Challenges and progress in the medical management of problematic sexual arousal

Problematic sexual arousal (PSA) refers to persistent, intrusive sexual thoughts, unhealthy urges, and behaviours that are difficult to control and often cause distress; it is recognised as an important factor in sexual offending. Although psychological interventions are still the main approach to treatment of individuals convicted of sexual offences, pharmacological approaches are increasingly being explored alongside these programmes to manage PSA. Despite the growing clinical use of such treatments, many questions remain about how they work in real-world settings and the ethical considerations involved. A recently published paper,[†] produced by NTU researchers in collaboration with HMPPS and other partners, has provided new insights into these issues, examining both the progress made and the ongoing challenges involved in integrating medical management into broader care pathways for those with PSA.

Background

The Medication to Manage Problematic Sexual Arousal (MMPSA) service offers a treatment pathway for adult male prisoners experiencing PSA. This is currently a small programme operating in a limited number of prisons across England and Wales that aims to offer a structured response for those who may benefit from pharmacological support. It is delivered through a close collaboration between health and justice services, and it includes referral, assessment, prescribing, and ongoing monitoring by multidisciplinary teams.

> "Reducing the risk of an individual committing further harm is recognised as a beneficial side effect rather than the primary aim of this pharmacological treatment."

Although the use of medication in this context has increased over recent years, relatively few studies have been conducted to examine its effectiveness, consider any potential pitfalls, and develop comprehensive best-practice approaches to prescribing. As such, a broad programme of research is being carried out to assess the MMPSA service. The paper outlined here forms a part of that programme.

This particular study sought collate the understandings gleaned and lessons learned over the past 16 years of the MMPSA service. It looked at both quantitative measures and the qualitative views and experiences of healthcare professionals, prison staff, and individuals receiving medication, evaluating the impact of the medication and considering what challenges might need to be addressed.

The medication

The two main medications currently offered through the MMPSA service are selective serotonin reuptake inhibitors (SSRIs) and anti-androgens (AAs). SSRIs are generally used to treat conditions such as depression and anxiety, and their use in managing sexual rumination or compulsion is "off label", complicating their prescription. AAs tend to be prescribed in cases of hypersexuality. A third class, gonadotropin-releasing hormone agonists, is used less commonly to treat PSA due to the high costs involved. SSRIs are often given as a first option, and some patients will later ask for AAs if they experience positive results with SSRIs.

The progress

Quantitatively, it has been found that the use of MMPSA has a positive effect on people's scores on the Sexual Compulsivity Scale (SCS), which has been validated as a measure of PSA. The SCS scores of those who began taking the medication dropped by around 30%, and there were clinically significant SCS reductions in around 38% of medicated participants.

Qualitatively, people receiving the medication reported various positive effects in addition to reduced PSA, including personal development and a redefined sense of self. Many noted improved concentration, which can be particularly useful in helping them to engage with relevant psychological therapies.

The challenges

Although MMPSA could be a significant aid to some psychological therapies, it was also noted that 85% of people taking it had already completed such therapies. Additionally, the authors suggest that people should be referred to the service in the early stages of their custodial sentence when they may have greater personal motivation. Nonetheless, the practical effects of MMPSA may cause difficulties with the completion of specific programmes, such as those involving directed masturbation.

While some patients are keen to stop MMPSA as soon as possible, others want to continue after they leave prison. There is thus a need for continuity of care when people are released into the community; however, because the use of SSRIs in this way is "off label", GPs are often hesitant to prescribe them. People can also be reluctant to discuss PSA with their GPs.

Ethical concerns

The MMPSA service is strictly voluntary, requiring informed consent, and patients can stop treatment at any time. The authors of the paper note that recent government proposals to make MMPSA mandatory pose serious ethical, legal, and clinical concerns. In particular, it could undermine therapeutic relationships and reduce engagement, potentially increasing rather than reducing the risk of reoffending.

Practically speaking, monitoring adherence and determining treatment endpoints would remain major challenges. In summary, the authors argue strongly against compulsory medication.

> **"[Compulsory MMSA] could … damage the therapeutic alliance … one of the most robust predictors of treatment success."**

Implications

It was estimated that 25% of the target population may benefit from MMPSA, but the service is currently only available at a small number of sites. There is thus a significant unmet need, with the potential for up to 3,750 individuals to be treated. This indicates that significant expansion could be highly beneficial. It is, however, important to provide a holistic approach, with active coordination between healthcare and psychology staff. Furthermore, there needs to be continuity of care after people are released into the community.

As part of the research programme, a randomised controlled trial (RCT) of fluoxetine (an SSRI) to manage PSA is currently being set up. This will seek to provide stronger evidence of effectiveness, helping to address the issue of off-label prescribing and hopefully facilitating its wider use in the community.

Summary

- Medication has been shown to reduce PSA in small-scale studies, and it can be used to support psychological programmes.
- There needs to be good coordination between psychology and healthcare staff.
- The service could be expanded, and there should be continuity of care on release.
- An upcoming RCT will seek to provide stronger evidence for the use of MMPSA.

[†]Winder, B., Grubin, D., Underwood, M., Antoniadis, Z., Carvalheiro, M., Marshall, E., Norman, C., Bourne, R., & Kaul, A. (2026). Medical management of problematic sexual arousal for people with a sexual conviction in England and Wales: Challenges, learning, and progress. *Criminal Behaviour and Mental Health*, *36*(2), 79–86. **https://doi.org/10.1002/cbm.70030**

For more information, contact **belinda.winder@ntu.ac.uk**.