A Case of Kleptomania in Adults: How to Diagnose and Treat It

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Abstract. According to the ICD-10 criteria, kleptomania is a rare disorder that affects between 0.3 and 0.6% of the general population. This disorder usually manifests in early adolescence and is more common in women than men (3:1). It is one of the least known mental illnesses and is frequently underdiagnosed due to its clinical ambiguity. A 45-year-old married man with two children who worked as a security guard at factory X frequently wants to pick up things from work even when he does not need them. He has been experiencing this problem for three years, and after telling his superiors, he decided to consult a psychiatrist. Kleptomania is a disabling disorder of impulse control, and patients need prompt diagnosis and better standards of treatment. Additionally, it is currently an underrated disorder. The care of individuals with this clinical condition may be improved with a greater understanding of this diagnosis and studies for its treatment.

Keywords: Kleptomania · Impulse Control Disorder · Diagnosis · Management

1 Introduction

Kleptomania is characterized by a repeated failure to resist impulses to steal items not required for personal use or monetary value [1–4]. Since its conception, the definite diagnosis has been linked with common beliefs about social class and gender, such as the idea that women are intrinsically fragile and that people in the middle class are unlikely to commit theft. Also, its use is still controversial in the medical and forensic fields. The diagnostic criteria for the pathological illness known as kleptomania include theft as one of the crimes. Lawyers commonly use the diagnoses to mitigate theft and related offences, specifically for repeat offenders. Explanations in medical and legal literature for centuries emerged in early 19th century, when the Swiss physician Mathey who was working on "Insane", wrote "unusual insanity" characterized by a knack for stealing without motive and necessity [5, 6].

This disorder is generally believed to be a rare clinical condition. The clinical manifestations occur in different age groups from adolescence to middle age (fifties), and the mean age at onset is 20. However, a late onset (a 77-year-old woman) was reported. The standard for diagnosing this disorder is the years of experiencing it. Although difficult to determine, the prevalence in the general population is estimated at 6 per 1000 individuals. It is estimated to range from 0 to 8% among convicted store thieves. This number

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is larger than the available data and does not reflect the true prevalence of kleptomania in the population. Individuals with this disorder do not attend psychiatric facilities voluntarily and are treated as recidivists by the justice system [7].

Kleptomania already has long historical roots. The statement of St. Augustine of Hippo in the Confessions (AD 397-400) closely resembled the modern definition of this condition: 'Yet I craved to steal, and I did, not because of hunger or poverty. The term itself comes from Ancient Greek and means "stealing madness". The Oxford English Dictionary establishes the first use of the word for The New Monthly Magazine (an English monthly magazine published from 1814 to 1884) in 1830. According to Gibbons and Prince, C.C. Marc and JED. Esquirol in 1838, the term is used with scientific characterization to describe a range of in-tolerable and involuntary behaviors of stealing valuables by royalty and other people of high economic and social status. In addition, C.C. Marc, a renowned physician and forensic specialist, defined kleptomania as a distinctive and irresistible tendency to steal and proposes that social class, educational level, and biological determinants may play an important role in the outcome of this disorder [1, 8].

The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) includes kleptomania in impulse control disorders. Meanwhile, the International Classification of Diseases-10 (ICD-10) includes kleptomania as an impulse disorder with the same symptoms as in DSM and ICD. The difference lies in the duration, with the DSM specifying one year, while the ICD does not describe a time determined in the diagnostic criteria [9, 10].

Like other impulse control disorders, kleptomania is characterized by an anxious urge to engage in a spontaneous pleasurable activity but causes identifiable problems and dysfunction. Careful attention should be addressed to extinguish kleptomania from other antisocial personality disorders. In contrast to these personality disorders, kleptomania is identified by the presence of guilt and remorse and the absence of motives for stealing, such as monetary gain, personal use, stealing to impress someone, or supporting a drug habit [5, 9, 10].

