DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

Kleptomania

DSM-5-TR 312.32 | ICD-10-CM F63.2

Recurrent failure to resist stealing objects not needed for use or value, driven by rising tension and relief rather than by gain.

LIFETIME PREVALENCE	TYPICAL ONSET	SEX RATIO	COURSE
~0.3-0.6% (US adults)	Late adolescence to early 20s	~2:1 female:male	Chronic, waxing and waning

CLINICAL PICTURE

- Theft is impulsive and unplanned, of low-value items the patient can easily afford and then never uses, hoards, discards, returns, or gives away.
- Mounting tension precedes the act, with pleasure, gratification, or relief at the moment of theft followed rapidly by guilt, shame, and fear of arrest.
- Patients almost never disclose spontaneously; most surface after arrest, during evaluation for depression, or when a family member forces the issue.
- Stealing occurs in stores, workplaces, and homes of acquaintances, typically alone, without accomplices, and without preparation or advance planning.
- Episodes cluster during periods of stress, loss, or depressed mood, and many patients report years of concealed behavior before any clinical contact.
- Roughly 15 years commonly separate symptom onset from first treatment contact, with legal charges preceding clinical care in most identified cases.

DIAGNOSTIC CRITERIA AT A GLANCE

- Requires repeated inability to resist impulses to steal objects that are not needed for personal use or for their monetary worth.
- Tension must rise before the theft, with pleasure, gratification, or relief experienced at the time the act is committed.
- The stealing is not done out of anger or vengeance and is not committed in response to a delusion or a hallucination.
- The behavior is not better explained by conduct disorder, a manic episode, or antisocial personality disorder.
- No symptom count or duration threshold applies; diagnosis rests on the impulse-tension-relief pattern and exclusion of ordinary shoplifting for gain.

NEUROBIOLOGY & PHYSIOLOGY

- Opioid-mediated reward signaling is implicated: **naltrexone 50-150 mg/day** reduced stealing urges versus placebo in a randomized controlled trial.
- Ventromedial prefrontal and inferior frontal hypofunction on imaging parallels other impulse-control disorders, impairing inhibition and outcome valuation.
- Diffusion tensor imaging has shown reduced white matter integrity in inferior frontal tracts in kleptomania compared with healthy control subjects.
- Serotonergic dysregulation is inferred from elevated impulsivity scores and shared familial loading with mood, substance use, and impulse-control disorders.
- New onset or worsening is reported after traumatic brain injury, frontal or temporal lesions, dementia, and exposure to **dopamine agonists**.
- First-degree relatives show elevated rates of alcohol use disorder and mood disorders, suggesting shared reward and impulse-regulation vulnerability.

PSYCHOLOGICAL MECHANISMS

- Operant conditioning maintains the behavior: the theft terminates aversive tension, making relief a powerful and reliable negative reinforcer.
- Intermittent thrill and arousal produce highly extinction-resistant responding on a variable schedule, closely paralleling gambling behavior.
- Cognitive distortions include entitlement after perceived injustice, minimization of harm to large retailers, and the belief that stopping is impossible.
- Shame and secrecy block disclosure, and patients often present for depression or anxiety without mentioning the stealing unless asked directly.
- Affect regulation models frame theft as a self-soothing behavior recruited during loneliness, grief, boredom, or interpersonal rejection.

DIFFERENTIAL & COMORBIDITY

- Ordinary shoplifting is planned, motivated by the object's value or by peer influence, and lacks the tension-relief cycle that defines kleptomania.
- Rule out theft during a **manic episode**, psychosis-driven stealing, malingering to avoid prosecution, conduct disorder, and antisocial personality disorder.
- Comorbidity is high: mood disorders in roughly 45-60%, plus anxiety disorders, substance use disorders, and other impulse-control disorders.
- Suicidal ideation is reported by about a quarter of patients, usually tied to shame over the behavior and to legal or occupational consequences.
- Screen for **bulimia nervosa**, which co-occurs at markedly elevated rates, and for compulsive buying and trichotillomania in the same patients.

