World Journal of Sociology and Law
ISSN: 2960-0308
DOI: 10.61784/wjsl240148

LEGAL RESEARCH PROGRESS ON THEFT FETISH

Martin D. Naeimi
Department of Public Law, Faculty of Law and Social Sciences, University of Tabriz, Tabriz, Iran.

Abstract: Kleptomania is an impulse control disorder characterized by repeated, uncontrollable impulses to steal and a lack of understandable motives for stealing. The disease not only causes suffering to patients, but also raises complex legal issues. However, there is currently insufficient understanding and research on kleptomania at home and abroad, and there is a lack of effective treatment and intervention measures. This article reviews the research progress on the diagnostic criteria, epidemiology, classification, assessment tools, treatment, and legal issues of kleptomania, and discusses its generation mechanism and treatment methods, in order to better understand kleptomania and understand its related legal issues for reference.
Keywords: Kleptomania; Impulse control disorder; Pathogenesis; Law

1 DIAGNOSTIC CRITERIA

Kleptomania is a special and mysterious disease. Because the diagnostic criteria involve "theft", it has attracted the attention of both the medical and legal circles. Kleptomania has been described in medical and legal literature for centuries, with the Swiss physician Mathey first clinically describing this peculiar psychopathological state in the early 19th century as "a unique form of madness, characterized by... There is no motive or necessary tendency to steal" [1]. In 1838, Frenchmen Marc and Esquirol combined the Greek words "kleptein" (stealing) and "mania" (madness) to create the word "kleptomania", which gave it the meaning of " A person who has an irresistible and involuntary urge to steal." People with kleptomania will repeatedly be unable to resist the urge to steal unnecessary things. They will feel more and more nervous before stealing and experience happiness, satisfaction and release when stealing. Therefore, most diagnoses of the disease are based on self-reports, and it is difficult to check their reliability, so kleptomania is easily misdiagnosed or overdiagnosed. And because of the particularity of this diagnosis, defense attorneys often use it to mitigate theft and related crimes, especially for repeat offenders, so diagnosing this disease requires special caution. This article reviews the research progress on kleptomania, discusses its generation mechanism and treatment methods, and provides a reference for better understanding of kleptomania and related legal issues.

Kleptomania has long been considered a disorder related to impulse control. In 1962, kleptomania was included as a supplementary term and as an informal diagnosis in the American Psychiatric Association's diagnostic and statistical manual of mental disorders first edition, DSM-I. Although it was deleted in the 2nd edition of the manual, it was reintroduced in the 3rd edition and was officially defined as a mental illness for the first time under the heading "Impulse control disorders not otherwise specified." In the 2013 diagnostic and statistical manual of mental disorders fifth edition, DSM-V classified this disorder as "disruptive, impulse control, and conduct disorder" [2]. The DSM-V diagnostic criteria for kleptomania are: ① Repeatedly unable to resist the urge to steal items that are not for personal use or of monetary value; ② Increased tension before stealing; ③ Feeling pleasure, satisfaction, or relief when stealing; ④ Theft is not an act of anger or revenge, nor is it a response to delusions or hallucinations; ⑤ Theft is not better explained by conduct disorder, manic episode, or antisocial personality disorder. International classification of diseases, 10th edition, ICD-10 names kleptomania as "pathological stealing" and classifies it as "habitual impulsive disorder" [3]. "ICD-11 Classification of Mental and Behavioral Disorders" international classification of diseases, 11th edition, ICD-11 classifies kleptomania as "impulse control disorder", and the ICD-11 diagnostic standard for kleptomania is "recurrent uncontrollable intense The impulse to steal. Theft lacks an understandable motive (for example, stealing for monetary gain, or stealing for impersonal gain). The individual has a gradually stronger sense of tension or emotional arousal before the theft. And the individual has a strong sense of tension or emotional arousal during or after the theft., a sense of pleasure, excitement, relaxation, or satisfaction. The behavior is not better explained by an intellectual disability, another mental behavioral disorder, or substance overdose. If the theft is caused by a conduct-antisocial disorder or a manic If it occurs during a manic episode, kleptomania should not be diagnosed separately."

