Elrafei Heba (LSCFT)

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Section: Information about WHO material to be reproduced

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* Table-1: - Diagnostic criteria of Hypersexual

Disorder: -To be included in ICD-11 (ICD-11;WHO, 2020; Kraus et al. 2018)

I – Persistent pattern of failure to control (six months or more): -

1- Sexual fantasies

2- Sexual urges

3- Sexual behaviours

II - Along with I : -

1- Time consumed by sexual fantasies, urges or behaviours becoming the central focus interfering with other important activities.

2- Repeatedly engaging in sexual fantasies, urges or behaviours despite adverse consequences or deriving little or no satisfaction from it.

3- Repeatedly unsuccessful efforts to control or reduce sexual fantasies, urges or behaviours.

4- Repeatedly engaging in sexual behaviours ignoring the risks of physical or emotional harm to self or others.

III – In addition to I, repetitive sexual fantasies, urges or behaviours causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

IV - Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours has to be ruled out.

A- Over a period of at least six months recurrent and intense sexual fantasies, sexual urges or sexual behaviours in association with three or more of the following five criteria: -

A-1: Time consumed by sexual fantasies, urges or behaviours repetitively interferes with other important (non-sexual) goals, activities and obligations.

A-2: - Repetitively engaging in sexual fantasies, urges or behaviours in response to dysphoric mood states for example anxiety, depression, boredom or irritability.

A-3: - Repetitively engaging in sexual fantasies, urges or behaviours in response to stressful life events.

A-4: - Repetitive but unsuccessful efforts to control or insignificantly reduce these sexual fantasies, urges or behaviours.

A-5: - Repetitively engaging in sexual behaviours while disregarding the risks for physical or emotional harm to self or others.

B- There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviours. C- These sexual fantasies, urges or behaviours are not due to the direct physiological effect of an exogenous substance for example a drug of abuse or a medication. Specify if: - Masturbation Pornography Sexual behaviour with consenting adults Cybersex Telephone sex Strip clubs Other (Kafka, 2009).

D- The person is ≥ 18 years of age.

The DSM-5 rejected the inclusion of hypersexual disorder as a separate category under the overall sexual and gender identity disorders. The reasons mentioned were: - (Reid & Kafka, 2014)

1- Lack of scientific research, inadequate neuropsychological testing and potential misuse of new sexual disorders by the legal community particularly in forensic settings where hypersexual disorder would potentially be used as a defence by hypersexual criminal defendants who are being prosecuted for crimes such as child abuse (Halpern, 2011).

2- Hypersexual disorder has no place as a diagnosis but could possibly be an extension of other mental health disorders (Halpern, 2011).

"Compulsive sexual behavior disorder" (CSBD) is currently defined in the 11th edition of ICD which is scheduled to be implemented in January 2022. CSBD in ICD-11 is defined as (Table-1):

"Compulsive sexual behavior disorder is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and subsequent repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement" (ICD-11; WHO, 2020; Kraus et al. 2018).

* ISBN / WHO Reference Number

^{*} Website URL where WHO material is published * 19- Kafka MP. (2009). Hypersexual disorder: A proposed diagnosis for DSM-5. Archives of Sexual Behavior. Advance online publication. Available from: doi:10.1007/s10508-009-9574-7.25- Kraus et al. 2018. Compulsive sexual behaviour disorder in the ICD-11. World Psychiatry. DOI: 10.1002/wps.20499.47- World Health Organization. ICD-10 Classification of Mental and Behavioural Disorders. (2013). 10th ed. Geneva:Churchill Livingstone Publishing. 48- World Health Organization (2020). International classification of diseases 11th revision. Available from http://icd.who.int/dev11/1-m/en

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