Brain Injury Psychiatry Workshop

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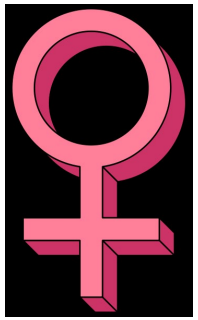
Sexual Disinhibition

Sexually intrusive behaviour



- This can be dismissed as “Benny Hill”-type behaviour but in fact can be incredibly distressing to others, especially those with a sexual trauma history (at least 25% of women and 10% of men, likely higher in care workers)

Types of sexually intrusive behaviour

- Sexual talk
- Non-genital touching
- Self-exposure
- Public masturbation
- Genital touching
- Sexual coercion
- Sexual assault

How common is it?

- Very. In a survey of rehabilitation professionals in a brain injury unit, 70% of respondents reported that sexual touching was a common problem at their facility, and 20% reported that the use of sexual force by patients was common.

Bezeau, Scott C., Nicholas M. Bogod, and Catherine A. Mateer. "Sexually intrusive behaviour following brain injury: Approaches to assessment and rehabilitation." Brain Injury 18.3 (2004): 299-313.

Who develops sexually intrusive behaviour?

- Pre-injury factors
  - Antisocial personality
  - History of sexually inappropriate behaviour
- Injury factors
  - Hypersexuality more common after medial basal-frontal, diencephalic injury.
  - Much more rarely Kluver-Bucy syndrome after bilateral temporal lesions
- Environment factors
  - Ward layout, routines, crowding

Pharmacological treatments

Thorough medical workup (history, examination, investigations) to exclude other causes of hypersexuality, especially complex partial seizure activity. If all clear, three options:

1. **SSRIs eg Lovan, Zoloft, Lexapro, Aropax etc**
2. **Anti-androgens**
3. **LHRH agonists**

Plantier, D., and J. Luauté. "Drugs for behavior disorders after traumatic brain injury: systematic review and expert consensus leading to French recommendations for good practice." Annals of physical and rehabilitation medicine 59.1 (2016): 42-57.

SSRIs

- Good first line agents
- Generally well-tolerated (watch for nausea, restlessness, sleep disturbance)
- Act by increasing serotonin levels in pudendal nerves: leads to reduced sexual desire as well as problems with erection and ejaculation
- Which one? **Paroxetine** and **fluvoxamine** have the highest rates of sexual side effects but best off using the drug team doctor is most comfortable prescribing

Anti-androgens

- If SSRIs are ineffective or poorly tolerated, a number of drugs have anti-testosterone effects, including:
  - **Cyproterone acetate (Androcur)**
  - **Spironolactone (Aldactone, diuretic)**
  - **Cimetidine (Tagamet, anti-ulcer)**
  - **Ketoconazole (antifungal)**
  - **Risperidone**

LHRH agonist

- Depo-Provera (medroxyprogesterone acetate)
- A study on 40 men (not all had TBI) treated with medroxyprogesterone after sexual aggression showed a recurrence rate of 18% vs. 58% without treatment
- Generally said to be well tolerated but limited literature available