

## Case Report

---

# Fluoxetine in the management of pornography addiction

Avinash De Sousa<sup>1</sup>

<sup>1</sup>Research Associate, Department of Psychiatry, Lokmanya Tilak Municipal Medical College and General Hospital, Mumbai and Consultant Psychiatrist, Desousa Foundation, Mumbai.

Correspondence E-mail – avinashdes888@gmail.com

---

### ABSTRACT

Pornography addiction or problematic pornography use is a new age addiction which has been noted now as one of the behavioural addictions. This form of addiction though under the sexual addictions is an offshoot of internet addiction where the main purposes of internet use is pornography viewing. We present herewith a case of pornography addiction in a young male that presented to us and was successfully treated with fluoxetine and psychotherapy.

**Key words:** fluoxetine, pornography, problematic pornography use, sexual addiction, SSRI.

(Paper received – 10<sup>th</sup> August 2016, Accepted after peer review – 10<sup>th</sup> September 2016)

### INTRODUCTION

About 50-76% of males aged 18–35 years view pornography weekly or more than once a week [1]. Many males may view pornography compulsively and may not seek treatment unless the behaviour interferes with their day to day functioning or compromises their interpersonal or marital relationship [2]. The conceptualization of pornography addiction as a disorder is still debated and many researchers debate whether to group it either as an addiction or as an obsessive compulsive spectrum disorder [3]. SSRIs have been the mainstay of most impulse control obsessive compulsive spectrum disorders and have been used in the management of such behavioural addictions [4]. SSRIs also have a negative effect on sexual function and may serve to reduce the urge to view pornography [5]. Here we present a case of pornography addiction in young adult male that responded well to treatment with Fluoxetine and counselling.

### CASE REPORT

A 24 year old unmarried Hindu male presented to the psychiatry outpatient department with chief complaints of persistent pornography use and repetitive pornography viewing since the past 4 months prior to presentation. The patient was apparently fine 4 months back when he started viewing pornography once a week as a routine and used to masturbate after that as a form of sexual expression. He had never had a girlfriend and always wanted to be in a relationship but things had not worked out so far. He slowly increased his pornography viewing to twice a day and would do so first thing in the morning and late at night. He would feel sexually aroused by viewing sexually explicit videos and would masturbate after the viewing or during the viewing. He often dreamed of hiring a prostitute to satisfy his sexual desires but did not have the courage to do so. He would view heterosexual pornography clips and would not indulge in seeing any abnormal sexual expression videos.

His pornography digital consumption increased in the form that he would download videos and store them on his phone (something he did not do earlier) and would view them many a times during the day. He

would thus end up seeing pornographic videos for 3-5 hours a day and even began to show an academic decline as he was doing his masters in Engineering. He would also get sexual vivid dreams that would result in nightfall. He would imagine every beautiful woman that he would see in a pornography mode and would imagine having sexual intercourse with them. He also went to a spa and engaged in hired sexual services which he would do twice a month. He would experience an intense urge to view pornography and had intense anxiety if he did not view the same and the anxiety would be relieved on viewing the same. He would also feel intense guilt after viewing the clips and would even cry but was not able to stop the habit. He was once caught in the act of viewing pornography and masturbating by his mother who then confronted him about the same. The patient broke down and revealed his problem to the mother who then brought him for treatment and an evaluation.

We did a thorough clinical evaluation and also took a detailed sexual history. There was no evidence suggestive of any major psychiatric or sexual disorder other than pornography addiction or problematic pornography use. The patient was psychoeducated about sexuality – normal and abnormal behaviours and the need to curb on his habit. He was started on fluoxetine 10mg per day in the morning which was then increased to 20mg in a week and then 30mg thereafter. He was also called in for therapy sessions that involved cognitive behavioural approaches and psychosexual counselling. Lifestyle modifications like limiting internet use and blocking of pornography sites as well as refraining from paid sexual services was advised. The patient stopped using the internet and would use the same only for 1-2 hours a day for general use and was better after starting medication. His anxiety reduced and his sexual urge reduced resulting in decreased pornography usage. He is currently doing fine and following up regularly.

