Compulsive Buying Disorder: A Review of Current Data

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Abstract: Compulsive buying disorder, also known as compulsive shopping, pathological buying/shopping, or buying addiction is a complex condition, with elements common with drug-related disorders, impulse control disorders and obsessive-compulsive disorder. Higher rates of psychiatric comorbidity exist in this condition, and mood disorders, impulse control disorders, drug related disorders and personality disorders frequently coexist with compulsive buying disorder. An online version of this disorder has been described, and psychometric tools have been created for both versions. Low self-esteem, low self-regulation, negative emotional state, enjoyment, female gender, social anonymity, and cognitive overload have been proved risk factors for Internet compulsive shopping. Female gender is associated more frequently (up to 80%) with compulsive buying. Cognitive behavior therapy is the most supported psychologic intervention, but Debtors Anonymous, simplicity circles, bibliotherapy, 12-step programs, financial counselling, and marital therapy have also been tried, with limited success. From the pharmacological point of view, citalopram, naltrexone and memantine, antidepressants plus mood-stabilizers have been studied, but quality of data is poor. Only a few randomized trials are available, the rest of data are based on case reports, case series and open label trials. Therefore, no clear recommendations could be formulated when approaching compulsive buying diagnosed patients, but cognitive behavioural therapy and serotoninergic antidepressants seem to be the best supported recommendations of treatment.

Key-Words: compulsive buying, compulsive shopping, behavioral addiction, Internet addiction, antidepressants, naltrexone, memantine

1 Introduction

Compulsive buying disorder is defined by excessive shopping cognitions and buying behavior leading to distress or dysfunctions [1].

A more extended definition integrates compulsive buying in the category of addictive behaviours, considering it as a response to an irresistible desire or drive to obtain, use or experience feelings or activities that leads an individual to repetitively engage in the shopping behaviour, that will have negative consequences for the individual and/or others [2].

Different terms have been used to define this condition, from oniomania to compulsive shopping, compulsive buying, pathological buying/shopping, or buying addiction. This condition is a form of behavioural addiction, with elements of impulse control disorder and obsessive-compulsive disorder, but different authors have the tendency to underline one specific component of the disorder, like tolerance/withdrawal, poor control of impulses, or cognitive distorsions.

Online version of pathological buying exists in parallel with a real-world version, and specific tool have been created for the measurement of each form. Online excessive buying behaviour is conceptualized as a specific Internet addiction, according to the RA Davis cognitive-behavioural model of pathological Internet use [3].

2 Objective

Data from literature are sparse and no clear-cut treatment recommendations exist for compulsive buying. Data regarding prevalence, risk factors, comorbidities and evolution of this disorder are also not very well defined.

Therefore, we consider that a review of all the available evidence related the clinical and therapeutic data existing for compulsive buying disorder could be a first step for the creation of a systematized approach in patients suffering from this condition.

3 Results

Data regarding compulsive buying disorder were collected from the main medical electronic databases (PubMed, Cochrane, Medscape, PsychInfo), and structured according to the clinical or therapeutic variables.

3.1 Epidemiological data

A meta-analysis based on 49 publications with prevalence estimates from 16 countries reported a pooled prevalence in adults of 4.9% (3.4-6.9%), with higher rates in university students 8.3% (5.9-11.5%) and in shopping-specific samples 16.2% (8.8-27.8%) [4].

Being young and female gender were associated with higher incidence [4]. Some studies show a 4:1 female: male ratio [5].

European data suggest an increase of compulsive buying in the adult population over the last two decades [6].

3.2 Evolution and co-morbidity

The evolution of compulsive gambling is chronic or intermittent, and he age of onset is the late teens or early 20s [5].

A very high rate of co-morbidity (95.9%) has been detected in a sample of 171 compulsive buyers, with males being more likely to be diagnosed with sexual addiction, and intermittent explosive disorder [7]. Patients with lifetime mood disorder tended to have greater compulsive shopping severity at 5-year follow-up [8]. Impulsivity scores tend to decrease in time, and the overall Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score also has a tendency for improvement, but interest in shopping and spending could increase in 24% at 5-year follow-up [8].

Anxiety and depressive mood disorders, compulsive hoarding, binge eating disorder have been associated with compulsive buying [6]. Other impulse-control disorders, personality disorders and substance use disorders have been also associated with compulsive gambling [5,9].