2 Case Report

A 45-year-old man working as a security guard at factory X went to the psychiatry outpatient clinic of USU Hospital, admitting to repeatedly stealing things at work that were actually unnecessary, such as a headset, a security guard helmet, etc. This behaviour has been going on for three years. He admitted that whenever he felt the urge to steal, he would become very anxious, and the only way to relieve it was by stealing. Afterwards, the stolen things will be only kept. He often felt remorse for his action but was too embarrassed to return the things he had stolen. Two months before his visit to the psychiatry outpatient clinic, he was given a warrant by his superior that he is going to lose his job if the stealing persists. Therefore, the patient and his wife decided to consult a psychiatrist.

During a psychiatric interview, he admitted that he could support and meet his family's needs. He was a diploma graduate and had never experienced or been diagnosed with any psychiatric conditions. He appeared to be euthymic with appropriate affect during

the interview. Disturbances in thought processes, perception, orientation, concentration, memory, abstract thoughts, and judgment were not found.

3 Discussion

According to the ICD-10 criteria, kleptomania is a rare disorder that affects between 0.3 and 0.6% of the general population. This disorder usually manifests in early adolescence and is more common in women than men (3:1). Subsequently, it is one of the least known mental illnesses and is frequently underdiagnosed and neglect ed because of clinical ambiguity [2].

Other psychiatric conditions often accompany kleptomania. Therefore, a careful and throughout screening is strongly recommended. Patients presenting for evaluation of mood disorders, substance use, anxiety disorders, eating disorders, impulse control disorders, behavioural disorders, and obsessive-compulsive disorders should be screened for kleptomania. People with this disorder are often reluctant to talk about their theft because of the humiliation and guilt. Undiagnosed kleptomania can be fatal; a study of suicide attempts in One hundred seven people with this disorder showed that 92% of patients attributed their attempts to their condition [2, 8].

It is also important to differentiate kleptomania from other diagnoses, including stealing. Because stealing can be a symptom of several other psychiatric disorders, misdiagnosis is quite common. The differences can include bipolar, borderline personality, antisocial personality, and eating disorders. The respective diagnostic criteria differentiate this diagnosis from kleptomania. There are 6 screening questions for kleptomania in the DSM-5, namely [2, 8, 9]:

1. Do you steal or have an urge to steal?
2. Does the thought of stealing or the urge to stea preoccupy you?
3. Do you feel tense or anxious before stealing or when you have the urge to steal?
4. Do you feel happy or calm when or after you steal something?
5. Does stealing or the urge to steal cause you much stress?
6. Does stealing or the urge to steal significantly interfere with your life?

A patient who answers “yes” to questions 1 to 4 and questions 5 or 6 is most likely to have kleptomania [9].

The phenomenological similarities, classification affinity, and theorized underly ing biological mechanisms of kleptomania and obsessive compulsive disorder, pathological gambling, and trichotillomania suggest that the same drug group may be used in all of these disorders, as well as in the same comorbid psychiatric disorders. Therefore, antidepressants, particularly those from the selective serotonin reuptake inhibitors (SSRI), have been tested in kleptomania patients and in impulse control disorders (trichotillomania, pathological gambling, binge eating, and compulsive buying). Electroconvulsive therapy (ECT), lithium, and valproic acid (sodium valproate) have also been used [7, 8].

There is no Food and Drug Association-approved drug when selecting the recommended treatment for this disorder, but several drugs are helpful. An 8-week, double-blind, placebo-controlled trial of 25 patients with kleptomania who received naltrexone (50 to 150 mg/day) showed significant reductions in urges and stealing behavior.

Some evidence suggests that a combination of pharmacological and behavioral therapies (cognitive-behavioral therapy, disguised sensitization, and systemic desensitization) is believed to be the optimal treatment strategy for this disorder [2].

Presently, there have been very few controlled studies on the psychopharmacological treatment for kleptomania. This may be due to the rarity of the phenomenon and the difficulty of obtaining a sufficiently large sample for this case. Current knowledge in this area comes primarily from case reports or material collected from the small number of cases contained in the study series [7].

4 Conclusion

Kleptomania is a disabling disorder of impulse control, and patients need prompt diagnostic and better standards of treatment. Additionally, it is currently an underrated disorder. The care of individuals with this clinical condition may be improved with a greater understanding of its diagnosis and studies for its treatment.

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