CASE REPORT

A Probable Case of Sexsomnia

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Abstract

Sexsomnia is a rare parasomnia that has been included a psychiatric disorder in Diagnostic and Statistical Manual-5 (DSM-5). Here we present the case of a 25-year-old male who presented with abnormal sexual behavior in sleep. There was no epileptic tendency noted, no other psychiatric comorbidity and no organic cause was determinable. The patient responded to clonazepam.

Keywords: Clonazepam, Escitalopram, Parasomnia, Sexsomnia, Sexual behavior.

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Introduction

Sexsomnia is a rare parasomnia that has recently been included in Diagnostic and Statistical Manual-5 (DSM-5) and is characterized by sexual behavior in sleep. It has been thought to be a variant of parasomnia somnambulistic behavior and is also referred to as somnambulistic sexual behavior or sleep sex.[1] The etiology of this parasomnia is not known and is complex due to combined activation of motor behavior, sexuality, emotions, and autonomic activation that occurs during sleep.[2] The uniqueness of this condition is the involvement of a partner in sexual behavior though isolated sexual activity has also been reported. It can vary from explicit vocalizations with sexual content, violent masturbation, producing orgasmic sounds and complex sexual activity like vaginal or anal sexual intercourse, and oral sexual activity.[3] Violence has been reported in the disorder and it is unclear whether the disorder is a separate entity or is a parasomnia like all others.[4] The medicolegal implications of the disorder have also been under studied.[5] We report here the case of a 25-year-old male that presented to a tertiary psychiatry general hospital with sexual behavior in sleep.

Case Report

A 25-year-old Hindu unmarried male was brought to the outpatient department by his mother with complaints of sexual behavior in sleep and sleep disturbances for the past 5 years. He was apparently alright 5 years back when without any apparent stressor his mother started noticing abnormal behavior with him at night. He would get up from sleep after around 3–4 hours of sleep and go to his sister's bed and would touch her inappropriately. He would touch her breasts inappropriately for 10–15 minutes and go back to sleep. His mother had noticed this one night and enquired in the morning to him about this matter but the patient had no memory of this event. His mother started keeping watch on him every night and found this behavior occurring almost every night. On few occasions, she saw that he would touch the genitals of his younger brother. On a couple of occasions, his mother tried to wake him up when he was engaging this sexual act but he was not able to stop it. He did not have such behavior with his parents and also when he went to his relative's house. He felt guilt about his deeds when his mother would enquire about it the next morning. He started feeling ashamed of his deed and was wondering why it happened to him. Initially, the episode would occur once or twice a week but over the past 3 years, the frequency increased to about 2–3 times a week. As he felt sad about this act, his mother consulted a counselor but it did not help. He was then taken to a neurologist who started him on Tablet divalproate sodium 500 mg and Tablet clonazepam 0.5 mg at night and diagnosed him with complex partial seizures. With the said medications, his behavior was under control, but he started having excess sedation and could not focus on his studies. So he visited our department for a second opinion. He had no complaints of any other psychiatric illness or any medical illness. On mental status examination, he had a sad mood and expressed guilt for his actions and also was willing to take medications to control this behavior. His electroencephalogram (EEG) was normal and a magnetic resonance imaging study of the brain revealed no abnormality. We also conducted psychological testing in the form of the Thematic Apperception Test and Rorschach Test which revealed no abnormality. We diagnosed him as having sexsomnia and started him on tablet clonazepam 0.5 mg at night. After 2 weeks of follow-up, his mother reported much improvement, and this time he did not have excess sedation. So we continued with 0.5 mg of clonazepam and asked him to follow up after a month. The patient has been episode-free since then and has been following up regularly with us.

Discussion

The case we have described differed from cases of sexsomnia reported in the literature as sexual behavior with siblings was reported. The limitation in our case being diagnosed was made based on clinical presentation and no specific investigations were done. Sexual behavior in sleep has been reported in the literature as early as 1955 and there have been 30–35 cases reported to date.[6]

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No studies on the management guidelines for sexsomnia exist. Case reports have shown the effectiveness of selective serotonin reuptake inhibitors and antiepileptics.[7] Benzodiazepines have also been sued to provide deeper and restful sleep.[8] We have reported two cases that have responded to clonazepam and escitalopram in the past.[9,10] Clinicians must be aware of this disorder and treatment-related issues that concern the same.

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