A community survey with self-report questionnaires found significant positive associations between identity confusion, compulsive buying, and hoarding, with the association between identity confusion and compulsive buying being fully mediated by materialistic value endorsement [10].

A gender difference was detected in the mood compensation pathway, with avoidance coping partially mediated the link between psychological distress and compulsive buying severity in females only [11]. The irrational buying-related cognitions mediated the link between materialism and compulsive buying severity in both genders [11].

Regarding the Internet compulsive shopping, a review detected 7 predictor variables-low self-esteem, low self-regulation, negative emotional state, enjoyment, female gender, social anonymity, and cognitive overload [12]. In a group of 200 student prevalence of compulsive buying was 16%, and Internet addiction prevalence was 26%, with subjects preferring online shopping because of exhaustive offer and immediate positive feelings [13].

3.3. Psychometric instruments

Compulsive Buying Scale (CBS) is based on three dimensions that have been associated with compulsive shopping/buying: tendency to spend, reactivity (the urge to buy), and post-purchase guilt [14]. This instrument has an initial 13-item version, and a newer 7-item version. The latest version is based on the following dimensions: need to spend money, awareness that spending is aberrant, loss of control, and financial problems [15].

Bergen Shopping Addiction Scale (BSAS) is a 28-item instrument, which contains 4 items for each of the 7 addiction core criteria (salience, modification, conflict, tolerance, withdrawal, relapse, and problems), constructed by a team of researchers from Bergen University [16]. The scores on BSAS were positively correlated with extroversion, neuroticism, anxiety, depression, and low self-esteem, and negatively with conscientiousness, agreeableness, intellect/imagination, and age [16].

Compulsive Online Shopping Scale (COSS) has been developed by S. Manchiraju [17] in 2016, which is supposed to be consistent with DSM-5 addiction criteria.

3.4. Treatment

Psychotherapy could be useful in patients with compulsive buying, but only cognitive-behavioural therapy (CBT) induced successful response, according to a systematic review [18]. A randomized, 31-patient, 12 weeks clinical trial with a 6-month follow-up, compared CBT with waiting-list and revealed significant differences between the two groups on the primary outcomes [19]. CBT affected positively compulsive behaviour and this effect persisted at 6-month follow-up [19].

A three-arm study compared group CBT with telephone-guided self-help and waiting list in a

56 patients group of compulsive buyers, proofing that the first intervention was superior not only to the waiting list, but also to the self-help [20].

In another trial with 39 participants, CBT was compared to waiting list and was associated with greater reductions in the number of compulsive buying episodes and time spent buying, as well as Y-BOCS- SV and CBS decreasing scores, and the improvement was well maintained at 6-month follow-up [21].

Debtors Anonymous, simplicity circles, bibliotherapy, 12-step programs, financial counselling, and marital therapy may also be tried in the treatment of compulsive gambling [5,9].

Open label trials suggest that antidepressants could improve compulsive buying, but small randomized trials failed to demonstrate significant improvement over placebo and the high placebo-response rate is a negative factor for detecting a response [22].

A review of the pharmacological treatments trials detected encouraging results in studies with antidepressants+/-mood stabilizers, and case series with naltrexone, but also negative results from trials with fluvoxamine [23].

An open-label, 10-week, pilot study of memantine in 9 patients with pathological buying showed a significant decrease in the Yale-Brown Obsessive Scale-Shopping Version (Y-BOCS-SV) at a mean effective dose of 23.4+/-8.1 mg/day [24]. Memantine was associated with diminished impulsive buying and improvements on cognitive tasks of impulsivity [24].

Citalopram treatment efficacy for compulsive shopping was explored in a 24-subject, 12-week open-label study, and the results were good: 71% of subjects were responders (according to the CGI-I), and for the next 6-month patients who continued citalopram had a lower risk for relapse than those who discontinued medication [25].

4 Conclusion

Compulsive buying disorder is a very complex condition, with intricate personality vulnerability factors and it usually associates psychiatric co-morbidities. Therefore, evolution and prognosis of the compulsive buying disorder also rely on the adequate treatment of the concomitant multiple psychiatric disorders.

CBT is the most supported treatment approach, followed by citalopram, naltrexone and possibly memantine. However, most of the collected data regarding these treatments' efficacy originate in small scale studies, case series or case reports.

Due to this disorder's relatively high prevalence in general population, and even higher prevalence in young persons, and also due to the disorder's financial and relational negative impact, further good-quality trials focused on the efficacy of psychotherapy and psychopharmacology approaches are considered necessary.

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