BJPsych The British Journal of Psychiatry (2013) 203, 233–235

Correspondence

Edited by Kiriakos Xenitidis and Colin Campbell

Contents

- Risperidone-induced hypersexuality
- Avatar-assisted relational therapy for persecutory voices
- Specialised mood disorder clinic *v.* standard care for out-patients with bipolar disorder

Risperidone-induced hypersexuality

We report hypersexuality in three people with schizophrenia after starting risperidone, with evidence suggesting a possible link between risperidone and the hypersexuality.

Mrs X, 71 years old, married once and widowed for 20 years, with no known history of hypersexuality, was started on risperidone 25 mg intramuscular (IM) injection three times weekly. Two months later, she complained of 'having to' masturbate two to three times daily without being able to orgasm, lactating and losing 'too much fluids' vaginally. She became fixated on an imagined romantic relationship, took off her old wedding ring and attempted to hire a tourist boat for a wedding reception she planned for herself. Risperidone was stopped after 6 months and switched to pipotiazine 25 mg IM injection, three times weekly, after a washout period of 5 days. Features of hypersexuality waned and resolved 10 days later, with no recurrence.

A 53-year-old man, Mr Y, took clozapine for 14 years before it was stopped due to neutropenia. He was started on oral risperidone 2 mg twice daily and developed thoughts fixated on masturbation, erections and needing a sexual partner. Risperidone was stopped and olanzapine initiated, with no disclosed sexual content in his thoughts from the next day. Hypersexual thoughts recurred on overnight leave. During the second overnight leave, he behaved indecently towards two young women in a park and was charged with indecent assault.

A 23-year-old man, Mr Z, was re-titrated on risperidone after a period of non-adherence. From the day after oral risperidone was titrated up to 5 mg daily, when risperidone 50 mg IM injection was also administered, ten episodes of hypersexual behaviour were documented in a period of 10 days, including sexually disinhibited speech, propositioning and exhibitionism. Risperidone was tapered and stopped, and Mr Z was started on flupentixol 20 mg IM injection. There were no further episodes of hypersexual behaviour other than one episode of disinhibited speech when the risperidone was 3 mg daily. Mr Z was later readmitted and maintained on flupentixol 20 mg IM injection. No hypersexual behaviour occurred during this admission.

None of these people were hypomanic. Bipolar disorder was excluded. Prolactin levels on risperidone were 2737 IU/l for Mrs X, and 468 IU/l for Mr Y.

A review of the literature showed similar case reports.[1,2] Antagonism of 5-HT_{2A} receptors by risperidone, which increases dopamine release in the prefrontal cortex, and antagonism of alpha-2 adrenergic receptors, which disinhibits noradrenergic neurons and plays a role in genital stimulation,[3,4] could explain this effect. A similar mechanism of alpha-2 adrenergic blockade has been postulated for yohimbine. The expression of these receptors in individuals may affect vulnerability. Conventional antipsychotics, by their prominent D_2 blockade and hardly any affinity for alpha-2 or 5-HT_2 receptors, suppress libido.

Hypersexuality as a possible side-effect of risperidone[5] may need further evaluation, considering the social and medico-legal implications. However, there are limited instruments with which to score hypersexual behaviour. A special scale might have wider applications. We are therefore formulating a scale to assess hypersexual behaviour.

1 Lam MH, Fong SY, Wing YK. Sexual disinhibition in schizophrenia possibly induced by risperidone and quetiapine. *Psychiatry Clin Neurosci* 2007; **61**: 333.

2 Sharkey L, O'Donovan A. Sexual disinhibition induced by risperidone in a child. *J Child Adolesc Psychopharmacol* 2002; **12**: 367.

3 Bancroft J. Effects of alpha-2 blockade on sexual response: experimental studies with Delequamine (RS15385). *Int J Impot Res* 2000; **12** (S1): S64–9.

4 Hecht EM, Landy DC. Alpha-2 receptor antagonist add-on therapy in the treatment of schizophrenia: a meta-analysis. *Schizophr Res* 2012; **134**: 202–6.

5 Drago F, Contarino A, Marino R, Anzallo C, Valeriao C, Rampello L, et al. *Effects of Acute or Chronic Administration of Risperidone on Motor and Sexual Behaviour of Male Rats*. The Italian Pharmacological Society, 1997.

C. K. Dennisa Davidson, Auckland District Health Board; **Terence Johnson**, Wanganui District Health Board; **Karl Jansen**, Te Whetu Tawera, Auckland City Hospital, 2 Park Road, Grafton, Auckland 1023, New Zealand. Email: KarlJ@adhb.govt.nz

doi: 10.1192/bjp.203.3.233

Avatar-assisted relational therapy for persecutory voices

Concealed beneath the implausibly insentient nature of the intervention implied by Leff *et al*'s study title[1] is in fact a highly relational therapeutic approach for voice hearers of potentially Copernican significance! An example of the kind of paradigm shift in both research and clinical practice recently advocated in the *British Journal of Psychiatry* (e.g. Bracken *et al*[2]).

Although only a 'proof of concept' study, it is predicated on a very different understanding of psychopathology than conventionally argued for in the pages of this *Journal*. Not only does the study shun conventional diagnosis in favour of a 'symptom group', as Tyrer points out in the issue's editorial coda, but it revives the concept of psychotic symptoms as relational phenomena – both in terms of aetiology and intervention – that our group has recently further argued for.[2]

Although a large-scale phase III study is clearly warranted, the early impression of an evidently useful shift in the framing of psychosis potentially opens up readers of this *Journal* to more serious consideration of a wider range of relationally oriented aetiological factors and therapies already advocated for psychosis and psychotic symptoms in several 'lower impact' journals – which as Kingdon points out in his related editorial[3] – have historically proved to be the principle hotbed of past game changers in psychiatric practice.

Although the *Journal* has itself recently published several articles acknowledging childhood maltreatment to be significant risk factors for psychosis possibly meditated by changes in the hypothalamic–pituitary–adrenal axis and downstream effects on dopamine systems, the idea that hallucinatory phenomena may themselves represent 'echoes' of past abuse brings us closer to dissociative concepts of such phenomena, which by definition points towards relational solutions. Indeed, outside the pages of this *Journal* the once confident distinction between dissociative phenomena and psychosis has been challenged on various counts, including the following.