Compulsive Sexual Behavior Disorder: A Mixed-Methods Study of Clinical Diagnosis and Demographic Trends

Damont Combs

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Abstract

Background: Compulsive Sexual Behavior Disorder (CSBD) is characterized by repetitive and intense sexual urges and behaviors that individuals find difficult to control, leading to significant distress and impairment in daily life. Although CSBD has been recognized in the ICD-11, there is ongoing debate regarding its classification, particularly whether it should be categorized as a behavioral addiction or an impulse control disorder. Additionally, questions about the neurobiological mechanisms involved in CSBD contribute to the complexity of diagnosis and treatment approaches.

Objective: The objective of this study is to investigate the classification, diagnosis, and treatment efficacy of Compulsive Sexual Behavior Disorder (CSBD), focusing on its neurobiological underpinnings and the influence of cultural factors on diagnosis. The study also aims to provide a standardized diagnostic framework that can guide clinical and public health practices.

Methods: This study employs a mixed-methods design, integrating both qualitative and quantitative approaches. We conducted semi-structured interviews with clinicians to gain insights into the diagnostic challenges and treatment practices for CSBD. We also reviewed existing literature on CSBD to contextualize the clinical findings, focusing on neurobiological mechanisms such as those identified through fMRI and EEG studies. Finally, a cross-sectional survey was performed to gather demographic and behavioral data from individuals diagnosed with CSBD.

Results: The analysis suggests that CSBD aligns more closely with behavioral addiction, given its association with the brain's reward pathways, particularly dopamine dysregulation. Cultural factors emerged as a significant influence on the perception and diagnosis of CSBD, with clinicians reporting variability in how sexual behavior is judged across different populations. Moreover, a lack of long-term studies on treatment efficacy presents a gap in the current literature, making it difficult to determine the long-term success of therapeutic interventions such as Cognitive Behavioral Therapy (CBT) and pharmacological treatments (e.g., SSRIs).

Conclusions: The findings underscore the need for a standardized diagnostic framework for CSBD, one that accounts for both neurobiological and cultural factors. Standardizing the diagnosis could lead to more consistent treatment approaches and influence both clinical practices and public health policies. To address current gaps in the literature, future research should prioritize longitudinal studies that assess the durability of various treatment interventions, with a focus on integrating neurobiological data to further refine diagnostic and treatment protocols. Clinical Trial: this study is not a clinical trial, thus does not require registration

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Appendix: Compulsive Sexual Behavior Disorder Classification

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October 2024

A   Appendix A: Interview Questions (Clinicians)

1.   What are the main challenges you face when diagnosing Compulsive Sex-ual Behavior Disorder (CSBD)?

2.   How do you differentiate between high libido and compulsive sexual be-havior in your patients?

3.   What diagnostic tools do you currently use to assess CSBD?

4.   In your opinion, should CSBD be classified as a behavioral addiction, impulse control disorder, or both? Why?

5.   What treatment protocols do you typically follow for patients with CSBD?

6.   How effective do you find Cognitive Behavioral Therapy (CBT) and phar-macological interventions for treating CSBD?

7.   How do cultural factors influence your approach to diagnosing and treating CSBD?

8.   What challenges have you encountered when managing patients with co-occurring disorders (e.g., OCD, depression)?

B   Appendix B: Survey Instrument (Patients)

1.   How frequently do you experience compulsive sexual thoughts or behav-iors?

•   Scale: 1 = Never, 5 = Very Frequently

2.   How much distress do these behaviors cause in your personal, social, or professional life?

•   Scale: 1 = None, 5 = Severe

3.   Have you tried to control or reduce your sexual behaviors in the past? If so, how successful were these attempts?

•   Scale: 1 = Not Successful, 5 = Very Successful

4.   Are you currently receiving any treatment for compulsive sexual behavior?

•   Options: Yes, No

5.   If receiving treatment, what type of treatment are you currently using?

•   Options: Cognitive Behavioral Therapy, Medication, Support Group, Other

6.   How effective do you find the treatment you are receiving?

•   Scale: 1 = Not Effective, 5 = Very Effective

7.   Have you experienced any improvements in your behavior since starting treatment?

•   Scale: 1 = No Improvement, 5 = Significant Improvement

C   Appendix C: Data Tables

C.1   Table 1: Demographic Characteristics of Survey Respondents

Demographic	N	Percentage (%)
Male	60	60%
Female	40	40%
Age 18-30	20	20%
Age 31-50	50	50%
Age 51+	30	30%
Receiving CBT	45	45%
Receiving SSRIs	30	30%
Support Groups	15	15%
No Treatment	10	10%

Table 1: Demographic Characteristics of Survey Respondents

C.2   Table 2: Survey Response Breakdown (HBI and SAST Scores)

D   Appendix D: Consent Forms

Participants were provided with consent forms detailing the purpose of the study, their rights as participants, and the confidentiality of their responses.

Scale	Average Score	Standard Deviation
HBI Control Scale	3.5	0.8
HBI Consequence Scale	4.0	0.7
SAST Score	4.3	0.5

Table 2: Survey Response Breakdown (HBI and SAST Scores)

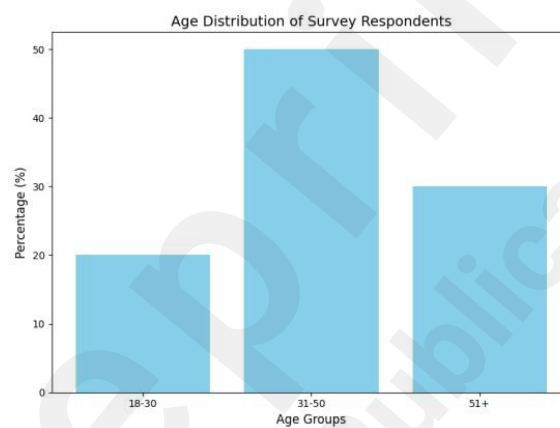## E   Appendix E: Supplemental Figures or Mate-rials

Figure 1: Figure 1: Age distribution of survey respondents. The graph shows the percentage of participants in three age groups (18-30, 31-50, and 51+ years)

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Supplementary Files