2 EPIDEMIOLOGY AND CLINICAL CHARACTERISTICS

2.1 Prevalence

It is generally believed that kleptomania is a rare disease, and the prevalence rate in the general population is about 0.3% to 0.6% [4]. The study found that among 791 students, 28.6% claimed to have stolen things, but only 0.38% met the diagnostic criteria for kleptomania [5]. Studies on shoplifting people have shown that the proportion of kleptomania ranges from 4% to 8%; other research results show that about 4% to 24% of people arrested for shoplifting may suffer from kleptomania [2]. Some people believe that these relatively high rates may be due to the loose definition of kleptomania. For example, a study of 50 shoplifters found that many of these subjects had some behavioral characteristics of kleptomania, but none met the Diagnostic and Statistical Manual of Mental Disorders criteria for

kleptomania [6]. On the other hand, there is also evidence that the true prevalence of kleptomania in the general population may be underdiagnosed, as shame and embarrassment may prevent large numbers of people from voluntarily reporting symptoms of kleptomania.

2.2 Age of Onset

The first symptoms of kleptomania usually appear in adolescence or early adulthood, and may also appear in childhood [7]. Stealing behavior begins in adolescence, but the average age of onset of kleptomania is about 6 years after starting to steal (range 0-24 years) [6]. Why do some people develop stealing problems immediately, while others develop stealing problems only after many years of stealing? An uncontrollable urge to steal occurs, for unknown reasons.

2.3 Gender

Kleptomania is more common in women. Some studies [2] show that the gender ratio of kleptomania women to men is 3:1. In clinical samples, approximately 2/3 of kleptomatics are female [8]. Regarding the difference in the gender ratio of kleptomania, some people believe that women are prone to stealing during or before menstruation, while others believe that stealing has no obvious relationship with women's menstrual cycles; others attribute the gender difference to the fact that female kleptomania suffers from kleptomania after being arrested. They will undergo psychiatric evaluation, and while most men will be sent directly to prisons and other institutions after arrest, women's illnesses are more likely to be found to be related. Studies[8] have shown that patients of different genders steal items differently. Women are more likely to steal from stores that sell household items (such as kitchen supplies, bedding and bathroom supplies), while male kleptomania patients are more likely to steal from electronics stores. Stealing things (such as computer accessories, video games), and the stolen things are more expensive.

2.4 Incentives

Some kleptomania impulses to steal often arise from certain triggers, such as stress, anxiety, boredom, feeling sad, or seeing certain items in a store. A study of 22 kleptomatics showed that 73% of people's impulse to steal can be triggered by various inducements, and nearly half of the impulse to steal is triggered by stress or anxiety [6]. After the impulse to steal occurs, most patients control the impulse by worrying about being caught or avoiding going to the store.

2.5 Course of Disease

The course of the disease is unclear, but it seems to be a chronic disease that can worsen or recur [6].

2.6 Stolen Items, Location of Theft and Disposal of Stolen Items

Kleptomaniacs often steal food and daily necessities, but do not steal money, nor do they steal daily necessities for use [9]. Thefts occur from different locations, with most stealing from shops, but also from relatives, friends, and work. As for the disposal of stolen items, research[6] shows that 86.4% of kleptomaniapers keep stolen items, 63.2% hoard stolen items, 59.1% give stolen items to others, and 18.2% % return items, 4.5% discard stolen items.

