Universidade Federal do Rio de Janeiro
Instituto de Psiquiatria
Programa de Pós-Graduação em Psiquiatria e Saúde Mental

AVALIAÇÃO E TRATAMENTO DAS COMPRAS COMPULSIVAS

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Rio de Janeiro
2016

UNIVERSIDADE FEDERAL DO RIO DE JANEIRO
INSTITUTO DE PSIQUIATRIA
PROGRAMA DE PÓS-GRADUAÇÃO EM PSIQUIATRIA E SAÚDE MENTAL
LABORATÓRIO DE TANATOLOGIA E PSIQUIATRIA EM OUTRAS CONDIÇÕES MÉDICAS

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Tese de doutorado apresentada no Programa de pós-graduação de psiquiatria e saúde mental, da Universidade Federal do Rio de Janeiro, como parte dos requisitos necessários à obtenção do título de Doutor em Saúde Mental.

Orientadora: Adriana Cardoso de Oliveira e Silva

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Tese de doutorado submetida ao Programa de Pós-Graduação em Psiquiatria e Saúde Mental (PROPSAM) do Instituto de Psiquiatria da Universidade Federal do Rio de Janeiro – UFRJ, como parte dos requisitos necessários à obtenção do título de doutora em Saúde Mental.

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Rio de Janeiro
Fevereiro de 2016

FICHA CATALOGRÁFICA

CIP - Catalogação na Publicação

Lourenço Leite, Priscilla
LL533a Avaliação e Tratamento das Compras Patológicas / Priscilla Lourenço Leite. -- Rio de Janeiro, 2015.
145 f.

Orientador: Adriana Cardoso de Oliveira Silva.
Tese (doutorado) - Universidade Federal do Rio de Janeiro, Instituto de Psiquiatria, Programa de Pós-Graduação em Psiquiatria e Saúde Mental, 2015.

1. Comportamento Compulsivo. 2. Avaliação. 3. Epidemiologia. 4. Terapia Comportamental Cognitiva. 5. Comorbidades. I. Cardoso de Oliveira Silva, Adriana , orient. II. Titulo.

Elaborado pelo Sistema de Geração Automática da UFRJ com os dados fornecidos pelo(a) autor(a).

Dedicatória

“Conheça todas as teorias, domine todas as técnicas, mas ao tocar uma alma humana, seja apenas outra alma humana”

(C.G. Jung)

Agradecimentos

Particularmente, para mim, a redação dos agradecimentos sinaliza a finalização de um trabalho. Toda esta jornada foi marcada por grande aprendizagem, dedicação e gratidão.

Agradeço primeiramente ao Programa de Pós Graduação em Saúde Mental e à Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) por terem me dado os recursos necessários ao desenvolvimento da minha pesquisa.

Agradeço, à todos aqueles que participaram da pesquisa, contribuindo com seu tempo, doação e gentileza. Aos meus pacientes, por terem acreditado em mim e por quem eu sempre busquei o melhor. E que estão sempre me proporcionando crescimento técnico e pessoal inestimáveis!

Aos meus familiares e amigos, em especial à minha mãe, Eloisa e meu marido, Hugo, pela paciência, carinho, amor e, sobretudo, por terem sido meu esteio. Pelo apoio em todos os momentos, por torcerem por mim e não me deixarem desistir dos meus sonhos.

À todos os colaboradores, que de alguma forma me ajudaram a produzir esta tese. Aos meus colegas de profissão e estudo e às amizades que pude colher ao longo desta jornada.

Aos professores Bernard Rangé e Elie Cheniaux por toda presteza, competência, paciência e contribuição técnico-científica, mas acima de tudo, por terem me encorajado a ir além.

À minha orientadora Adriana Cardoso, por toda a dedicação e empenho. Por ter sido tão generosa em doar seu tempo às minhas demandas e por ter me orientado neste projeto.

À todos aqueles que de uma forma ou de outra, participaram comigo desta jornada, estando de perto ou de longe, mas sempre torcendo pelo meu sucesso! Muito obrigada!

