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Shorter communication

Cognitive behavioral therapy for compulsive buying disorder

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Abstract

To our knowledge, no psychotherapy treatment studies for compulsive buying have been published. The authors conducted a pilot trial comparing the efficacy of a group cognitive behavioral intervention designed for the treatment of compulsive buying to a waiting list control. Twenty-eight subjects were assigned to receive active treatment and 11 to the waiting list control group. The results at the end of treatment showed significant advantages for cognitive behavioral therapy (CBT) over the waiting list in reductions in the number of compulsive buying episodes and time spent buying, as well as scores on the Yale–Brown Obsessive Compulsive Scale—Shopping Version and the Compulsive Buying Scale. Improvement was well-maintained at 6-month follow-up. The pilot data suggests that a cognitive behavioral intervention can be quite effective in the treatment of compulsive buying disorder. This model requires further testing.

Keywords: Compulsive buying; Cognitive behavioral therapy

Introduction

Compulsive buying disorder, which was originally described by Kraepelin nearly a century ago (Kraepelin, 1909), remains a relatively understudied disorder. Research has increased substantially over the last 10 years, and the literature on this disorder has been reviewed in several publications (Black, 1996, 2001; Mueller, Reinecker, Jacobi, Reisch, & de Zwaan, 2005). Several case series have been published (Christenson, et al., 1994; McElroy, Keck, Pope, Smith, & Strakowski, 1994; Mitchell et al., 2002; Schlosser, Black, Repertinger, & Freet, 1994). These studies demonstrated that compulsive buying occurs primarily in women, with a usual age of onset between 18 and 30 years. The problem has been described both in North America and Europe (Scherhorn, Reisch, & Raab, 1990), and probably occurs in most industrialized societies.

The disorder is often associated with high rates of comorbid psychopathology. Two controlled studies have examined the rates of comorbidity in these patients compared to normal controls, one finding exaggerated

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rates of anxiety disorders, substance abuse and eating disorders (Christenson et al., 1994) and the other finding elevated rates of affective disorders (Black, Repertinger, Gaffney, & Gable, 1998). Uncontrolled studies have also found high rates of comorbid psychopathology (Schlosser et al., 1994; McElroy et al., 1994; Black, Gabel, Hansen, & Schlosser, 2000; Ninan et al., 2000). Compulsive buying has also been linked to eating disorders in other publications, but the data have been inconsistent (McElroy, Keck, & Phillips, 1995; Mitchell et al., 2002; Faber, Christenson, deZwaan, & Mitchell, 1995).

Very little is known about the treatment of this condition, and much of the published literature has focused on the use of medications. Positive results in case series have been reported for fluoxetine, clonazapam, clomipramine, naltrexone, fluvoxamine and citalopram (Black, Monahan, & Gabel, 1997; Bullock & Koran, 2003; Grant, 2003; Koran, Bullock, Hartston, & Smith, 2002; Koran, Chuong, Bullock, & Smith, 2003; Lejoyeux, Hourtané, & Adès, 1995; McElroy, Satlin, & Pope, 1991; McElroy et al., 1994). However, only two randomized placebo-controlled trials have been published, both using fluvoxamine, and both failed to demonstrate significant improvement over placebo (Black et al., 2000; Ninan, et al., 2000).

Only case studies of psychotherapy have been published (Bernik, Akerman, Amaral, & Brayn, 1996; Lawrence, 1990). Researchers have attempted to study cognitions associated with compulsive buying (Kyrios, Frost, & Steketee, 2004; Miltenberger et al., 2003), suggesting the possibility that cognitive behavior approaches might be useful in the treatment of these individuals.

We have been interested in developing a group-based cognitive behavioral treatment for patients with compulsive buying (Burgard & Mitchell, 2000). In this manuscript, we will review the results of a pilot study using this manual.

Method

Recruitment and selection

Subjects were compulsive buyers recruited through newspaper advertisements offering a "free group therapy program for adult females who compulsively shop". The ads were placed in local newspapers.

Inclusion criteria were: female, age 18 and over, current problems with compulsive buying (a score of two standard deviations above the population mean on the Compulsive Buying Scale upon screening (Faber & O'Guinn, 1992)). Exclusion criteria were: current or past evidence of Bipolar I Disorder or psychotic illness as assessed by the SCID I; active suicidal ideation; currently in psychotherapy; meeting criteria for alcohol or drug dependence within the last 6 months, or criteria for alcohol or drug abuse within the last month.

Potential participants who called were informed in detail about the study and screened over the phone using the Compulsive Buying Scale to determine if they may have compulsive buying behaviors. Individuals who were interested in the study and appeared to meet inclusion criteria were mailed a copy of the consent form to review and were invited to come for an informational meeting. At the time of the informational meeting, the study was described in detail and potential participants were able to ask questions about the study. Consent was obtained in writing from the subjects at this time. Once consent was obtained subjects were scheduled for an evaluation interview. The study was approved by the Institutional Review Boards of the University of North Dakota and the Neuropsychiatric Research Institute, Fargo.

Only women were included in this pilot study. Fifty-seven women were screened over the phone. Of these four were not eligible and fourteen decided against treatment. Thus, 28 were entered into the study and were assigned to one of 4 cognitive behavioral therapy (CBT) groups. Another cohort of 11 subjects was recruited and assigned (not by randomization) to a waiting list control (WLC, delayed treatment group). Subjects could be on psychotropic agents if they had been at a stable dose for 6 weeks.

Treatment

The group therapy consisted of 12 sessions over a period of 10 weeks. There were two meetings a week for the first 2 weeks and then one meeting a week for the following 8 weeks. The therapy meetings lasted 11/2 h each. The groups were led by JEM and MZ. Four groups were conducted with 4, 7, 7, and 10 participants. Patients were provided with a workbook which included readings that were to be accomplished before each