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Peer Review Report for "A Young Man with Substance Abuse and Comorbidity of Multiple Paraphilia: A Case Report"

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Review Timeline:

Submit Date: 1 Feb 2018
Revised Date: 2 Sep 2018
Accepted Date: 26 Sep 2018

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 11 Jun 2018

Dear AE,
The English literature of the article is proper and easy to be understood.The mentioned case is interesting as it is rare and similar cases have not been discussed much before,but inadequate information is the main problem with the article. More information about personality specificities, psycological factors, medical treatment, and maybe psycotherapy are required. The article needs to be revised again.
Thanks.

REFEREE: Associate Editor | **Revision** (0) — 13 Jun 2018

Dear EIC,
The manuscript should be revised based on reviewers' comments.
Thanks.

REFEREE: EIC | **Revision** (0) — 13 Jun 2018

Dear Author,
The manuscript should be revised based on reviewer comments.

Thanks.

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

A young man with substance abuse and comorbidity of multiple paraphilia: A case report

Acknowledgment: we respectfully appreciate the patient and his wife for participating in our research project

Conflict of interest: None

Abstract:

Introduction: Multiple paraphilia is characterized as a disorder that includes three or more paraphilias, for instance pedophilia, exhibitionism, or rape together make up multiple paraphilia. It is hard to estimate prevalence rates of paraphilias due to changes in criterion with time and in divergent cultures.

Case presentation: Our case is a young man whose marriage lead to exacerbation of his paraphilic behavior and more substance abuse. He represented with multiple type of paraphilia simultaneously which can occur rarely.

Conclusion: there's a possibility of different paraphilias occurrence at the same time and to prevent further aversive consequences of the aggregation of paraphilia, devising a treatment plan for such patients would avoid devastating conditions.

Introduction

Multiple paraphilia is characterized as a disorder that includes three or more paraphilias (1). It has been shown that multiple paraphilias is very prevalent in individuals previously assumed to have only one paraphilia (2). Paraphilia is defined as “any intense and persistent sexual interest other than the genital stimulation or preparatory fondling with human partners satisfying with normal mature physical and phenotype” (3). It is hard to estimate the prevalence rates of paraphilias due to changes in criterion with time and with divergent cultures (4) On the other hand, paraphilias is often kept as a secret with the patient as it is stigmatized in the society, therefore the prevalence of paraphilia is underestimated and a non-accurate estimation is yielded. Paraphilia previously known as sexual perversion and sexual deviation, includes zoophilia, sexual sadism, exhibitionism and pedophilia etc. (3). Paraphilia often leads to misery and clinically significant damages and eventually results in important ethical and public health problems (5). As a result, the treatment of paraphilia is of prominent importance to be considered. Cognitive-behavioral therapy has been a principal way to treat sex offenders or individuals with paraphilias (6). Furthermore, there are three category of pharmacologic agents often apply to effectively treat patients with

paraphilia. Selective serotonin reuptake inhibitor (SSRI), synthetic steroid analogs, and Gonadotropin-releasing hormone(GnRH) analogs are the medications utilized in an effective treatment of the patients, yet some algorithm existed for treating different severity of the disorder (7).

Case presentation:

A young, slim, married man from a village in the geographic center of Iran attend to our clinic. He was low socio-economic with elementary education and his marital conflicts had brought him to visit us.

As he mentions, because of the lack of welfare in his family he had decided for an unwanted marriage with a girl whom he declare was ugly and not pleasing. On the other hand, in the visit his wife noted that she is so ashamed of her appearance which in turns made her to accept marrying a man whom she was not interested in. She was two years older than him and subsequent first experience of intercourse with his husband after having unpleasant feeling it triggered manic episode of bipolar mood disorder I in her. Now that the problems came up between this couples, our patient requested for treatment and intervention. He is completely aware of his sexual problems while, his wife was not informed about this matter.

Personal history:

Since the age of 15, he has been consuming cannabis, opium and heroin. Prior to the substance abuse, at the age of five years old he had experiences of being raped by individuals older than him. In his adolescence he had brother-sister incest frequently and witnessed his parents' sexual intercourse repeatedly and it seems his father had sexual sadism behaviors. There is a history of intercourse with hen and cow. His mind was mostly preoccupied with sexual matters and sex with children. Although he has no criminal back ground, he mentions a high sexual interest for children, i.e. pedophilia, sexual sadism behavior (inflicting pain), frotteurism (rubbing against another person), exhibitionism (genital exposure), voyeurism (watching sexual acts), fetishism (arousal from an inanimate object) and zoophilia. He notes no interest to have sex with his wife but a passion for normophilic extra marital sex and he is extremely hyper sexual. The experiences he have in homosexuality brings him more pleasure than normal sex. Furthermore, in sexual relationship he used to attack his wife as sexual sadistic behavior.

