UNDERSTANDING YOUR DIAGNOSIS

Kleptomania

Also called Kleptomania

You take things you do not need and cannot explain why. The pull is real, it is treatable, and it is not a verdict on you.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 4 in 1,000 US adults	Late teens to early 20s	Yes - urges can come down	Roughly 1 million US adults

What this is

- This is not about money or about the object. You take things you could easily afford and then never use them.
- Pressure builds until you take something, relief lands for a moment, and shame arrives close behind it.
- It is a problem with impulse control, in the same family as gambling and other urge-driven behaviors.
- Wanting to stop and being unable to stop can both be true at once. That is the condition, not your character.

What it can look and feel like

- The urge builds up like pressure in a bottle, and taking something is the only thing that lets it out.
- You steal alone and on the spur of the moment, with no plan, no lookout, and no preparation at all.
- What you take gets hidden, hoarded, given away, thrown out, or quietly returned. You almost never use it.
- The relief lasts minutes. Then come guilt, shame, and a low background fear of finally being caught.
- It gets worse when you are stressed, low, lonely, or grieving. Hard weeks turn into more episodes.
- You have promised yourself many times that this was the last one, and the promise has not held yet.
- You have carried this alone for years and told nobody, sometimes not even a therapist you otherwise trusted.

What is happening in your brain and body

- The brain's reward system is involved. **Naltrexone**, a medicine that blocks that reward, cut stealing urges in a trial.
- The front of the brain, which weighs consequences and stops an action mid-flight, is less active in urge-driven conditions.
- Relief is a powerful teacher. Every time taking something ends the tension, the brain learns to reach for it again.
- Because the payoff is unpredictable, the habit resists unlearning. The same wiring is what makes slot machines sticky.
- New stealing urges after a head injury, a stroke, or a new Parkinson's medicine deserve a medical check first.

What can make it more likely

- Depression, anxiety, and other urge-driven conditions often run alongside this and can be what sets off an episode.
- It clusters in families along with mood problems and alcohol use, suggesting shared wiring for reward and control.
- Many people describe it starting during a hard stretch: grief, loneliness, a bad relationship, or a loss.
- It is diagnosed more often in women than men, and it usually begins in the late teens or early twenties.

What to expect

- Left alone, this comes and goes for years at a time. It rarely just burns itself out without treatment.
- People wait an average of about **15 years** before telling anyone. Starting now is genuinely better than waiting.
- Treatment aims to bring urges and episodes down. Slips happen, and a slip does not mean the treatment failed.
- A charge does not close the door on treatment, and courts often weigh documented treatment when deciding an outcome.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** is the main talk therapy, and it goes straight at the tension-then-relief loop.
- **Imaginal desensitization** rehearses feeling the urge and walking away, again and again, until it loses its force.
- **Covert sensitization** pairs imagining the theft with a strongly unpleasant image, and it has helped many people.
- Practical rules cut opportunity: shop with someone, carry cash only, and stay out of the stores that pull hardest.
- Your own reasons matter. Many people come in because of court or family, and finding your own reason makes it stick.

Medicines

- No medicine is approved for this, but **naltrexone** has the best evidence and reduced urges in a controlled trial.
- Naltrexone blocks the brain's reward signal. It needs liver blood tests and it blocks opioid pain relief completely.
- You need to be off opioids for **7 to 10 days** before starting it. Tell any surgeon or dentist that you take it.
- **SSRIs** such as fluoxetine treat depression or anxiety alongside, but have not beaten placebo for the stealing itself.
- If bipolar disorder is present, treating that first often reduces the stealing. Your prescriber sets doses with you.

Everyday things that help

- Tell one person you trust. Secrecy is the fuel here, and a single honest ally lowers the pressure noticeably.
- Keep a short daily note of urges, near-misses, and episodes. The pattern will show you your own risky hours.
- Ask a partner or family member to help with money and shopping, on terms that are supportive rather than punishing.
- A group for behavioral addictions, or SMART Recovery, gives you people who understand the urge without judging you.
- Treat any eating problem or heavy drinking alongside this, since both make a return to stealing more likely.

Get help right away if

- If you are thinking about ending your life over this, call or text **988** now.
- Go to the nearest emergency room if you cannot keep yourself safe right now.
- Stop naltrexone and call your prescriber if your skin or eyes turn yellow.

Questions to ask your care team

- *Is naltrexone a fit for me, and what blood tests does it need first?*
- *Which therapy for urges do you offer, and how many sessions is it?*
- *Can you document my treatment for my lawyer or for the court?*
- *What exactly should I do the next time I take something?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.