3 CATEGORIES

3.1 Kleptomania Caused by Psychological Reasons

Pathogenesis: The so-called kleptomania caused by psychological reasons has no basis in organic diseases. Studies have found that the incidence of kleptomania is relatively high among first-degree relatives of patients. A study of 22 people with kleptomania found that approximately 32% had at least one first-degree relative with kleptomania. These findings suggest the role of genetic factors in the pathogenesis. However, relevant genetic research is lacking. In terms of personality factors, kleptomania is classified as an impulse control disorder, and impulsivity is an important personality trait of such patients. Kleptomaniacs report high impulsivity and sensation-seeking traits. Using the Eysenck Impulsivity Questionnaire, kleptomatics who were caught shoplifting showed themselves to have higher impulsivity [10]. Compared with the control group, the psychological test results of kleptomania patients show that they have prominent cognitive impulsivity, inhibition deficits and prefer to seek stimulation [11]. The novelty-seeking scores of such patients on the tridi-mensional personality questionnaire (TPQ) were significantly higher than those of the normal control group, suggesting the existence of "curious, impulsive, irritable and chaotic" personality traits, which are consistent with the kleptomania individuals reported in the relevant literature. There is consistency in the presence of high impulsive traits; their high harm avoidance scores are related to "fear, shyness, pessimism and fatigue". The harm avoidance scores of kleptomania patients are also significantly higher than those of the control group; in addition, their reward dependence scores are significantly lower, suggesting the existence of psychological traits such as "sensitivity, indecisiveness, concentration", and the combination of the above personality dimensions of increased pursuit of novelty, avoidance of harm, and reduced dependence on rewards may indicate that kleptomania individuals have a borderline temperament [12]. The school of psychoanalysis believes that the main crux of kleptomania patients lies in Freud's "libido", that is, "inner drive" or "primitive desire", which is a kind of energy that needs to be released; normal people

use sports, games, They use normal channels such as making friends and having sex to vent their "sexual desire"; when an individual chooses to release his "sexual desire" through stealing, he suffers from kleptomania [6]. Regarding the impact of early life environment on kleptomania, some studies show that compared with the normal population, parents of kleptomatics have lower levels of care and protection for them, suggesting that the parenting style and behavior of parents may be a risk factor for kleptomania..

Whether there is a specific biological determinant of kleptomania is unclear. Frontal brain circuits, especially the orbitofrontal circuit, are important in behavioral regulation. Some studies have found that damage to the orbitofrontal-subcortical circuit may lead to kleptomania; diffusion tensor imaging (DTI) research [13] also shows that kleptomania may be related to a decrease in the microstructural integrity of the white matter in the inferior frontal brain region. Kleptomaniacs have higher scores on psychological impulse tests, and their stealing behavior reflects their inability to reasonably process the desire for immediate reward with a punitive nature, and this ability involves the function of the prefrontal cortex.

Cortical inhibition is considered to be the basis for top-down control of behavioral motivation. Some studies believe that patients with kleptomania have poor decision-making ability and poor inhibitory control ability, which may be due to impaired cognitive functions mediated by the frontal area. Studies on catechol-o-methyltransferase (COMT) isoenzymes with different activities have shown that higher cortical dopamine levels are related to lower COMT activity, and lowering COMT activity can improve frontal lobe function. Cortical cognitive abilities. Tolcapone (100 mg/d) is a selective and reversible COMT inhibitor. Some studies [12] found that it has an improvement effect on kleptomania. It is speculated that it may enhance the cognitive function of the patient's prefrontal lobe, thereby affecting the patient's prefrontal lobe cognitive function. Greater inhibition of behavior is associated with better decision-making about behavioral consequences.

Research from the drug side shows that individuals with kleptomania have reward pathway disorders, and dysfunction of the dopamine reward pathway is related to the occurrence of kleptomania. The dopaminergic effect of methylphenidate on the reward pathway can improve the symptoms of kleptomania [15]. The positive effects of methylphenidate on kleptomania may be attributed to the drug's effects on the ventral tegmental area-nucleus accumbens-orbitofrontal cortex circuit, which is thought to be involved in processing reward and pleasure. In addition, Grant proposed that naltrexone has a positive impact on stealing behavior because naltrexone affects dopamine neurotransmission in the nucleus accumbens and can reduce the excitement and desire related to stealing [16].