RESUMO

LEITE, Priscilla Lourenço. Avaliação e Tratamento das Compras Compulsivas. Tese (doutorado em saúde mental) - Programa de Pós-graduação em Psiquiatria e Saúde Mental, Universidade Federal do Rio de Janeiro - UFRJ, Rio de Janeiro, 2016.

A compulsiva ou patológica refere-se à aquisição repetitiva, desnecessária, impactando de forma significativa na vida do sujeito. A etiologia da compulsão por comprar é multifatorial e até o presente momento, a compreensão de seus mecanismos de ação são incipientes. Pretende-se através de revisão sistemática ampliar a compreensão sobre o tratamento terapêutico e medicamentoso da compra compulsiva assim como adaptar para o português Brasileiro a escala Yale Brown Obsessive Compulsive – Shopping Version (YBOCS-SV), bem como analisar o comportamento da compra compulsiva e sua relação com os transtornos do humor, sobretudo o transtorno bipolar. Ademais, avaliaremos a eficácia da terapia cognitivo-comportamental no tratamento do problema em questão.

O presente trabalho de tese é composto por uma compilação de nove artigos científicos, estudos de revisão e pesquisas originais, desenvolvidos ao longo do curso de doutorado. Os estudos desenvolvidos e aqui apresentados enfatizam as características sociodemográficas da compra compulsiva, como o predomínio do sexo feminino, idade intervalar entre 18-30 anos e nível socioeconômico. Também indicam que a terapia cognitivo-comportamental e o uso de antidepressivos IRSS, como o citalopram e a fluvoxamina, parecem auxiliar no tratamento do problema. A escala Y-BOCS-SV, em estudo de validação e aferição de fidedignidade, apresentou boas propriedades psicométricas em sua utilização com população Brasileira. Ainda, observou-se prevalência de 30.7% para compras compulsivas em pacientes bipolares. Finalmente, foi investigada a presença de pensamentos ligados à morte e impulsividade e compras compulsivas.

De modo geral, o presente estudo possibilitou uma maior compreensão sobre o problema em questão, propiciando novas alternativas diagnósticas, de mensuração, prevenção e tratamento da compra patológica.

Palavras-Chave: Comportamento Compulsivo, Avaliação, Epidemiologia, Terapia Comportamental Cognitiva, Comorbidade.

ABSTRACT

LEITE, Priscilla Lourenço. Avaliação e Tratamento das Compras Compulsivas. Tese (doutorado em saúde mental) - Programa de Pós-graduação em Psiquiatria e Saúde Mental, Universidade Federal do Rio de Janeiro - UFRJ, Rio de Janeiro, 2016.

Compulsive or pathological buying refers to repetitive, unnecessary purchasing, which has a significant impact on the life of the person. The etiology of the compulsion to buy is multi-factorial and, until now, the understanding of its mechanisms remains incipient. The aim is to develop, through a systematic review, to broaden the understanding of the therapeutic and drug treatment of compulsive buying as well as to adapt the Yale Brown Obsessive Compulsive - Shopping Version (YBOCS-SV) scale to Brazilian Portuguese, as well as to analyze the behavior of compulsive buying and its relation with mood disorders, especially bipolar disorder. In addition, we will evaluate the effectiveness of cognitive-behavioral therapy in the treatment of the problem in question.

The work of this thesis is composed of a compilation of nine scientific articles, review studies and original research, elaborated during the doctorate course. The studies developed and presented here emphasize the socio-demographic characteristics of compulsive buying, such as the predominance of the female sex, intervalar age of between 18 and 30 and the socio-economic level. The research also indicates that the utilization of Cognitive Behavioral Therapy and the use of SSRI anti-depressants, such as citalopram and fluvoxamine, appear to assist in the treatment of the disorder. In a validity and reliability study the Y-BOCS-SV scale presented good psychometric properties in its use with the Brazilian population. Furthermore, it was possible to observe a prevalence of 30.7% for compulsive buying among bipolar patients. Finally, the presence of thoughts linked to death, impulsivity and compulsive buying was investigated.

Overall, the present study enabled a greater understanding of the problem in question, providing new alternatives in the diagnosis, measurement, prevention and treatment of compulsive buying.

Keywords: Compulsive Behavior, Evaluation, Epidemiology, Cognitive Behavioral Therapy, Comorbidity.

