

Kleptomania: 4 Tips for better diagnosis and treatment

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Kleptomania is characterized by a recurrent failure to resist impulses to steal objects that are not needed for personal use or their monetary value.¹ It is a rare disorder; an estimated 0.3% to 0.6% of the general population meet DSM-5 criteria for kleptomania (*Table 1*).¹ Kleptomania usually begins in early adolescence and is more common among females than males (3:1).¹ Although DSM-5 does not outline how long symptoms need to be present for patients to meet the diagnostic criteria, the disorder may persist for years, even when patients face legal consequences.¹

Due to the clinical ambiguities surrounding kleptomania, it remains one of psychiatry's most poorly understood diagnoses² and regularly goes undiagnosed and untreated. Here we provide 4 tips for better diagnosis and treatment of this condition.

1. Screen for kleptomania in patients with other psychiatric disorders because kleptomania often is comorbid with other mental illnesses. Patients who present for evaluation of a mood disorder, substance use, anxiety disorders, eating disorders, impulse control disorders, conduct disorder, and obsessive-compulsive disorder should be screened for kleptomania.^{1,3,4} Patients with kleptomania often are reluctant to discuss their stealing because they may experience humiliation and guilt related to theft.^{1,4} Undiagnosed kleptomania can be fatal; a study of suicide attempts in 107 individuals with kleptomania found that 92% of the patients attributed their attempt specifically to kleptomania.⁵ *Table 2*¹ (*page 45*) offers screening questions based on the DSM-5 criteria for kleptomania.

Table 1
DSM-5 criteria for kleptomania

Recurrent failure to resist impulses to steal objects that are not needed for personal use or for their monetary value
Increasing sense of tension immediately before committing the theft
Pleasure, gratification, or relief at the time of committing the theft
The stealing is not committed to express anger or vengeance and is not in response to a delusion or a hallucination
The stealing is not explained by conduct disorder, a manic episode, or antisocial personality disorder

Source: Reference 1

2. Distinguish kleptomania from other diagnoses that can include stealing.

Because stealing can be a symptom of several other psychiatric disorders, misdiagnosis is fairly common.¹ The differential can include bipolar disorder, borderline personality disorder, antisocial personality disorder, and eating disorder. *Table 3*^{1,3} (*page 45*) describes how to differentiate these diagnoses from kleptomania.

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Table 2

6 Screening questions for kleptomania^a

1. Do you steal or have urges to steal?
2. Do thoughts of stealing or urges to steal preoccupy you?
3. Do you feel tense or anxious before you steal or when you have an urge to steal?
4. Do you feel pleasure or a sense of calm when or after you steal something?
5. Has stealing or urges to steal caused you much distress?
6. Has stealing or urges to steal significantly interfered with your life in some way?

^aA patient who answers "yes" to questions 1 through 4 and to question 5 or 6 is likely to have kleptomania

Source: Adapted from reference 1

Table 3

Psychiatric disorders that may involve stealing

Diagnosis	How to distinguish from kleptomania
Bipolar disorder	Stealing may result due to the impulsivity of mania. Mania is an exclusionary criterion of kleptomania
Borderline personality disorder	Patients with kleptomania do not report lengthy histories of unstable relationships or negative self-image
Antisocial personality disorder (ASPD)	Feelings of shame and guilt are intense in patients with kleptomania, but not in those with ASPD
Eating disorders	Evidence suggests some patients with an eating disorder also engage in criminal activity, but those with kleptomania do not have disordered eating patterns or a distorted body image

Source: References 1,3

Patients with kleptomania experience anxiety before they steal, and relief after doing so

3. Select an appropriate treatment. There are no FDA-approved medications for kleptomania, but some agents may help. In an 8-week, double-blind, placebo-controlled trial, 25 patients with kleptomania who received naltrexone (50 to 150 mg/d) demonstrated significant reductions in stealing urges and behavior.⁶ Some evidence suggests a combination of pharmacologic and behavioral therapy (cognitive-behavioral therapy, covert sensitization, and systemic desensitization) may be the optimal treatment strategy for kleptomania.⁴

4. Monitor progress. After initiating treatment, use the Kleptomania Symptom Assessment Scale⁷ (K-SAS) to determine treatment efficacy. The K-SAS is an 11-item self-report questionnaire that assesses the

severity of kleptomania symptoms during the past week.

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