Comorbid conditions: The comorbidity rate of kleptomania among mental illnesses is high and there are many types of comorbidities. In one study, all patients had comorbid conditions, often more than two psychiatric disorders. Research shows that 36% to 100% of individuals with kleptomania suffer from mood disorders [17] , 34% to 80% suffer from anxiety disorders [18] , and 22% to 50% suffer from substance abuse disorders [19]. A study on kleptomania with a comorbidity rate of mood disorders of 36% found that both unipolar and bipolar disorders (type I and type II) had a high incidence [20]. Forty-five percent of people with kleptomania suffer from both an impulse control disorder and major depressive disorder during their lifetime. Retrospective survey results indicate that 1/3 of individuals with kleptomania have attempted suicide, and more than 80% of individuals reported comorbid mental problems, mainly depression, anxiety, and sleep problems; none of the individuals in the study currently abused drugs, but 1 /3 have a history of drug abuse, and more than 1/3 of the individuals regularly take some form of drugs, such as antidepressants and benzodiazepines [19]. Kleptomania is considered to have common symptom characteristics with obsessive-compulsive disorder [21] , and the proportion of such individuals coexisting with obsessive-compulsive disorder is between 6.5% and 60% [1]. Studies have shown that kleptomatics seeking treatment have a higher prevalence of personality disorders compared with non-clinical populations [22]. In addition, kleptomania is also widespread among patients with mental illness, including 3.7% of patients with depression, 3.8% of patients with alcohol dependence, 2.1% to 5% of patients with pathological gambling, and 24% of patients with bulimia. [8]. A survey of 204 inpatient psychiatric patients showed that 7.8% of the patients admitted to currently having kleptomania, and 9.3% met the diagnostic criteria throughout their lives [8]. Studies have reported that 11% to 60% of people with kleptomania have eating disorders, and 12% to 79% of people with eating disorders have kleptomania or stealing problems [8]. From the above, it can be seen that kleptomania is common and widespread in co-morbidity with other mental illnesses. Whether kleptomania is an independent disease or a specific symptom of a potential and major psychopathology is worthy of consideration.

3.2 Kleptomania Caused by Organic Causes

Kleptomania caused by organic causes can occur at any age or gender. The disease has an organic basis and is mainly related to encephalitis, subarachnoid hemorrhage, frontal lobe tumors and head trauma. The research sources are mainly case reports.. Kleptomania may occur in clinical manifestations of neurobehcet's disease and hypoxic-ischemic brain injury. Behcet's disease is a multisystem, relapsing, autoinflammatory disease of unknown origin, with clinical manifestations including recurrent oral ulcers, genital ulcers, erythema nodosum, pseudoglossitis, uveitis, and arthritis, 5% ~15% of patients have central nervous system involvement, most developing brainstem meningoencephalitis. A retrospective study was conducted on 350 patients with neurological Behcet's disease. The symptoms of 6 patients (5 males and 1 female) met the diagnostic criteria for kleptomania. They developed substantial lesions and developed kleptomania symptoms during the remission period. The study further found that, All patients with neurobehçet's disease and kleptomania have executive dysfunction, which suggests frontal lobe involvement, and executive dysfunction may be the result of disruption of the frontostriatal circuit at the brainstem-midbrain level [23]. Compared

with kleptomania caused by purely psychological causes, kleptomania associated with neurobehcet's disease does not have any comorbid mental disorder. Hypoxic-ischemic brain injury caused by traumatic brain injury or neurosurgery can cause temporary kleptomania, with constant intrusive thoughts and an irresistible urge to steal. In some cases, MRI examination showed hypoxic-ischemic damage to the caudate nucleus, and the imaging showed relatively low perfusion in the frontal lobe, anterior cingulate gyrus, basal ganglia, and cerebellum [24] , so the symptoms of kleptomania were considered to be ischemic defects. Oxygen is triggered by failure of inhibition of circuits in the caudate involving the cingulate and frontal regions.

