Hypersexual disorder is also termed compulsive sexual disorder, sexual addiction and non-paraphilic sexual disorder, reflecting different approaches to conceptualising its aetiology. Increased frequency of sexual behaviour alone does not indicate pathology. Research suggests that within the population with markedly increased frequency of sexual behaviour, there is a group in whom such behaviour leads to distress and impairment. Patients who experience increased frequency and intensity of sexual behaviour, with accompanying distress and impaired life functioning, may seek medical treatment.

Proposed specifiers include excessive masturbation, pornography use, sexual behaviour with consenting adults, cybersex, telephone sex, strip clubs, and other.[1]

**Epidemiology**

Research has provided evidence for a population characterised by increased frequency of sexual behaviours. For example, within a sexuality survey of US men aged 18 - 59 years (N=1 320) only 1.9% reported masturbating daily and only 7.6% reported sexual intercourse with their partners ≥4 times per week.[2,4] In a general population sample of 2 450 Swedish men and women, only 12.1% of men reported ≥4 orgasms a week, and only 6.8% of women reported ≥3 orgasms a week.[5,7] In comparison, 90% of a sample of US men receiving treatment for paraphilia-related conditions reported ≥5 orgasms per week.[7,11]

However, increased frequency of sexual behaviour alone does not indicate pathology.[5] Research also suggests that within this population there is a group in whom such behaviour leads to distress and impairment. Within this group increased frequency and intensity of sexual behaviour is associated with increased risk-taking behaviour, dissatisfaction in sexual relationships, interpersonal difficulties, sexually transmitted infections (STIs) and accessing professional services for sexuality-related problems.[2]

Patients who experience increased frequency and intensity of sexual behaviour, with accompanying distress and impaired life functioning, may seek medical treatment. When diagnosing patients who present with such behaviours, the DSM system requires clinicians to use a different specified diagnosis.[11] For the International Classification of Diseases-11 (ICD-11), however, it has been proposed that compulsive sexual disorder be included as one of the impulse control disorders.[11]

A diagnosis such as hypersexual disorder or compulsive sexual disorder may assist clinicians in patient care by providing a set of clinical criteria. In addition, such a diagnosis would provide agreed-upon terminology and features that may encourage epidemiological and clinical research, ultimately improving the quality of research about hypersexual disorder and its treatment.[10] The diagnosis would also arguably encourage the development of standardised psychometric instruments to assess nosological criteria and symptom severity. While
There is some evidence for the value of both pharmacotherapy and psychotherapy in the treatment and support of patients with hypersexual disorder.\[2\]

**Pharmacotherapy**

Two double-blind, placebo-controlled trials have shown a decrease in hypersexual disorder symptoms with the use of antidepressant medication (desipramine and clomipramine).\[14,17\] There are also case series reporting potential benefits of selective serotonin re-uptake inhibitors, psychostimulants and triptorelin in hypersexual disorder.\[2\]

Case reports have documented the successful treatment of hypersexual disorder with naltrexone, nefazodone and valproic acid.\[2\] However, no medication has been registered for this condition.

**Psychotherapy**

While different psychotherapy modalities have been proposed for the treatment of hypersexual disorder, placing emphasis on different aspects of the patient's presenting problem,\[2\] there are few data from controlled trials to demonstrate the efficacy of these approaches.

**Conclusion**

There is growing recognition of hypersexual disorder in the literature, and while some empirical research is available, more is needed. Family practitioners are very likely to encounter patients with hypersexual disorder, although this may not be the presenting complaint. A thorough clinical assessment is necessary to support these patients and to ensure that they receive appropriate care. Hypersexual disorder is associated with HIV infection and STIs because of the high-risk sexual practices of these patients, and sexual health screenings form one essential part of their healthcare. Referral for specialised pharmacotherapy and psychotherapy is possible in some centres.

**Acknowledgement.** Prof. D J Stein is supported by the Medical Research Council of South Africa.

**References**

5. Stein DJ, Black DW, Panzer W. Sexual disorders not otherwise specified: Compulsive, addictive, or impulsive? CNS Spectrums 2006;11(1):60-64.