

A Case of Excessive Masturbation Treated with Aripiprazole

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ÖZET:

Aripiprazol ile tedavi edilen aşırı masturbasyon olgusu

Çocukluk çağı masturbasyonu; çocuğun genital bölgelerini ritmik şekilde uyarması ve buna eşlik eden terleme, flushing ve taşipne ile karakterizedir. Tedavisinde genellikle ilaç kullanılmasına gerek duyulmaz. Ancak masturbasyonun sıklığı çok fazla ise ve ev ortamı dışında yapılıyorsa, ilaç tedavisi gerekebilmektedir. Bu yazıda aşırı masturbasyon nedeniyle okula devam edemeyen ve aripiprazolle tedavi edilen bir olgu sunulmuştur.

Anahtar sözcükler: çocukluk çağı masturbasyonu, aripiprazol

Klinik Psikofarmakoloji Bülteni 2014;24(1):93-6

ABSTRACT:

A case of excessive masturbation treated with aripiprazole

Childhood masturbation is defined as self-stimulation of the genitalia by a prepubertal child, frequently accompanied by symptoms like sweating, flushing and tachypnoea. Generally, no drug therapy is required in childhood masturbation. If the frequency of masturbation is too high and it is performed near strangers and out of the home environment, drug treatment may be necessary. A case of excessive masturbation that seriously disturbed the functionality of the child, and prevented attendance at school and was treated with aripiprazole is presented in this article.

Keywords: childhood masturbation, aripiprazole

Bulletin of Clinical Psychopharmacology 2014;24(1):93-6



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Date of submission:
 December 17, 2012

Date of acceptance:
 July 23, 2013

Declaration of interest:

M.K., H.B., H.K.: The authors reported no conflict of interest related to this article.

INTRODUCTION

Childhood masturbation is characterized by the child's rhythmic stimulation of his/her genital areas generally with an object and accompanying by sweating, flushing and tachypnoea¹.

In the literature review, no epidemiological studies related to the incidence of childhood masturbation could be found. However, it has been reported that it is frequently seen in routine outpatient practices, especially in preschool children and it leads to varying degrees of concern in families^{2,3}.

Traumatic reasons such as the history of a new sibling, staying away from parents or abuse may start masturbation by leading to a decrease in the relationship that the child develops with its

environment and turning of the child to his/her own body⁴. Another factor facilitating masturbation is local irritation caused by infection or dermatological diseases of the genital area. Delactation has also been found to be associated with childhood masturbation. In a study by Unal, it has been found that the duration of breast feeding is shorter in the group with childhood masturbation than the siblings of patients and healthy controls⁵.

An early start of masturbation is a factor that increases its continuity; in addition to this, there is spontaneous recovery within two years in most of cases⁵.

Generally, no drug therapy is required in childhood masturbation. Informing the family and dealing with the concerns of the family by

explaining the course are often the most important steps. Also, the recommendation to improve the quality of the relationship by giving appropriate stimuli to the child and behavioral suggestions to replace the child's existing behavior are usually sufficient. If the frequency of masturbation is still too high and it is performed near strangers and out of the home environment, drug treatment may be necessary. A case of an excessive masturbation that seriously disturbed the functionality of the child, preventing attendance at school and that was treated with aripiprazole is presented in this article.

CASE

A seven year and two month old female patient was brought by her mother to the outpatient clinic of child psychiatry with a complaint of stretching by flexing the legs and rubbing on objects. According to the information acquired from the mother, this behaviour started first when she was 3 years of age. Previously, she was rubbing on her bed and then falling asleep. Later, she started rubbing on objects during the day, especially the edge of her seat. Without intervention, it continued for 3-5 minutes and she sweated and the frequency of her respiration increased at the same time. She started doing it when she was alone in her room so as not to be exposed to the mother's warnings and punitive attitudes. In the last year, she has been masturbating in crowded environments by stretching her legs to create pubic pressure. The frequency and duration of the complaint have increased in the last 6 months and she has performed it during the day, when she has been out of stimuli in the last 2 months. According to the mother's statement, she has repeated this behavior 15-20 times in a day. The family had to take the child out of school, because she was conducting this behavior during the lessons. The family was seen by a pediatrician for this complaint. She was directed to a neurologist because the laboratory investigations for probable diagnosis were within normal ranges. Her neurological examination and

EEG were evaluated as normal. An adult psychiatrist was consulted and 1 mg/day risperidone was started because of the excessive masturbation behavior. No prominent decrease in complaints was noted at the follow-up examination after 2 weeks and risperidone was increased to 1.5 mg/day. According to the statements from the family, risperidone was regularly administered for 1 week at a dose of 1.5 mg/day. There was a little decrease in masturbation behavior but the drug was discontinued due to excessive sleepiness and fatigue.