3.3 Drug-Induced Kleptomania

Case reports indicate that some drugs can induce kleptomania and are reversible. Symptoms disappear when the drug is stopped or reduced, and symptoms reappear when used again or incrementally. The antipsychotic drug aripiprazole may increase the risk of impulse control disorders through partial agonism of dopamine D2 receptors and blockade of 5-hydroxytryptamine 2A receptors [25]. The urge to steal or episodes of kleptomania may disappear after stopping the medication. Dopamine agonists are often required in the treatment of Parkinson's disease to alleviate the hypodopaminergic state caused by degeneration of nigrostriatal dopamine neurons. Impulse control disorders have become an iatrogenic complication of dopamine neuroreplacement therapy, such as patients' compulsive buying and theft of store items, with an estimated prevalence of 6.1% to 14% [26]. When dopamine agonist treatment is discontinued and the behavior disappears, impulse control disorder symptoms may return when treatment is resumed. The high affinity of dopaminergic agonists for dopamine D3 receptors and the increased concentration of dopamine D3 in the mesocortical dopaminergic pathway may help explain the occurrence of kleptomania in patients with Parkinson's disease. The antidepressants duloxetine and venlafaxine have both been reported to cause kleptomalic urges. The patient developed kleptomania symptoms after increasing the dose of duloxetine, and the stealing behavior disappeared after reducing the dose, suggesting the impact of high-dose duloxetine on the dopamine system. This is considered to be related to the inhibition of dopamine transporters, which leads to an increase in dopamine, causing an increase in the excitability of dopamine D2 and D3 receptors in the limbic brain area, weakening the individual's control of risk-taking behaviors, and enhancing hedonic response activities [27].

4 ASSESSMENT TOOLS

The purpose of stealing between a kleptomaniac and an "ordinary" thief is essentially different. If the behavior of a kleptomaniac is considered a crime, he will not be able to receive treatment, but will be punished instead. Assessment tools for kleptomania may be useful in distinguishing kleptomania from “ordinary” thieves. The kleptomania symptom assessment scale (K-SAS) [9] and the Yale-Brown modified for kleptomania have been developed. Obsessive-compulsive disorder scale[28]. Among them, K-SAS is a self-report questionnaire including 11 items. It is designed to assess the severity of kleptomania symptoms 1 week ago. It has good reliability and validity and has been widely used to assess the severity of kleptomania. Some studies[9] Confirmed that it can effectively distinguish kleptomania from thieves who do not have this disorder.

5 TREATMENTS

Treatment for kleptomania includes psychotropic medications and psychotherapy. Specific treatment of impulse control disorders using psychotropic medications is in its infancy. But to date, prescription medications have primarily focused on treating comorbid psychiatric disorders in kleptomania. Although there are case reports of improvement in kleptomania symptoms with tricyclic antidepressants, selective serotonin reuptake inhibitors, lithium, and valproate, there are no data on effective doses or duration of drug treatment, and relevant The results of case reports are inconsistent [11]. An 8-week double-blind controlled trial showed that naltrexone was better than placebo in treating kleptomania. However, it is unknown whether the positive effects observed in the short term are maintained over the long term in studies of this chronic disease. In terms of psychotherapy, it is mostly based on case studies and uses behavioral therapy, psychotherapy, psychodynamic therapy and cognitive behavioral therapy for treatment. The most commonly used and considered beneficial is cognitive behavioral therapy, such as systematic desensitization, aversion therapy, etc. However, there are currently no controlled clinical trials of psychotherapeutic interventions for kleptomania. Therefore, there is still a paucity of data on optimal treatment options, duration, and specifically which symptoms benefit from medication or psychotherapy. As for the treatment of organic causes and drug-induced kleptomania, the key is to treat the primary disease and stop or reduce the use of related drugs to remove the cause.

6 LEGAL ISSUES

The annual economic losses caused by shoplifting to retailers in the United States are estimated to be US$13 billion [10]. In Japan, the economic loss caused by theft in 2015 was 76.7 billion yen, and more than 50% of the criminals were thieves. The high recidivism rate of thieves does not rule out the possible influence of kleptomania [9]. Kleptomaniac behavior often has legal consequences and raises complex judicial issues. 64% to 87% of kleptomaniacs were arrested for shoplifting, and many were arrested multiple times; in another survey, 66.3% of kleptomatics were arrested at least once, and 32.6% were arrested for shoplifting. Imprisoned for shoplifting [29]. Legal problems (arrest and

