



## Treatment of fetishism with naltrexone: A case report



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### ARTICLE INFO

#### Article history:

Received 7 October 2013  
Received in revised form 31 October 2013  
Accepted 18 November 2013

#### Keywords:

Fetishism  
Naltrexone  
Paraphilia

### ABSTRACT

Fetishism is a paraphilic sexual disorder characterized by recurrent, intense sexually arousing fantasies, sexual urges or behaviors involving the use of nonliving objects. We describe a case of fetishism with comorbid alcohol and cannabis dependence. A 40-year-old man was presented with sexual fantasies and urges toward women's undergarments since the age of 25 years. He had fetish behavior even during prolonged period of abstinence from substance use. Our case remitted from fetishism and cannabis and alcohol use on treatment with naltrexone and maintains remission for the last 11 months. Experience with our patient suggests that naltrexone may be effective to treat fetishism with comorbid substance use. Our case is reported as it is the first reported case of successful use of naltrexone in fetishism comorbid with cannabis and alcohol dependence.

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### 1. Introduction

Fetishism is a paraphilic sexual disorder characterized by recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects, such as female undergarments, over a period of at least 6 months. The fantasies, sexual urges or behaviors often result in clinically significant distress or impairment in social or occupational functioning. Comorbid substance use disorders have been found highly prevalent in paraphilias (Kafka and Hennen, 2002). Alcohol and cannabis are most common substances abused and they play a crucial role in causing violent sexual offenses in individuals with paraphilias (Kafka and Hennen, 2002).

We report a case of fetishism with comorbid alcohol and cannabis dependence maintaining improvement for a period of 11 months with oral naltrexone monotherapy. To the best of our knowledge, this is the first case of fetishism comorbid with substance use disorder successfully treated with naltrexone and reported in literature.

### 2. Case

Mr. K, a 40 year old married, heterosexual male presented to our psychiatry outpatient department along with a social worker as instructed by local inspector of police. He reported intense urge to roam around during night hours to procure undergarments of women for sexual gratification since the age of 25 years. He would

not get sleep in many nights and he would walk around for procuring panties of women hung outside their homes and would masturbate in it. He reported much more sexual gratification by doing so than having sexual intercourse with his partner. He reported his unsuccessful attempts to control this behavior even by having intercourse multiple times with his wife. Many times he was manhandled by the local people accusing of robbery and he was caught by the cops while roaming during the night hours. Even after all these events he continued his behavior.

Since the age of 25 years he had been using alcohol and cannabis which had escalated over the years. He had craving and withdrawal symptoms when off alcohol or cannabis. His desire to engage in fetish behavior used to increase when he had alcohol or cannabis. When worked abroad for 5 years, though he was abstinent from both cannabis and alcohol use his fetish behavior continued. There were no other axis-I or axis-II psychiatric disorders. Clinically he was having average intelligence. Mental status examination revealed his motivation to change sexual perversion which was his chief concern and he was contemplating on alcohol and cannabis cessation. His physical examination was within normal limits. He was diagnosed as a case of fetishism, alcohol dependence and cannabis dependence according to DSM IV-TR. Investigations including hemogram, liver function tests and magnetic resonance imaging of brain were normal.

Because the patient preferred outpatient treatment, he was started on fluoxetine 20 mg per day. As his fetish behavior, alcohol and cannabis use continued as the same, a week later he got admitted along with his wife. Alcohol withdrawal symptoms were treated on a symptom triggered a management protocol with oral lorazepam and fluoxetine was continued. A detail of his sexual fantasies, experiences, cues and triggers of fetish behaviors and

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modes of sexual gratification was explored and we could establish that he **could not control his urge by distraction techniques**. During a week of inpatient care he reported no urge for fetish behavior and was abstinent from alcohol and cannabis. Oral naltrexone 50 mg/day was added as anticraving agent for alcohol dependence on the day of discharge.

