Hypersexuality or paraphilic behavior are extremely difficult to manage. Before initiating pharmacotherapy to control unwanted sexual behaviors, the current drug regimen should be evaluated for drugs that may cause/exacerbate the behavior (eg. amphetamines/anticholinergic/antiparkinson meds). **Cognitive behavioral modification, psychotherapy & environmental changes** should be implemented **first for treatment.** **Some modification strategies include**: correct any misidentification by the patient of other residents as their spouse or lover, increase attention & appropriate activities, make certain behaviors such as disrobing more difficult, move patient to different room if location is problematic . Attempts to distract & redirect their behavior with conversation, food or other activities can be successful. **Case reports** suggest that antiandrogens, estrogens, LHRH agonists & serotonergic medications may be **useful when other methods have failed.** **Baseline labwork** may include: free androgen index & total testosterone, FSH, LH, estradiol, prolactin & progesterone. Of note - following surgical castration & hyperprolactinemia, sexual behavior declines. The aim of pharmacological treatment is to suppress sexual fantasies, to suppress sexual urges & behavior, & to reduce the risk of recidivism & further victimization. We wish to thank those who have assisted with this Q&A: Dr. L Thorpe, Dr. R Menzies & RxFiles advisors.)

Drug/Forms/Reason for use	Side effects(SE) / Comments	Young patients[3,4,7] Dose Cost/month	Older patients[1,2,5,6] Dose Cost/month
SSRI's- considered possible **first line** **citalopram** (Celexa) 20,40mg scored tabs **paroxetine** (Paxil) 10ς,20ς, 30mg tab **sertraline**# (Zoloft) 25,50,100mg cap -better impulse control, or for possible anti-compulsion effect & to ↓ sexual desire	**SE**: Especially early in therapy: insomnia, fatigue, headache, tremor, nausea, vomiting, diarrhea, falls, decreased concentration, confusion, SIADH & rarely extrapyramidal reactions. Titrate dose up as tolerated & **wait 4-6 weeks** for effect. Fluoxetine (Prozac) frequently studied in younger patients but due to weight loss & long half life often not recommended in elderly. Also tried has been clomipramine ~150mg/day & fluvoxamine (Luvox).	20mg po od $29 Celexa 40mg po od $29 Max:60mg/day 20mg po od $32 Paxil 40mg po od $57 Max:60mg/day 50mg po od $32 Zoloft 100mg po od $34 Max:200mg/day	10mg po od $18 20mg po od $29 Max:30mg/d 10mg po od $44 ($20 if 1/2x20mg tab) 20mg po od $32 Max:30mg/d 50mg po od $32 100mg po od $34 Max:100mg/d
buspirone (Buspar) 5,10ς mg tab -for ? anticompulsion & ↓ deviant fantasies	**SE**: Nausea, headache, dizziness, restlessness. **Non-sedating** & **non-addicting.** Onset 1week; Max effect **6** weeks. Drug interactions:fluvoxamine, grapefruit juice. NO dependency & no cross tolerance with benzodiazepines.		5mg po tid $50 Max:60-90mg/d 10mg po tid $53
Add to SSRI's if limited response: **cyproterone**## (Androcur) ☎ ▼ 50ς mg tab (300mg/3ml amp ⊗) -antiandrogen;possible ↓ sexual fantasies, behavior, masturbation, intercourse & impact on erections	**SE:** hepatic dysfunction, fatigue, **weight gain**, transient depression ~5-10%, ↓ in body hair, gynecomastia ~15% & feminization, as well as cardiovascular toxicity including fluid retention, thromboembolism, myocardial ischemia. Alterations in glucose and cerebrovascular accidents have occurred. Dose to maintain testosterone concentration in a range that prevents feminization. Onset ~<1 month **Monitor**:serum testosterone, LH,BP,weight,LFT,BG q3-6months or as needed.Consider getting **consent** before starting therapy	**PO** Initial 50mg po od $57 100mg po bid $209 Range 50-500mg/day **IM** Usual 200mg **q2wk** $180 300-400mg qwk $343 Range 100-600mg qwk	**PO** Initial 50mg po od $57 100mg po od $108 **IM** Usual 200mg q2wk $180 300-400mg qwk $343
