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Management of Kleptomania in Children: A Case Report

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ABSTRACT

Introduction: Kleptomania is a disorder characterized by the repeated inability to resist the urge to steal / take other people's things. Items that are taken are usually only small items and are not needed. The impulsive urge to take the item is often accompanied by anxiety disorders, or depressive disorders. This case report aims to present cases of kleptomania in children and their management. **Case Presentation:** A 14 years old girl, a junior high school student, middle socioeconomic background, lived in a suburban area of Jakarta, came to consult a psychiatric polyclinic with complaints that she could not resist the urge to steal other people's things without purpose, and without being planned before. The patient behaves mostly when she is sad or anxious when he remembers the argument between his parents. According to the patient, her parents often quarrelled for economic reasons. **Conclusion:** Combination of medication and cognitive behaviour therapy is effective in kleptomania treatment. Supportive family environment encourage patient's recovery from kleptomania.

1. Introduction

Kleptomania (impulsive stealing) is a type of impulse control disorder closely related to obsessive-compulsive disorder and the spectrum of obsessive-compulsive disorder. This disorder takes the form of a repeated failure to abstain from impulse stealing. A person with kleptomania does not take things for a specific purpose to use them for their individual needs, or their monetary value, and he does so not to express his anger or because of voice hallucinations telling him to do so. As in other impulse control disorders, there is a feeling of tension in kleptomania before taking the action of taking the item, and the feeling is reduced after doing it.¹ The prevalence of kleptomania is known to be about 7.8% of outpatients. This disorder is often found in women, which is about 66%. Kleptomania onset occurs in adolescence and early adulthood.

There are possible comorbidities between kleptomania and impulse control disorders, mood disorders, personality disorders, and substance abuse.²

2. Case Presentation

Miss Y, a 14 years old girl, a junior high school student, middle socioeconomic background, lived in a suburban area of Jakarta, came to consult a psychiatric polyclinic with complaints that she could not resist the urge to steal other people's things without purpose, and without being planned before.

She experienced impulsive urge since four years ago. At that time, at home or school, she may suddenly have an impulse that cannot be prevented from taking things without having the purpose of owning them. She worries when she cannot do it and calms down

after stealing. The patient behaves mostly when she is sad or anxious when he remembers the argument between his parents. According to the patient, her parents often quarrelled for economic reasons. Also, the patient's father often drank alcohol and was drunk. The patient's behaviour was later discovered by friends and teachers who thought the patient was fond of stealing. However, because this condition caused inconvenience for her friends, she was asked to resign from the school. The patient and her mother then moved to Jakarta while the patient's father remained in Solo.

The patient came to consult the Psychiatric Polyclinic after four years of experiencing the disorder. It turned out that later she had a family background with high emotional expressions. She often feels anxious and sad. The patient was later diagnosed with kleptomania. The therapy provided is in the form of Cognitive Behaviour Therapy, namely by providing self- monitoring to deal with anxiety and changing behaviour with economic tokens. She is also trained to shift the focus of anxiety when there is an urge to pick up an object by counting the pulse. She was also given medicine to reduce anxiety and depression symptoms, namely amitriptyline 25 mg, two times a day. The patient and her families are also given psychoeducation about the experience, and family support will significantly help improve the patient's condition. For example, by understanding the situation faced when the patient's urge to pick up goods arises. Family helps to make the atmosphere at home comfortable and calm so that patients can also remain emotionally stable.

After several controls, the patient said she was getting better. The urge is still there, but he can control it. The patient shifts focus by counting the pulse or looking at the clock; she also exercises relaxation. The prognosis in these patients is good. Currently, she can take final school exams.

3. Discussion

Until now, there is no known cause of kleptomania, but there are studies that suggest that kleptomania is

associated with head trauma, frontal lobe lesions, and cortical atrophy.³ Imaging studies reveal a fractional reduction in the inferior frontal lobe. In another study, even in the absence of a neurological deficit, the severity of kleptomania was associated with constraints in executive function.⁴

According to the DSM-IV TR, the diagnosis of kleptomania is based on repeated failures to withstand the impulse of stealing unneeded items, increased feelings of sudden tension before taking things, taking things not because they express anger and are not a delusion or hallucination. Many studies on the treatment of kleptomania use the SSRI class because it is included in the spectrum of obsessive-compulsive disorder. Case reports suggest there are different results; that is, one can improve, but on the other, it leads to an increase in the disorder of kleptomania. Other medications used include topiramate and naltrexone. In addition, reeducative psychotherapy such as cognitive behavioural therapy can help.^{6,7}

4. Conclusion

Combination of medication and cognitive behaviour therapy is effective in kleptomania treatment. Supportive family environment encourage patient's recovery from kleptomania.

5. References

1. Kavoussi RJ, Coccaro EF. Impulsive personality disorders and disorders of impulse control. In: Hollander E, ed. *Obsessive-Compulsive Related Disorders*. Washington, DC: American Psychiatric Press, 1993:179a-202.
2. Dell'Osso B, et.al: Epidemiologic and clinical updates on impulses control disorder, *Eur Psychiatry*. 2006;21,21
3. Grant JE, Correia S, Brennan-Krohn T: white matter integrity in kleptomania: A pilot study, *Psychiatry Res*. 2006;147:233
4. Grant JE, Odland BL, Wozniak JR: neuropsychological functioning in kleptomania. *Behav Res Ther*, 2007; 45: 1663

5. Grant JE, Odlang BL, Kleptomania: clinical characteristics and treatment. Clin, Rev, Bas, Psiquiatri. 2008;30
6. Grant JE. Understanding and treating kleptomania: New Model and new treatment of kleptomania, J psychiatry Relat sci, 200; 43:81
7. Grant JE. An open label study of naltrexone in the treatment of kleptomania. J clin Psychiatry 2002, 63:349