Dear Editor,
Compulsive sexual behavior (CSB) is defined by sexual urges, sexually arousing fantasies, and sexual behaviors that are recurrent and intense, causing distressful interference in daily life.\(^1\) Severe CSB can be associated to prolonged occurrence of CSB and several negative consequences: intense emotional suffering, legal sanctions, and increased health risks\(^1\) - e.g. intentional unprotected anal intercourse (barebacking) and sexual practice among men (MSM),\(^2\) contributing to increase HIV transmission indicators.\(^3\)

In Brazil, MSM account for 28% of male AIDS cases dating from 2000.\(^4\) Looking at the reports of two severe CSB cases associated with barebacking, we see that these patients underwent medicated psychiatric treatment (Table 1) and 16 sessions of psychodynamic psychotherapy. The inventory used was the Sexual Compulsivity Scale (SCS), that was applied before, immediately after, and three months following the intervention (Table 1). The sexual behaviors studied were: having a main partner, number of casual partners and condom use during anal intercourse. The criterion for barebacking behavior was report of no condom use during most instances of anal sexual intercourse. The criterion for CSB was exceeding the cutoff score of 24 on the SCS.\(^5\)

This study was approved by the Ethics Committee of the Hospital das Clínicas in the Medicine School of the Universidade de São Paulo (HC-FMUSP). The patients sought treatment for CSB at the Sexuality Studies Program of the Institute of Psychiatry in HC-FMUSP. After they signed the consent form, they were enrolled in the study.

C., who is HIV-negative, reports CSB occurring since 2000. The main aspects of his CSB include: chatting via phone calls or internet and visiting cinemas and saunas looking for sex. He reported 30 to 40 casual partners over the last six months, despite a three-year relationship with a main partner with whom he rarely uses condoms. He had been using other sexual harm-reduction strategies such as having his partner withdraw prior to ejaculation.

A., who is HIV-positive, reports never having a stable relationship and is constantly searching for sex in saunas. He pays for his sexual encounters and reports having unprotected receptive anal intercourse with three different men each time. A. reported having 50 casual partners over the last six months.

At the end of treatment, A. and C. improved according to scores of SCS (Table 1), increasing their control over CSB and their use of condoms. A. visited saunas less frequently, had only four casual partners over last six months, and used

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**Table 1** Sociodemographic and clinical data of patients. São Paulo, Brazil. 2011

<table>
<thead>
<tr>
<th>Identification</th>
<th>Occupation</th>
<th>Sexual orientation</th>
<th>Promiscuous sexual behavior</th>
<th>Medication dose (pre</th>
<th>post)</th>
<th>SCS Score (pre</th>
<th>post</th>
<th>post 3-months)</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient A., 38 years</td>
<td>Desk Assistant</td>
<td>Homosexual</td>
<td>Saunas</td>
<td>Sertraline 150 mg/day</td>
<td>150 mg/day</td>
<td>40</td>
<td>22</td>
<td>22</td>
<td>F 52.7</td>
</tr>
<tr>
<td>Patient C., 31 years</td>
<td>Desk Assistant</td>
<td>Homosexual</td>
<td>Casual sex, saunas and cinemas</td>
<td>Paroxetine 20 mg/day</td>
<td>20 mg/day</td>
<td>Naltrexone 50 mg/day</td>
<td>50 mg/day</td>
<td>27</td>
<td>20</td>
</tr>
</tbody>
</table>

**Note:** SCS: Sexual Compulsivity Scale. F 52.7: Excessive sexual drive; F40.0: Agoraphobia; F40.1: Social phobias; F41.1: Generalized anxiety disorder. pre: pre-intervention; post: post-intervention; post 3-months: three months after intervention.
condoms most of the time. He increased awareness about risks of sexually transmitted diseases involving unsafe sex. C. increased the use of condoms with his main partner, stopped visiting saunas and cinemas and decreased his use of the internet and practice of casual sex, dropping to four casual partners over a period of six months with a 50% frequency of condom use.

These reports suggest that psychiatric drug treatment and brief psychodynamic psychotherapy may increase control over CSB and reduce negative outcomes.

Acknowledgements

This paper is part of the Project funded by the Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP), Process n. 2010/15921-6. We thank Dr. Carmita Abdo who coordinates ProSex.

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Disclosures

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This study is part of the Sexuality Studies Program (ProSex), carried out at the Department and Institute of Psychiatry of the School of Medicine of the Universidade de São Paulo (USP), Brazil.

Financial support: Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP), Processo n. 2010/15921-6, Brazil.

* Modest
** Significant
*** Significant. Amounts given to the author’s institution or to a colleague for research in which the author has participation, not directly to the author.

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