imprisonment) are common among both female and male kleptomaics [8]. The boundary between kleptomaniacs and "ordinary" thieves has always been controversial. Some researchers believe that there is no clear boundary between the two. Kleptomaniacs have problems with moral beliefs and other aspects and cannot integrate well into society. Many of them People exhibit antisocial characteristics, and thieves sometimes plan their thefts carefully, but sometimes they are driven by impulses to steal. Most people believe that kleptomania involves impulse control abnormalities. Although kleptomaniacs generally do not steal under circumstances where the risk of arrest is high (such as under full police surveillance), thefts are often unplanned and the risks and legal consequences of arrest are not fully considered. Studies have shown that 79% of kleptomania sufferers have less desire to steal after being arrested, but this state only lasts for a few days on average [30]. The risk of arrest does not appear to be a strong deterrent to their impulse to steal, suggesting a neurobiological defect in brain regions associated with compulsive-driven behavior.

In forensic medicine, the understanding of whether there is a neurobiological basis for repeated stealing behavior may affect whether to make recommendations to the court, such as sentencing recommendations for kleptomania [10]. It was emphasized that the treatment of kleptomatics exemplifies the challenges faced by the criminal justice system in determining the guilt and innocence of people with mental disorders. First, offense histories are self-reported and may be incomplete or inaccurate. Second, the diagnosis of kleptomania is based on the "irresistible" impulse to steal. This standard cannot explain how strong the impulse is to cause damage or whether the individual is just unwilling to resist this impulsive behavior [20]. Additionally, when evaluating the legal implications of kleptomania, each act needs to be carefully and thoroughly evaluated, as kleptomaniacs may also commit acts of theft that are not inherently related to kleptomania but to themselves. related to need or greed.

7 SUMMARY

Kleptomania is a specific condition closely associated with legal issues. Such patients usually have a poor quality of life [31] and suffer significant losses in social, family, and occupational functioning because self-isolation due to self-embarrassment and shame complicates the process of seeking treatment. In addition, punishment alone cannot eliminate the stealing behavior of kleptomania patients, nor can it prevent them from constantly getting into legal problems. The current research on kleptomania is far from enough. In the future, we should break through the limitations of small sample research and strive to obtain research results supported by large sample data. Research on the causes of kleptomania, such as neuropathological mechanisms, is the focus in the future, which will help to substantively distinguish kleptomania patients from "ordinary" thieves in terms of pathological mechanisms, and promote judicial justice; at the same time, research on its biological mechanisms It will definitely promote the improvement of treatment methods and methods, fundamentally improve preventive measures, reduce the "theft" behavior of kleptomania, help patients get out of the disease predicament, reshape themselves, adapt to society, and improve the quality of life.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

REFERENCES

[1] Saluja B, Chan L G, Dhaval D. Kleptomania: acase series. Singapore Med J, 2014, 55(12): e207-209.
[2] America Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington: American Psychiatric Publishing, 2013: 947.
[3] Sipowicz J, Kujawski R. Kleptomania or common theft-diagnostic and judicial difficulties. Psychiatr Pol, 2018, 52 (1): 81-92.
[4] Kim H S, Christianini A R, Bertoni D. Kleptomania and Co-morbid addictive disorders. Psychiatry Res, 2017, 250: 35-37.
[5] Brian L O, Jon E G. Impulse-control disorders in a college sample: results from the self-administered minnesota impulse disorders interview (MIDI). Prim Care Companion J Clin Psychiatry, 2010, 12(2): PCC. 09m00842.
[6] Grant J E, Kim S W. Clinical characteristics and associated psychopathology of 22 patients with kleptomania. Compr Psychiatry, 2002, 43(5): 378-384.
[7] Zhang Z H, Huang F R, Liu D H. Kleptomania: recent advances in symptoms, etiology and treatment. Curr Med Sci, 2018, 38(5): 937-940.
[8] Grant J E, Potenza M N. Gender-related differences in individuals seeking treatment for kleptomania. CNS Spectr, 2008, 13(3): 235-245.
[9] Asami Y, Nomura K, Shimada H. Validity and reliability of the Japanese version of the kleptomania symptom assessment scale: a comparison between individuals with kleptoma-nia and prisoners in Japan. Compr Psychiatry, 2020, 96:152133.
[10] Blum A W, Odlaug B L, Redden S A. Stealing behavior and impulsivity in individuals with kleptomania who have been arrested for shoplifting. Compr Psychiatry, 2018, 80: 186-191.
[11] Grant J E, Chamberlain S R. Symptom severity and its clinical correlates in kleptomania. Ann Clin Psychiatry, 2018, 30(2): 97-101.
[12] Grant J E, Kim S W. Temperament and early environmental influences in kleptomania. Compr Psychiatry, 2002, 43 (3): 223-228.

