



External Research Summary

Benefits of Psychotropic Drugs in High Risk/High Need Sexual Offenders

KEY WORDS: *sexual offenders, psychotropic medications, recidivism, treatment, psychiatric diagnoses*

Impetus

Comorbidity of psychiatric disorder among sexual offenders is the norm rather than the exception. However, little research is available on the extent to which the use of psychotropic medications assist in the treatment and management of this difficult and disturbed population. Research demonstrates that psychotropic medications are useful for the reduction of distress and the improvement in everyday functioning necessary to successfully complete a sexual offender treatment program. More needs to be known, especially among high risk and high need sexual offenders on the frequency of psychiatric disorders, prescription trends, and the reported benefits of psychotropic medications.

What we did

Data used in this study were generated by patients admitted to the Clearwater Sex Offender treatment unit (Saskatoon) between 1995 and 2001. This 48 bed male residential treatment program within the Correctional Service of Canada specialized in offenders with high criminogenic risk/needs and demonstrating low Responsivity. Treatment duration lasted six to eight months and subsequent to this the offender would be returned to their home institution. Program orientation was described as “biopsychosocial” meaning that the program addressed medical and psychiatric disorders as well as presenting cognitive based, relapse prevention anti-sex offending programming. During the study period 365 sex offenders, representing 412 admissions, attended the program with an average age of 37.4 years; 80% of offenders were between 25 and 50 years of age.

What we found

The most common Axis I disorders (DSM IV) were Substance Abuse disorders (75%), paraphilias and paraphilic disorders (34%), and Mood disorders (18%). The most common Axis II disorders were

Antisocial Personality Disorder (36%) and Personality Disorder Not Otherwise Specified (29%). Rates of readmission to the program were strongly related to the number of different concurrent diagnoses with those having three diagnoses being readmitted to the program 31% of the time. Half of all prescriptions (49%) were for antidepressants of various types (MAOI, SSRI, tricyclics, & others) while first and second generation antipsychotics accounted for 23% of all prescriptions. The prescription of Selective Serotonin Reuptake Inhibitors (SSRI's) showed an increasing trend, more than doubling over the study period. A Likert type scale was used to estimate therapeutic benefit from medications. Patients reported agreeing or strongly agreeing to the beneficial effects of medication, though rates of agreement differed by medication, SSRI's (52%), typical antipsychotics (44%), tricyclic antidepressants (42%), and atypical antipsychotics (40%). Among a sub-group of 35 offenders prescribed SSRI's for a specific sexual deviance, 79% reported a definite benefit.

What it means

It may be possible to improve sexual offender treatment outcomes by incorporating and evaluating the role of psychotropic medications. Symptoms of mental illness may drive, exacerbate, hinder and or mask sexual deviance. Medications may be helpful in reducing or controlling deviant fantasies and they may also act to reduce preoccupation with sexual material, allowing the patient to more fully engage with treatment staff and presented learning materials.

Prepared by: Dr. Mansfield Mela

For more information

Research Branch
(613) 995-3975
research@csc-scc.gc.ca