## DISCUSSION

This case highlights several clinical aspects of pornography addiction. It is a disorder that may be anxiety driven and anxiety reduction plays a huge role in recovery from the problem [6]. Though SSRIs may show some benefit in these disorders, clinicians must be aware that SSRIs may sometimes increase sexual function by symptoms of subthreshold hypomania [7], while some patients may experience sexual dysfunction and may seek risky or arousing experiences while other researchers that SSRIs may reduce anxiety and thereby increase sexual expression as the patient becomes carefree [8].

Neurobiological theories posit that pornographic addiction is similar to other addictions like alcohol dependence and other forms of substance abuse and abnormalities in the ventral-striatum-related reward reactivity and amygdala may promote the disorder [9-10]. Studies show that anxiety may be diminished with SSRIs that have been linked to reductions in amygdala volume [11]. SSRIs may thus be the mainstay in the treatment of sexuality related behavioural addictions while case report have reported the use of Naltrexone and Mirtazapine [12], Escitalopram [13] and Paroxetine [14] in the management of such problems. With the new digital age pornography addiction is on the rise and clinicians must be adept in the management of sexual problems that arise in this digital age.

## REFERENCES

1. Sabina C, Wolak J, Finkelhor D. The nature and dynamics of Internet pornography exposure for youth. *Cyberpsychol Behav* 2008;11(6):691-3.
2. Ley D, Prause N, Finn P. The emperor has no clothes: a review of the 'pornography addiction' model. *Curr Sexual Health Rep* 2014;6:94-105.
3. Hilton D, Watts C. Pornography addiction: A neuroscience perspective. *Surg Neurol Int* 2011;2:19.
4. Stein DJ, Black DW, Shapira NA, Spitzer RL. Hypersexual disorder and preoccupation with internet pornography. *Am J Psychiatry* 2001;158(10):1590-4.
5. Elmore JL. SSRI Reduction of Nonparaphilic Sexual Addiction. *CNS Spectrums* 2000;5(11):53-8.
6. Bijlsma EY, Chan JS, Olivier B, Veening JG, Millan MJ, Waldinger MD, Oosting RS. Sexual side effects of serotonergic antidepressants: mediated by inhibition of serotonin on central dopamine release?. *Pharmacol Biochem Behav* 2014;121:88-101.

7. Clayton AH, Croft HA, Handiwala L. Antidepressants and sexual dysfunction: mechanisms and clinical implications. *Postgrad Med* 2014;126(2):91-9.
8. Naficy H, Samenow CP, Fong TW. A review of pharmacological treatments for hypersexual disorder. *Sexual Addict Compul* 2013;20(1-2):139-53.
9. Kühn S, Gallinat J. Neurobiological Basis of Hypersexuality. *Int Rev Neurobiol* 2016;May 31 (ahead of print).
10. Love T, Laier C, Brand M, Hatch L, Hajela R. Neuroscience of Internet Pornography Addiction: A Review and Update. *Behav Sci* 2015;5(3):388-433.
11. Laier C, Pawlikowski M, Pekal J, Schulte FP, Brand M. Cybersex addiction: experienced sexual arousal when watching pornography and not real-life sexual contacts makes the difference. *J Behav Addict* 2013;2(2):100-7.
12. Karia S, De Sousa A, Shah N, Sonavane S. Compulsive masturbation in a patient with delusional disorder. *J Ment Health Hum Behav* 2015;20(1):38-40.
13. De Sousa A. Compulsive masturbation treated with Escitalopram. *Int J Pharmacol Ther* 2013;3(3):64-7.
14. Gola M, Potenza MN. Paroxetine treatment of problematic pornography use: a case series. *J Behav Addict* 2016;20:1-4.

Acknowledgements – Nil

Source of Funding – Nil

Conflict of Interest – Nil