Can Too Much Sex be a Bad Thing?

By Dan J. Stein, MB, and Donald W. Black, MD

Psychiatry has a long tradition of believing that too much sex is a bad thing. The classical literature provides detailed accounts of men and women who demonstrated apparently pathological sexual appetites. Since Freud, psychoanalytic authors have held that masturbation is unhealthy, and psychodynamically oriented thinkers have written on Don Juanism and nymphomania.

On the other hand, the cultural climate of the 1960s and the work of sexologists since Kinsey, has helped give sex a much sexier image. Many clinicians continue to spend a great deal of time convincing patients with sexual hypofunction that sex is natural, healthy, and pleasurable. Mastery of masturbation is now seen as an important first lesson for the patient or couple undergoing sex therapy.

Perhaps the pendulum has swung too far. Quite clearly, there is a substantially large group of patients where excessive sexual activity is accompanied by "clinically significant distress or marked impairment in social, occupational, or other important areas of functioning." Although rigorous epidemiological and pharmacoeconomic data remains to be collected in this area, for the clinician familiar with these unfortunate patients, the high prevalence and morbidity of excessive sexual behavior is inarguable. Nevertheless, in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), this category of patients is not given a specific label.

Indeed, the question of what to call this disorder is one that is fraught with difficulty, and the lack of consensus has perhaps further contributed to its relative neglect. The Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) referred to "nonparaphilic sexual addictions," and others have also supported the use of the term sexual addiction. Many, however, have argued that this term stretches a metaphor too far. Terms such as sexual compulsivity or sexual impulsivity again seem to have both pros and cons.

In this issue, contributors summarize some of the available knowledge on patients with excessive nonparaphilic sexual fantasies, urges, or behavior. Black describes the epidemiology and clinical features; Stein and colleagues review its putative neurobiology; Kafka, a pioneer in the psychopharmacology of these symptoms, reviews various pharmacologic approaches. Finally, Stein and Black suggest the term hypersexual disorder, and put forward relevant diagnostic criteria. We hope that this issue will increase clinicians' awareness of this entity, and also encourage sorely needed rigorous research.

REFERENCES

Published study results (n=29):

- **ADDERALL** produced a statistically significant, dose-related increase in objective measures of behavior (number of age-appropriate math problems attempted and math problems correct) as compared to placebo.

- The duration of action of **ADDERALL** effects on behavior were dose dependent.

- No unusual or serious side effects were noted in this study.

**ADDERALL** usage data (n=61) indicate that OVER 90% of patients can be maintained on a dosage frequency of 1-2 times per day.

**ADDERALL** is generally well-tolerated—adverse reactions have seldom been reported (most frequently reported adverse reactions include anorexia, insomnia, stomach pain, headache, irritability, and weight loss).

As with most psychostimulants indicated for ADHD, the possibility of growth suppression and the potential for precipitating motor tics and Tourette's syndrome exists with **ADDERALL** treatment and, in rare cases, exacerbations of psychosis have been reported. Since amphetamines may have a high potential for abuse, **ADDERALL** should only be prescribed as part of an overall multimodal treatment program for ADHD with close physician supervision.

* Thirty-four patients receiving greater than 40 mg per day were excluded from this analysis.

Please see references and brief summary of prescribing information on adjacent page.

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ANTI-AMPHETAMINES 

AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE. ADMINISTRATION OF AMPHETAMINES FOR PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE AND MUST BE AVOIDED. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly.

INDICATIONS: Attention Deficit Disorder with Hyperactivity: ADDERALL® is indicated as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social), for a stabilizing effect in children with behavior problems that are characterized by the following group of developmentally inappropriate symptoms: hyperactivity, inattention, impulsivity, and impetuosity. The diagnosis of this syndrome should not be made without initial evaluation and thorough follow-up determinations.

Narcolepsy: CONTRAINDICATIONS: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity to sympathomimetic amines. Elderly patients should be started on lower doses and titrated upward with extreme caution. AMphetamine may potentiate clonidine’s hypotensive effect.

Urinary excretion of amphetamines is increased, and efficacy is reduced, by acidifying the urine. Urinary excretion is reduced by the alkalization of the urine with ammonium chloride, sodium acid phosphate, etc. Increase the concentration of the ionized amphetamine species, thereby decreasing urinary excretion. Amphetamines are excreted in human milk. Mothers taking amphetamines should be advised to refrain from nursing. PRECAUTIONS: General: Caution is to be exercised in patients with cardiovascular disease, pulmonary disease, glaucoma or history of seizures. Caution is to be exercised in patients with a history of drug abuse. Over the years, there have been numerous reports of severe reactions in patients with a history of drug abuse reexposed to amphetamines. HELPER NURSE: Amphetamines are excreted in human milk. Mothers taking amphetamines should be advised to refrain from nursing. Caution is to be exercised in patients with cardiovascular disease, pulmonary disease, glaucoma or history of seizures. Caution is to be exercised in patients with a history of drug abuse. Over the years, there have been numerous reports of severe reactions in patients with a history of drug abuse reexposed to amphetamines.

WARNINGS: Excessive dosage may lead to dependence.

ADVERSE REACTIONS: Cardiovascular: Palpitations, tachycardia, elevation of blood pressure. There have been isolated reports of severe hypertension and cardiac arrhythmias. There have been isolated reports of transient hypertension and syncopal episodes. Sudden death has been reported with this sympathomimetic group. Urinary retention has been associated with amphetamines.

Central Nervous System: Psychotic episodes at recommended doses (rare), overstimulation, restlessness, dizziness, insomnia, euphoria, dyskinesia, dysphoria, tremor, headache, exacerbation of motor and phonic tics and Tourette’s syndrome. Tics and Tourette’s syndrome in children and their families should precede use of stimulant medications. Drug treatment is not indicated in all cases of Attention Deficit Disorder with Hyperactivity and should be considered only in those patients who have exhibited significant improvement in their behavior. Drug treatment should be considered in children who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the EEG. Mania may occur with amphetamines.

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Dental: Abrupt withdrawal of sympathomimetic agents, including amphetamines, may precipitate severe dental resorption. THERAPEUTIC USE OR DISTRIBUTION TO OTHERS, AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

WARNINGS: Overdosage may lead to dependence. Use of amphetamines should begin with the lowest effective dosage and dosage should be individually adjusted. Late evening doses should be avoided because of the resulting insomnia.

Take 1 tablet by mouth daily, beginning with 2.5 mg daily; daily dosage may be raised in increments of 2.5 mg at weekly intervals until optimal response is obtained. In patients 12 years of age and older, start with 5 mg once or twice daily; daily dosage may be raised in increments of 5 mg at weekly intervals until optimal response is obtained. In patients with cardiovascular disease, pulmonary disease, glaucoma or history of seizures, control is usually achieved with doses of less than 15 mg; 30 mg can produce severe reactions, yet doses of 400 to 500 mg are not necessarily fatal. In rats, the oral LD50 of dextroamphetamine sulfate is 500 mg/kg. Symptoms occasionally occur as an idiosyncrasy at doses as low as 2 mg. Amphetamines are excreted in human milk. Mothers taking amphetamines should be advised to refrain from nursing. Caution is to be exercised in patients with cardiovascular disease, pulmonary disease, glaucoma or history of seizures. Caution is to be exercised in patients with a history of drug abuse. Over the years, there have been numerous reports of severe reactions in patients with a history of drug abuse reexposed to amphetamines.

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