A week after discharge, he came for follow up complaining of **decreased libido and delayed ejaculation interfering with his normal sexual life**, though his urge to masturbate in undergarments of women reduced significantly. He was abstinent from alcohol and cannabis and urine test for cannabis was negative. He insisted to stop the drugs and we **withdrew fluoxetine**. He refused the option of antiandrogens, but was willing to **continue naltrexone**. Patient attended monthly follow up consultations since then and on **oral naltrexone 50 mg/day for last 11 months he reported no urge to carry out fetish behavior and had been abstinent both from alcohol and cannabis**. No side effect was reported by the patient and monthly liver function tests were normal.

### 3. Discussion and conclusion

Fetishism is a paraphilic sexual disorder characterized by recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects, such as female undergarments, over a period of at least 6 months. The fantasies, sexual urges or behaviors often result in clinically significant distress or impairment in social or occupational functioning. Another frequently used term 'compulsive sexual behavior' encompasses paraphilic behaviors and nonparaphilic behaviors (such as compulsive masturbation and excessive use of pornography) (Bradford, 2001). Comorbid substance use disorders have been found highly prevalent in paraphilia. **In paraphilias, prevalence of alcohol use disorders is 10–40% (Kafka and Prentky, 1994; Raymond et al., 2010) and cannabis abuse is 5% (Raymond et al., 2010)**. Various pharmacological agents including serotonin reuptake inhibitors, antiandrogens, and GnRH agonists have been documented to reduce paraphilic behaviors (Bradford, 2001) and studies on fetishism in particular is limited. **Effectiveness of antiandrogenic drugs in paraphilias is masked by their adverse effects (Bradford, 2001). Though antidepressants are effective and safer, they may interfere with normal sexual life (Kafka and Prentky, 1992; Serretti and Chiesa, 2009). Naltrexone, an opiate antagonist which has been successfully used to treat a number of disorders such as alcoholism (Anton, 2008) has been recently studied in paraphilias. Naltrexone directly acts on the nucleus accumbens and reduces dopamine action**. Indirectly via interneurons it augments the release of GABA and thus reducing outpouring of dopamine from ventral tegmental area to nucleus accumbens (Bostwick and Bucci, 2008). **End result is a decrease in salience of compulsive sexual behaviors as in substance dependence**.

Even though there are a few case series on effective use of naltrexone in non-paraphilic sexual behaviors, data on naltrexone monotherapy in paraphilic disorders are inconspicuous. In a recent series of 19 patients with compulsive sexual behavior with comorbid psychiatric disorders, though patients had initial improvement with 50–100 mg naltrexone per day, most of the

patients needed dose increment to maintain remission. But it had limitation that only 8 of 19 had paraphilia including 2 patients with fetishism and most of the patients were on SSRI/SNRIs which might have added to effects (Raymond et al., 2010). **A second case series reported effectiveness of naltrexone in treating adolescent sex offenders with an average dose of 160 mg per day (Ryback, 2004)** and recurrence of symptoms was observed when the dose was tapered to 50 mg per day. Another case of non-paraphilic compulsive sexual behavior remitted completely within 2 weeks of naltrexone 100 mg/day is also reported (Raymond et al., 2002). In a depressed patient with deviant sexual behavior, when fluoxetine discontinued due to sexual dysfunction, naltrexone 100 mg/day was tried and patient remitted for a period of 8 months (Raymond et al., 2002). Unlike other studies reported yet in our case patient maintains remission on a lower naltrexone dose of 50 mg and for a longer period of 11 months till the time of reporting the case. Though there is robust evidence for use of naltrexone in alcohol use disorders preliminary evidence itself in cannabis use disorder is being studied recently. In our case 50 mg/day was sufficient to maintain remission of cannabis use also for last 11 months.

To summarize, our case of fetishism, alcohol and cannabis dependence, after discontinuation of fluoxetine due to sexual dysfunction continues to maintain remission from deviant sexual behavior and substance use for last 11 months on naltrexone monotherapy at a relatively lower dose (50 mg/day). This is the first case of successful treatment of fetishism comorbid with substance use disorder with low dose naltrexone. Further controlled studies are needed to confirm its efficacy.

### Conflict of interest

None.

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