[13] Grant J E, Correia S, Brennan-Krohn T. White matter integ-rity in kleptomania: a pilot study. Psychiatry Res, 2006, 147(2-3): 233-237.
[14] Grant J E. Kleptomania treated with tolcapone, a catechol-O-methyl-transferase (COMT) inhibitor. Prog Neuropsy -chopharmacol Biol Psychiatry, 2011, 35(1): 295-296.
[15] Y1lmaz S, Bilgig A. The possible effect of methylphenidate on kleptomania in a school-age girl with attention-deficit / hyperactivity disorder. Eur Child Adolesc Psychiatry, 2014, 23(5): 361-363.
[16] Grant J E, Kim S W, Odlaug B L. A double-blind, placebo-controlled study of the opiate antagonist, naltrexone, in the treatment of kleptomania. Biol Psychiatry, 2009, 65(7): 600-606.
[17] McElroy S L, Pope H G J, Hudson J I. Kleptomania: a report of 20 cases. Am J Psychiatry, 1991, 148(5): 652-657.
[18] McElroy S L, Keck P E J, Phillips K A. Kleptomania, com-pulsive buying, and binge-eating disorder. J Clin Psychiatry, 1995, 56: 14-26.
[19] Sarasalo E, Bergman B, Toth J. Personality traits and psychi-atric and somatic morbidity among kleptomaniacs. Acta Psychiatr Scand, 1996, 94(5): 358-364.
[20] Presta S, Marazziti D, Dell'Osso L. Kleptomania: clini-cal features and comorbidity in an italian sample. Compr Psychiatry, 2002, 43(1): 7-12.
[21] Olbrich S, Jahn I, Stengler K. Exposure and response preven-tion therapy augmented with naltrexone in kleptomania: a controlled case study using galvanic skin response for moni-toring. Behav Cogn Psychother, 2019, 47(5): 622-627.
[22] Grant J E. Co-occurrence of personality disorders in persons with kleptomania: a preliminary investigation. J Am Acad Psychiatry Law, 2004, 32(4): 395-398.
[23] Shugaiv E, K1yat-Atamer A, Tüzün E. Kleptomania in patients with neuro-Behget's disease. Med Princ Pract, 2013, 22(6): 550-554.
[24] Nascimento F A, Guebert M, Rizelio V. Kleptomania following hypoxic-ischaemic damage to bilateral caudate nuclei. BMJ Case Rep, 2016, 2016: bcr2015213710.
[25] Jones R, Shad M. Aripiprazole-induced kleptomania: case report. J Affect Disord, 2019, 244: 242-243.
[26] Wu K, Politis M, Piccini P. Parkinson disease and impulse control disorders: a review of clinical features, pathophysiology and management. Postgrad Med J, 2009, 85(1009): 590-596.
[27] Miller C W T, Gallagher K E. Self-Limited kleptomania symptoms as a side effect of duloxetine. Case Rep Psychiatry, 2016, 2016: 5472492.
[28] Christianini A R, Conti M A, Hearst N. Treating klepto-mania: cross-cultural adaptation of the kleptomania symptom assessment scale and assessment of an outpatient pro-gram. Compr Psychiatry, 2015, 56: 289-294.
[29] Aboujaoude E, Gamel N, Koran L M. Overview of kleptoma-nia and phenomenological description of 40 patients. Prim Care Companion J Clin Psychiatry, 2004, 6(6): 244- 247.
[30] Grant J E, Odlaug B L, Davis A A. Legal consequences of kleptomania. Psychiatr Q, 2009, 80(4): 251-259.
[31] Kim H S, Christianini A R, Hodgins D C. Impairments of kleptomania: what are they?. Braz J Psychiatry, 2017, 39(3): 279-280.