



Psychiatry & Behavioral Sciences Section – 2006

I9 Anti/Pro: Castration and Anti-androgen Medications Can Help in the Management of Sex Offenders

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After attending this presentation, attendees will understand the debate regarding the use of castration and anti-androgen drugs in treating sex offenders.

This presentation will impact the forensic community and/or humanity by providing more information for professionals dealing with sex offenders to help them deal with this population and the needs of the community.

An in-depth review on castration and medications used in treating sex offenders is presented. This is followed by the current study Penile Plethysmography findings as it relates to anti-androgen use.

In the treatment group (n=26) mean age was 43 and the comparison group (n=11) mean age was 41.3. They were assessed in both Arousal and Suppress conditions and a Two-way Analysis of Variance was performed.

Testosterone levels for subjects on Anti-androgens ranged from 10 to 155 ng/dl and the mean was 37.12 (Normal range is approximately 300 to 1500 ng/dl). All subjects were concurrently enrolled in cognitive-behavioral and relapse prevention treatment. Almost all of the subjects in both groups were able to obtain an erection sufficient to calibrate the instrument.

Treatment with anti-androgen does not appear to have any impact on sexual deviance or arousal as measured by the PPG. Objective measures of sexual functioning should be employed to assess the effectiveness of anti-androgen. *One* cannot rely on self-report alone.

The literature though conflicting suggests that both castration and medications including anti androgen medications can be helpful for the management of sex offenders. Low recidivism rates are noted after castration. Sex drive will prevail longer if the patient is castrated at a younger age. Rapid extinction of sex drive is seen in older castrated patients (30 and above). Sexual behavior declines/ceases in most castrated patients. Based on pharmacodynamic properties, medications can be grouped into: sex hormone-lowering agents (e.g., testosterone), seroton-ergic agents (e.g., serotonin-specific reuptake inhibitors), others (e.g., dopaminergic), luteinizing hormone-releasing-hormone agonists (LHRH- A), medroxyprogesterone acetate (MPA), cyproterone acetate (CPA).

Manifold combined pharmacological effects decreases serum and tissue sex hormone levels (testosterone). There is also a decrease in intensity and frequency of deviant sexual urges, cravings, and behaviors. There can be serious side effects (e.g., cardiovascular, liver, endocrine, etc.). Anti-androgens and hormonal decrease within a short period of time may impact the frequency and intensity of paraphilic symptoms. Castration, Anti-androgen and other medications can be invasive and intrusive Rx with potentially serious side effects.

Sexually Violent Predators, Anti-androgen Drugs, Castration