Treatment EVIDENCE-BASED MANAGEMENT

PHARMACOLOGIC

- No agent is FDA-approved; **naltrexone 50-150 mg/day** has the best evidence, reducing urge intensity and stealing behavior in a controlled trial.
- Check baseline and periodic LFTs on naltrexone, confirm the patient is opioid-free for 7 to 10 days, and warn that opioid analgesia will be blocked.
- **SSRIs** such as fluoxetine or escitalopram treat comorbid depression and anxiety but have not outperformed placebo for the stealing itself.
- **Topiramate** and lithium rest on small open-label series only; reserve them for refractory cases after naltrexone and behavioral treatment fail.
- Treat comorbid bipolar disorder first, since mood stabilization markedly reduces impulsive theft that occurs inside mood episodes.

PSYCHOTHERAPY

- **CBT** with covert sensitization pairs imagined stealing with aversive imagery such as nausea or arrest, and carries the strongest case-series support.
- **Imaginal desensitization** rehearses resisting the urge through to completion and outperformed covert sensitization in small controlled comparisons.
- Stimulus control restricts solo shopping, enforces cash-only purchases, and avoids high-risk stores during the early months of treatment.
- Awareness training with competing responses, borrowed from **habit reversal**, helps patients interrupt the automatic sequence before entering a store.
- Motivational work is essential, since most patients arrive under legal or family pressure with low intrinsic commitment to changing.

ADJUNCT & SUPPORTIVE

- Coordinate with defense counsel and the courts; documented treatment engagement often mitigates sentencing and supports diversion programs.
- Track urges, near-misses, and episodes in a daily diary; the **Kleptomania Symptom Assessment Scale** quantifies change across treatment.
- Involve a partner or family member for accountability, financial oversight, and support after lapses without punitive shaming.
- Twelve-step and SMART Recovery groups adapted for behavioral addictions supply peer accountability where specialty programs are unavailable.
- Screen for and treat comorbid eating and substance use disorders, since untreated bulimia or alcohol use predicts relapse into stealing.

CLINICAL PEARLS

- Value of the item is irrelevant; patients steal what they can afford and never use.
- Naltrexone 50-150 mg/day is the best-supported pharmacotherapy; check LFTs first.
- Most cases surface only after arrest; ask about stealing directly in mood workups.

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Fariba, K. A., & Gokarakonda, S. B. (2023). *Impulse control disorders*. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK562279/

Grant, J. E., Kim, S. W., & Odlaug, B. L. (2009). A double-blind, placebo-controlled study of the opiate antagonist, naltrexone, in the treatment of kleptomania. *Biological Psychiatry*, *65*(7), 600-606. https://doi.org/10.1016/j.biopsych.2008.11.022

Grant, J. E., Odlaug, B. L., Davis, A. A., & Kim, S. W. (2009). Legal consequences of kleptomania. *Psychiatric Quarterly*, *80*(4), 251-259. https://doi.org/10.1007/s11126-009-9112-8

Grant, J. E., Odlaug, B. L., & Kim, S. W. (2010). Kleptomania: Clinical characteristics and relationship to substance use disorders. *The American Journal of Drug and Alcohol Abuse*, *36*(5), 291-295. https://doi.org/10.3109/00952991003721100

Grant, J. E., Potenza, M. N., Weinstein, A., & Gorelick, D. A. (2010). Introduction to behavioral addictions. *The American Journal of Drug and Alcohol Abuse*, *36*(5), 233-241. https://doi.org/10.3109/00952990.2010.491884

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2021). *Kaplan & Sadock's synopsis of psychiatry* (12th ed.). Wolters Kluwer.

Stahl, S. M. (2021). *Stahl's essential psychopharmacology* (5th ed.). Cambridge University Press.

NOTE

References are formatted in APA 7th edition style with hanging indents. Diagnostic terminology, criteria structure, and coding follow the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; APA, 2022); criteria are paraphrased for instructional use and are not reproduced verbatim. Verify all citations against the original sources before use in academic work, and confirm medication dosing against current prescribing information.