Psychological factor:

The patient had immature approaches in coping problems in life and used to apply primitive defense mechanism to solve them. As to say, he lack efficient life skills. He had low personal hygiene and as well as ego-syntonic and alloplastic attitude towards his disorders.

Passive aggression got eminent in psychodynamic investigation and due to his low insight he was not cooperative enough to consume drugs or receive psychotherapy.

Bipolarity and psychosis were not proposed for him.

Physical examination:

Patients was alert with normal vital sign. Blood pressure: 120/80, T: 37.5, Pulse rate: 90. Neurological examination was normal. No more organic evaluation was done before. His mood was euthymic and he is not nervous. There is no history of obsession.

Drugs prescribed for the patients included:

Tab Medroxy progesterone daily,

Tab Thyoridazine H.S,

Tab Sodium-valproate 200 daily,

Cap Fluoxetine 20 daily.

Discussion:

Multiple paraphilia is characterized as a disorder that includes three or more paraphilias, for instance pedophilia, exhibitionism, or rape (1). We reported a patient with multiple paraphilias whose paraphilia manifestation each could have been occurred together in a particular period of time. The trigger for the paraphilia started from a sexual abuse in his childhood, without feeling guilty with his problems. Subsequent to his marriage his

paraphlic behaviors exacerbated and also the patient's problem developed as aggression and more drug abuse.it is important to note that the paraphilic behavior happened prior to drug abuse. His sexual relationship with his wife was not accompanied by enjoyment and he didn't have any interest for her. As his wife was a known case of bipolar disorder I, compromise mechanism and a weak coping led her to face difficulty in managing marital conflicts. According to a sexual dissatisfaction existed for him due to his wife appearance and beauty, therefore he frequently used to displace faults to his wife. Our patients was under variety of stressors since his childhood and he felt he doesn't have sexual inadequency, then because he didn't have any passion for his wife due to her ugliness as he mentions, through defense mechanism of displacement he started having sexual satisfaction by extra marital sex and having sex with animals.

As paraphilias are stigmatized in society, in the most cases they are going to be diagnosed if only some other category of psychiatric problem led their attendance to a psychiatrist. Similarly, our patient visit psychiatrist for marital therapy and control of aggression and drug abuse, not for paraphilic behaviors. On the other hand, Abel et al. concluded that paraphilic behavior as is not usually reported as a complain, it may be due to the failure experiencing unpleasant consequences as a result of their first exposure to the deviant act

which may fortify the rationalization to repeat this manner. Therefore, they concluded that the patient may feel less self-restrained about acting upon other paraphilic acts (2).

In diagnosing paraphilic disorders, we must consider that persons with no paraphilia are allowed to have nonpathologic application of sexual fantasies, behaviors, or stuffs to boost their sexual excitement. In mental retardation, paraphilia should be differentiated from other aspects of organic and non-organic conditions; ex. Dementia and exhibitionism in patients with public urination. Other similar conditions considered as a differential diagnosis of paraphilias include: Experimentation, Hormone dysregulation, Seizures, Chromosome abnormality, Social phobia, Conduct disorder, Multiple sclerosis, Conversion disorder, Frontoparietal traumatic brain injury, Abnormal amygdala activation, Sexsomnia, Autoerotic asphyxiation, Paraphilic coercive disorder, Differential Diagnoses, Alcoholism, Depression, Marrow Failure Syndromes, Obsessive-Compulsive Disorder, Personality Disorders, Posttraumatic Stress Disorder, Schizophrenia" (8).

Most psychosexual disorders are a result of an abnormal fantasy system fed by traumatic childhood and adolescent backgrounds. As paraphilia keeps on, the behaviors on victims gradually gets worsen and turns into more hazardous phenomenon. Likewise In our case sexual deviation started with pedophilia, voyeurism, exhibitionism, and after a period of time it led to sexual sadism. there are noticeable research evidence at present showing that

multiple paraphilias should be considered in every case of sexual offense (9).To prevent further aversive consequences of the aggregation of paraphilia, devising a treatment plan for such patients would avoid devastating conditions.

Conclusion: Our case represented with different paraphilia which co-existed at the same time and was targeted from his sexual abuse in the childhood. Also it shows that multiple paraphilia is potentiated to trigger other psychiatric disorders in the people living around them. On the other hand substance abuse did not influence paraphilic behavior in our patient

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Revision (1)

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REFEREE: Reviewer | **Revision** (1) 12 Sep 2018

Dear AE,
Now with these explanations, we can understand the patient.
For this case, I wanted more information, and by the author given, the case is educational and interesting.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 26 Sep 2018

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (1) 26 Sep 2018

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.