Dear Editor,

Compulsive buying (CB), or Oniomania (from the Greek: oné – shopping, mania – frenzy), is characterized by excessive preoccupations and desire to purchase objects, and unrestrained shopping to the point of personal suffering and financial hardship. The criteria proposed by McElroy are the most used until nowadays, since both DSM and ICD have not proposed operational criteria for this syndrome, which is classified as an impulse control disorder not otherwise specified. If CB was officially recognized, it would become the most common impulse control disorder, with prevalence estimates ranging from 2 to 8% of the adult population.

Cognitive behavioral therapy (CBT) has shown promising results for CB with significant decrease of shopping time and episodes compared to a waiting-list. However, this and other CBT programs for CB do not encompass, or at least have no described cognitive restructuring techniques aiming at cognitive distortions specific to shopping behavior. Keeping this in mind, we developed a CBT program for CB aiming at identifying and changing cognitive patterns that influence shopping behavior, raising awareness of high risk situations. Table 1 summarizes the content of the 20 weekly group sessions. Sessions 6, 7 and 8 are dedicated to cognitions most commonly related to shopping among compulsive buyers: shopping as a way of coping with emotions, shopping as a way of building an identity, and “all or nothing” type of thinking applied to shopping.

The purpose of this communication is to report the outcome of our pilot CBT group with an emphasis on cognitive restructuring for CB. The group consisted of nine individuals, only one male, mean age of 41.8 years-old, only three married, all meeting McElroy’s criteria for CB. Psychiatric comorbidity was assessed by the Mini International Neuropsychiatric Interview (MINI). Seven out of the nine participants presented a current depression, and two of them met criteria for bipolar disorder, but their loss of control over shopping was not better explained by their mood disorders, since shopping bouts also occurred during periods of euthymia.

Participants answered the Yale-Brown Obsessive-Compulsive Scale-Shopping Version (YBOCS-SV), at the beginning and at the end of treatment. The YBOCS-SV is a 10-item scale; the first five questions are added up to produce a cognitive score (COG), and the last five ones produce a behavioral score (BEH). COG and BEH scores can be added to produce one last total score (TOT). TOT varies from 0 to 40, indicating the severity of the shopping psychopathology.

We used Wilcoxon Signed Ranks tests to compare pre and post-treatment scores. COG (pre-treatment median/post-treatment median = 12/6, Z = -2.68, p = 0.007), BEH (10/6, Z = -2.67, p = 0.008) and TOT (22/11, Z = -2.67, p = 0.008) significantly decreased after CBT treatment – see Figure 1.

The conclusion is that group therapy with an emphasis on detection of specific shopping cognitive distortion and restructuring may help compulsive buyers in dealing with both cognition and shopping behavior. Controlled studies are warranted in order to determine the generalizability of the present findings and to compare different approaches to this troublesome, and yet poorly recognized disorder.

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## References


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### Disclosures

<table>
<thead>
<tr>
<th>Writing group member</th>
<th>Employment</th>
<th>Research grant¹</th>
<th>Other research grant or medical continuous education²</th>
<th>Speaker’s honoraria</th>
<th>Ownership interest</th>
<th>Consultant/Advisory board</th>
<th>Other³</th>
</tr>
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<tbody>
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<td>Tatiana Zambrano Filomensky</td>
<td>USP</td>
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