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523 Impulse control disorders Impulse control disorders | Kleptomania drugs or medication.

However, among individuals with pyromania, alcohol and substance use may be associated with fire setting. The presence of features of pyromania outside of episodes of intoxication is helpful in making this distinction. Boundary with disinhibition in dementia and secondary personality change Some individuals with dementia or secondary personality change may set fires as a part of a more general pattern of disinhibition of impulse control due to brain damage. A separate diagnosis of pyromania should not be assigned in such cases. Boundary with disorders associated with impairment of cognitive or intellectual functioning Some individuals with dementia, disorders of intellectual development, or cognitive or intellectual impairment associated with other conditions may set fires due to their impaired judgement without exhibiting the other features of pyromania.

Kleptomania Essential (required) features

- The presentation is characterized by a recurrent failure to control strong impulses to steal objects.
- There is a lack of apparent motive for stealing objects (e.g. objects are not acquired for personal use or monetary gain).
- The individual experiences increased tension or affective arousal prior to instances of theft or attempted theft.
- The individual experiences pleasure, excitement, relief or gratification during and immediately following the act of stealing.
- Acts of theft or attempted theft are not better accounted for by a disorder of intellectual development, another mental disorder (e.g. a manic episode) or substance intoxication.

Additional clinical features

- Some individuals with kleptomania report amnesia or experience other dissociative symptoms during the act of stealing, and may have difficulty remembering their affective state prior to and immediately after the act, including whether they experienced mounting tension or arousal before and gratification or relief after stealing. Furthermore, over the course of the disorder, individuals may report less awareness of increased tension or arousal prior to incidents of stealing.
- In individuals with kleptomania, stealing may occur in response to feelings of depressed mood, anxiety, boredom, loneliness or other negative affective states.

Although not 6C71

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders diagnostically determinative, consideration of the relationship between emotional and behavioural cues and stealing behaviour may be an important aspect of treatment planning.

- After stealing items, many individuals with kleptomania experience guilt or shame for having committed a theft, but these feelings do not prevent recurrence of the behaviour. Although individuals with kleptomania may desire the items they steal and have a practical use for such items, they do not need these items (e.g. they have multiples of the same item, they have more than adequate financial resources to purchase the stolen item).
- Rates of co-occurrence of mood disorders, anxiety and fear-related disorders, other impulse control disorders, substance use

disorders, and obsessive-compulsive disorder among individuals with kleptomania are higher than in the general population. Boundary with normality (threshold) • Stealing behaviour is common, and most individuals who steal do so because they need or want something they cannot afford, as an act of mischief, or as an expression of anger or vengeance. The diagnosis of kleptomania requires that the individual does not need or could afford to buy the stolen items, but cannot resist the urge to steal. Moreover, in kleptomania, the theft is accompanied by a sense of tension before committing the act and a sense of gratification, pleasure or relief during and immediately after the act. Individuals who steal for monetary gain due to the financial implications of their substance use or gambling should not be diagnosed with kleptomania. Course features • The course of kleptomania is variable, and may take different forms: sporadic, with long periods of remission between brief episodes; episodic, with lengthy periods of stealing followed by periods of remission; or chronic, with fluctuations in intensity. • Treatment-seeking individuals with kleptomania commonly report a long history of shoplifting (e.g. for more than 10 years) prior to seeking help. Developmental presentations • Onset of kleptomania may occur at any time, but is most common during late adolescence. Onset during late adulthood is rare. Impulse control disorders | Kleptomania

525 Impulse control disorders Sex- and/or gender-related features • Women are significantly more likely to be diagnosed with kleptomania. • Gender differences in clinical presentation or severity of symptoms have not been observed. Boundaries with other disorders and conditions (differential diagnosis) Boundary with attention deficit hyperactivity disorder Individuals with attention deficit hyperactivity disorder – particularly children and adolescents – may steal impulsively. However, impulsivity and disregard for consequences in attention deficit hyperactivity disorder are typically observed across multiple contexts and situations. Furthermore, individuals with attention deficit hyperactivity disorder do not exhibit tension or affective arousal prior to stealing, and gratification or relief once the theft is committed. Boundary with bipolar type I disorder and schizophrenia and other primary psychotic disorders Stealing may be associated with manic or mixed episodes in individuals with bipolar type I disorder. However, in such cases, stealing does not continue once the mood episode has ended, whereas in individuals with kleptomania stealing is not exclusively associated with mood episodes. Some individuals with delusions or hallucinations may steal in response to command hallucinations or in the context of a delusional system, and kleptomania should not be diagnosed in such cases. Boundary with obsessive-compulsive disorder Stealing in kleptomania can sometimes be described as “compulsive” by lay people and also by some health professionals. Compulsions observed in obsessive-compulsive disorder are almost never experienced as inherently pleasurable; they typically occur in response to intrusive, unwanted and typically anxiety-provoking obsessions. In contrast, stealing in kleptomania is preceded by an increasing sense of tension or affective arousal and is followed by an experience of pleasure, excitement or gratification. Boundary with hoarding disorder Some individuals with hoarding disorder steal objects as part of a pattern of excessive accumulation, and individuals with kleptomania may hoard stolen objects. However, individuals with hoarding disorder accumulate possessions to the extent that living spaces becoming so cluttered that their use or safety is compromised. Boundary with conduct-dissocial disorder and personality disorder with prominent dissocial traits Individuals with conduct-dissocial disorder and personality disorder with prominent dissocial features may commit theft as part of more pervasive pattern of antisocial behaviour, and often for discernible motives such as personal gain or revenge rather than to relieve symptoms of tension. Individuals with kleptomania do not exhibit antisocial behaviour other than stealing. Impulse control disorders | Kleptomania

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