

CASE REPORT

Killing Three Birds with One Stone: A Case Report on the Treatment Using the Serotonin Selective Reuptake Inhibitors for Compulsive Sexual Behaviour, Social Anxiety, and Panic Disorder in a Young Woman

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ABSTRACT

Compulsive Sexual Behaviour Disorder (CSBD) is a persistent and long-term inability to control intense sexual desires, sexual fantasies, frequency of sexual intercourse (SI), and masturbatory behaviour, which may lead to considerable impairment in the domain of personal, interpersonal, occupational, and social function. CSBD has been associated with a spectrum of obsessive-compulsive disorder (OCD) and other anxiety disorders. We reported a case of a young woman presented with CSBD. She complains of high libido, excessive sexual fantasies, and urges for regular and excessive masturbation besides consistent SI with her husband. The latter felt that he could not cope with the patient's sexual needs. She has panic disorder and agoraphobia and social anxiety without obsessive-compulsive disorder. Her sexual compulsive and anxiety disorder started to remit after she was started with selective serotonin reuptake inhibitors. Since she is on medication, she has felt better and her CSBD subsided.

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INTRODUCTION

Compulsive Sexual Behaviour Disorder (CSBD) is a chronic inability to control intense sexual urges and fantasies, leading to significant impairment in personal, social, and occupational domains (1). In recent years, CSBD has been formally incorporated as a diagnostic entity in the International Classification of Diseases (ICD-11) under Impulse Control Disorders for the eleventh revision (1). The psychopathology of CSBD can include excessive consumption of online sexual activities like pornography and self-sexual gratification like masturbation. A 2023 global survey across 42 countries found 5% (range 1.6–16.7%) at high risk of CSBD and yet, research on CSBD is still limited outside developed countries (2).

Estimating a disorder's prevalence is substantially affected by the diagnostic criteria used in defining this interesting medical disorder and the sampling methods. In addition, research on CSBD in women is crucial, as the study is currently exclusively focused on heterosexual men in comparison to studies in females (1). The manifestation of CSBD may be due to the different patho-etiology factors, such as hormonal, social, or psychological contributions. In this case report, we highlighted a case of a young woman who is suffering from CSBD and anxiety disorder.

CASE REPORT

The patient is a 29-year-old Malay woman, unemployed, married with no children. She was referred by the primary care physician for a history of social anxiety since her adolescence but becoming worse lately. She had significant anxiety symptoms with panic attacks when meeting new people or at a new place and in social situations. The panic attacks happened a few times

a week and disturbed her function. She had difficulty presenting in the meetings and will try to avoid the task or will have severe anticipatory anxiety for 1 week before the event. She used to work as a magazine writer, but she had to stop working due to anxiety symptoms. She also had initial insomnia with sleep paralysis. Due to the social phobia, she always avoids social gatherings and family events.

Upon further consultation, she admitted to having compulsive sexual behaviour for many years. She was sexually active with all her past boyfriends. She also used to have multiple casual sex since high school. She masturbated multiple times daily and watched pornography online compulsively for hours daily. However, she never got pregnant or contracted sexually transmitted diseases and practiced protected sex. She got to know her husband through her friends; it was a love marriage. She respected him as he led her to be a better Muslim.

She had stopped having sex with other men since she was married 2 years ago but continued with masturbation and pornography. Her husband commented that she had a high libido, and it was hard for him to keep up with her demands for SI daily. She claimed that sexual urges could come at any time even when she was doing work in front of her laptop in the office and she would experience hot flushes, palpitations, muscle tension, and her thoughts of the sexual acts and the sexual images. She will try to distract herself but if failed she will need to go to the toilet to masturbate. However, she denied any paraphilic activities in the online sexual activities. She felt sad, ashamed, and guilty of having this behaviour. However, she could not stop them and noticed it worsened when stressed. At this time, her main concerns were trying to conceive and find a new job. There were no persistent depressive symptoms. There were no psychosis or suicidal thoughts.

On mental state examination, she was a young Malay lady, who looked anxious with stuttered speech and mild hand tremors. Her speech was relevant and coherent. Her mood was anxious with appropriate affect. Her thoughts are mainly about her fear of meeting people and being ashamed and loss of control of her sexual urges. She has a fear of being in a crowded place and being inside a lift as these situations may cause palpitation and lightheadedness. There was no psychosis, and no suicidal ideations were reported.

She was started on T. Escitalopram 10mg OD and taught breathing exercises and relaxation techniques. Psychoeducation was given about the diagnosis of compulsive sexual behaviour and social anxiety disorder. She was advised to document in a panic attacks diary and to document her sexual urges. She was compliant with treatment. After 1 month, she said her symptoms had improved. The frequency of panic attacks

and sexual urges was reduced. She no longer stutters or appears anxious during the appointment. She was able to join family gatherings for a short period.

DISCUSSION

We reported a case of a young woman with CSBD, which is more commonly seen among males. She was diagnosed as having a panic disorder, social anxiety, and CSBD. However, she does not present with depressive disorder or obsessive-compulsive disorders. She also denied any substance disorder addiction. It is interesting to note that anxiety was one of the robust pivotal syndemic indicators of CSBD (3). There was a potential negative correlation between anxiety and CSBD. As we examined alongside the Pathways Mode, it may suggest that anxiety may be a substantial emotional predisposition and vulnerability factor that may continue the psychopathology of compulsive sexual behaviour. On another note, although it was not ultimately included in the diagnostic criteria for CSBD, emotion dysregulation (ER) seems to be potentially an important factor in CSBD development (3).

As observed in this patient, patients suffering from CSBD are associated with an increased surge in pornography consumption. CSBD and pornography usage suggested that loneliness may be a potential mediator, and the presence of paraphilic behaviours increases almost 4 times among patients suffering from CSBD. The patient denies any paraphilic activities like voyeurism and exhibitionism for personal gratification.

A better understanding of factors related to CSBD is pivotal to facilitating prevention and treatment strategies. In this patient, we have started her with selective serotonin reuptake inhibitors (SSRI) agents which were understood to lessen inappropriate behaviours by their anti-obsessional and anti-libidinal effects (5). They also exert their effects by decreasing sex hormone-induced impulsive behaviour (5). Interestingly, the patient responded well to the current treatment using SSRIs, like: "killing three birds with one stone", i.e., managing CSBD, social anxiety, and panic disorder. As a Muslim woman, marriage also helped to contain her sexual urges and activities and the motivation for her to be a good wife and a better Muslim with her husband's guide was a spiritual intervention for her CSBD. The patient also benefits from psychotherapy if there is a persistence of CSBD.

CONCLUSION

This case highlights the efficacy of SSRI in treating complex psychiatric presentations involving CSBD alongside comorbid social anxiety and panic disorder. SSRIs, which are traditionally used for anxiety and mood disorders, may play a vital role in addressing CSBD by modulating the underlying neurochemical

pathways implicated in both compulsive behaviours and anxiety. This case demonstrates the importance of a comprehensive approach in treating co-occurring disorders, as data in this field of specialty is scarce. There is a need for further research to explore the broader application of SSRIs in managing CSBD and other impulse control disorders as our findings are only based on a case report.

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