Add to SSRI's if limited response: **medroxyprogesterone** (Provera; Depo-Provera) 2.5ς,5ς,10ς (100mg tab✗▼); 150mg/1ml & 250mg/5ml vial -antiandrogenic; ? ↓ libido, sexual arousal, fantasies, urges & behavior	**Caution**: with depression, diabetes, or conditions which may be worsened by fluid retention **SE**: **weight gain**, lethargy, headache, decreased sperm production, hot & cold flashes, hepatic dysfunction, nightmares, dyspnea, loss of body hair, hyperglycemia, leg cramps, GI disturbances, fluid retention, menstrual disorders, thromboembolism, feminization, depression and dermatologic effects. In clinical trials the concern of an ↑ risk for breast, uterine, or ovarian cancer has not been shown. Onset ~<1 month	**PO** Initial 50mg po od $64 100mg po tid $337 Range 50-600mg/day **IM** Usual 300mg **qwk** $252 then ?↓100mg/wk maint. after wks Range: 75-700mg/wk	**PO** Initial 5mg po od $14 100mg po od $120 **IM** Usual 100mg q2wk $69 150mg q2wk $69 200mg q2wk $131
MISC: **cimetidine** (Tagamet) 200✗▼,300,400,600,800✗▼mg tab; 300mg/5ml liquid	Common **SE**: headache, arthralgia & nausea. Serious adverse effects of cimetidine are blood dyscrasias, hypotension, arrhythmias, CNS effects (delirium, confusion, depression), gynecomastia, renal dysfunction and hepatotoxicity. ?antiandrogen effects possible for efficacy.	300-800mg po bid $13-23 Neurology 2000 → 14 of 20 demented ~73 yr old pts responded. The other six pts responded to adding ketoconazole 100-200mg/day or sprionolactone 75mg/day; or both to cimetidine. Response time in ~1-8 weeks[1]	300-600mg po bid $13-17
Antipsychotics -limited usefulness **thioridazine** (Mellaril) (10,25,50,100mg tab; 30mg.ml liquid) **risperidone** (Risperdal) (0.25,0.5ς,1,2ς,3ς,4ςmg tab;M-TAB⊗ 0.5,1,2mg;1mg/ml soln)	**SE**: hypotension, sedation, anticholinergic, delirium, confusion, headache, dry mouth, constipation, weight gain, asthenia, nausea, akathisia, neuroleptic malignant syndrome, phototoxicity, parkinsonian side effects & tardive dyskinesia. Thioridazine prolongs the QTc interval in a dose related manner and may be associated with torsade de pointes type arrhythmias and sudden death, plus retinopathy occurs at large doses.	50-100mg po bid $16-25 1mg po bid $84 2mg po bid $160	10-50mg po bid $14-16 0.25mg po bid $40 1mg po bid $84
LHRH agonist (☎:endometriosis,fibroids & menorrhagia) **Leuprolide** acetate (Lupron & Depot) ☎ ▼ 5mg/ml vial ⊗; Depot: 3.75,7.5,11.25,22.5 &30mg **Goserelin** acetate (Zoladex & LA) ☎ ▼ Depot: 3.6mg & 10.8mg vial antiandrogen;?↓ exhibitionist, fantasies & urges	**SE**: hot flashes, erectile dysfunction, ↓ libido, ↓ sperm count, ↓ body hair, injection site irritation & rare anaphylaxis (consider first a 1mg SC Lupron test dose), **renal dysfunction**, flare reaction-a transient ↑ testosterone level when initiatiating treatment & possible worsening of patient's condition. -Goserelin pellet sc into anterior abdominal wall Long term risk of **osteoporosis** with these agents & others if testosterone levels are dramatically reduced for an extended period of time.	3.75/7.5mg IM q month $357-445 11.25/22.5mg IM q**3**month ~$323-360 ($971-1100 per 3 months) 3.6mg SC q month $441 10.8mg SC q**3**month ~$360 ($1114 per 3 months) **Monitor**: serum testosterone,LH,CBC,BUN,Scr q 6 months	

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⊗ not covered NIHB ▼ covered by NIHB

**most studied SSRI** for **hypersexuality** **##** **most studied antiandrogen** in terms of its effects as a treatment for **sexual deviation (often in pedophiles)**

= ↓ dose for renal dysfx ς =scored ☎ =Exception Drug Status in Sask ✗ = Non-formulary in Sk **BG**=blood glucose **BUN**=blood urea nitrogen **CBC**=complete blood count **LFT**=liver function tests **LH**=luteinizing hormone **Scr**=serum creatinine **SE**=side effects