In the mental evaluation, she was a girl who appeared to be her age and dressed appropriately for her socioeconomic status; she had the ability to speak compatible with her age and gave short purposeful responses. There was no effort to talk spontaneously or to maintain the relationship. Reactions from the environment against her behavior and concerns related to the inability to go to school were present in her thought content. Her general knowledge was compatible with her age; she gave the impression of normal intelligence. No symptoms were discovered in support of perception disorder or obsessive compulsive disorder. During observation in the examination room, she was masturbating by stretching her legs to create pubic pressure.

No prominent feature was present in the patient's history. She had reached developmental stages such as walking, talking and toilet training at appropriate times. She had a 2-year old brother. It was understood that there had been problems in the marriage relationship of her mother and father especially for the last 2 years and the mother has left home 2 times for short periods of time. There was no history of a psychiatric disease in the family.

When the history taken from the family as well as clinical observation and medical investigations were evaluated together, the patient was diagnosed as excessive childhood masturbation. The family was informed about the causes, the course and treatment of the situation. Behavioral suggestions were made. Because the patient experienced

marked sedation with partial benefit from risperidone treatment, 2.5 mg/day aripiprazole oral solution was started after receiving the consent of the family. In the follow-up examination after 10 days, it was stated that there had been a reduction in her complaint; she had been masturbating 5-6 times in a day and therefore the dose was increased to 4 mg because she reported no significant adverse effects. Her complaint decreased significantly with an increase in the dose and there was no complaint after the 3 month follow-up; the medication was reduced by tapering the dose. Her complaint showed no recurrence in follow-up examinations performed after stopping the medication.

DISCUSSION

Childhood masturbation is one of the reasons for admission to outpatient clinics especially in preschool children. When making a differential diagnosis of masturbation, it is recommended first to investigate the problems that may create local irritation such as urinary tract infections⁴. Bladder stones may also trigger the start of masturbation by a similar mechanism⁶. It is also important to differentiate masturbation from frequently confused neurological situations. In particular, epilepsy and non-epileptic paroxysmal events must be carefully eliminated. In the literature, it is known that many patients have received antiepileptic treatments with neurological diagnoses⁷⁻⁹. Autistic disorder and mental retardation are frequently seen conditions in cases with excessive masturbation. It must also be considered in the differential diagnosis whether or not excessive childhood masturbation is a sign of obsessive compulsive disorder. When masturbation is not a tool of satisfaction and becomes joyless and obligatory, compulsive masturbation has been suggested⁴. In the information taken both from her family and herself and in the detailed clinical examination, no signs and symptoms of obsessive compulsive disorder were discovered to explain the excessive masturbation behavior of this case.

Generally, there is no need for drug therapy in childhood masturbation unless it is very frequent and it affects daily functionality of the child. But drug therapy was required in our case due to reasons such as very frequent masturbation, performing in a school environment and preventing school attendance. It has been stated in the literature that good responses to local xylocaine administration were obtained in 3 cases¹⁰. It has also been reported that escitalopram had the effect of reducing the frequency of masturbation in 3 cases with autistic disorder and excessive masturbation behavior¹¹. It has also been observed in a study that mirtazapine had the effect of reducing inappropriate sexual behaviors such as excessive masturbation in children and adolescents with autistic disorder¹². Studies on the treatment of excessive masturbation are very limited. It is frequently seen especially in autistic disorder and mental retardation. Neither autistic disorder nor mental retardation was present in our case.

Aripiprazole is an atypical antipsychotic with a partial agonistic effect on D2 dopamine receptors and serotonin 1A receptors. It has been reported that it showed an antagonistic effect in situations, where the dopamine level is high and shows an agonistic effect when the dopamine level is low. Thanks to this feature, it balances the dopaminergic activity¹³.

There are some publications about the efficiency of aripiprazole in children and adolescents with bipolar disorder, tic disorders, schizophrenia, attention deficit and hyperactivity disorder, pervasive developmental disorder and obsessive compulsive disorder¹⁴⁻¹⁹.

No controlled, randomized clinical trial on the medical treatment of excessive masturbation was found in the literature review. Considering that the patient had had a partial benefit from risperidone treatment but could not continue due to its excessive sedative effect, aripiprazole, with less sedative effect and a known effect of reducing impulsive behaviors, was preferred. It has been reported in the literature that aripiprazole had the activity to reduce impulsive behaviors, especially

in autism.

There is a need for randomized, controlled clinical trials about the use of aripiprazole in the

treatment of inappropriate sexual behaviors such as excessive masturbation in children and adolescents.

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