SUMÁRIO

LISTA DE SIGLAS

APA	*American Psychological Association*
BIS-11	*Barrat impulsiveness scale*
BAI	*Beck Anxiety Inventory*
BDI	*Beck Depression Inventory*
CBD	Compulsive buying disorder
CBS	*Compulsive Buying Scale*
CBT	*Cognitive bahavioral Therapy*
D2(DRD2)	Receptor D2 da dopamina
DSM-IV-TR	Manual de Diagnóstico e Estatística das Perturbações Mentais – 4º Edição
DSM-V	Manual de Diagnóstico e Estatística das Perturbações Mentais – 5º Edição
DOS	*Death Obsessive Scale*
HADS	*Hospital Anxiety and Depression Scale*
HAM-D	Escala Hamilton de Depressão
IPUB	Instituto de Psiquiatria da Universidade do Brasil
KMO	Índice Kaiser-Meyer-Olkin
L-DOPA	Levodopa é um fármaco do grupo dos antiparkinsónicos

PROPSAM	Programa de Pós Graduação em Psiquiatria e Saúde Mental
RCBS	*Richmond Compulsive Buying Scale*
ISRS	Inibidor Seletivo de Recaptação da Serotonina
SF-36	Questionário de Qualidade de vida
SPSS	*Statistical Package for Social Sciences*
TCC	Terapia cognitivo-comportamental
TCIP	Transtorno de Controle dos Impulsos
TOC	Transtorno Obsessivo-Compulsivo
UFRJ	Universidade Federal do Rio de Janeiro
YBOCS	*Yale Brown Obsessive Compulsive Scale*
Y-BOCS-SV	*Yale-Brown Obsessive-Compulsive Scale – Shopping Version*
YOUNG	Escala Young para Mania

1 INTRODUÇÃO

1.1 DEFINIÇÃO E CARACTERÍSTICAS DAS COMPRAS COMPULSIVAS

Para Guerreschi (2007)[1], a compra compulsiva pertence à categoria das “new addictions”, ou seja, “todas as dependências onde o mecanismo da dependência não procede de uma droga, mas de um comportamento”. (p. 141).

O mesmo autor ainda discorre sobre a dificuldade em entender esta dependência, uma vez que comprar é uma atividade considerada gratificante, inócua, agradável e, sobretudo socialmente reconhecida e aceitável, sendo vista antigamente como uma atividade exercida por poucos, só os que possuíam poder aquisitivo elevado.

A termologia compras compulsivas é uma nomenclatura usual para adjetivar o caráter incontrolável e repetitivo do problema. Entretanto, esta expressão não endossa as características mais amplas da compra, onde o correto seria a utilizar os termos oniomania ou compra patológica[2]. Contudo, estes vocábulos costumam ser pouco empregados na literatura cientifica.

A compra compulsiva pode ser caracterizada por uma vontade irresistível, repetitiva e dominadora para comprar diversos itens[3]. Essa fissura é incontrolável e os indivíduos só conseguem obter alívio da tensão através das compras excessivas. Contudo, o bem estar produzido pela diminuição da tensão é rapidamente substituído por um sentimento de culpa. A compra compulsiva pode acarretar em dívidas públicas (58,3%), incapacidade em efetuar pagamentos (41,7%), consequências jurídicas e financeiras (8,3%), problemas e penas jurídicas (8,3%) e sentimentos de culpa (45,8%)[4]. O mesmo autor percebeu ainda que a compra compulsiva é frequentemente encontrada em pacientes deprimidos.

A compulsão por compras foi originalmente descrita por Kraepelin há quase um século e continua a ser um problema relativamente estudado[5]. Ensaios científicos sobre este tema têm aumentado substancialmente nos últimos dez anos. Vários autores publicaram estudos demonstrando que a compra compulsiva ocorre principalmente em mulheres, iniciando com idades entre 18 e 30 anos[4,6,7]. O problema tem sido encontrado, sobretudo em países desenvolvidos e sua causa pode estar correlacionada ao alto nível de industrialização dos países em questão[4].

De acordo com a APA as compras compulsivas não pertenceriam a nenhuma categoria de diagnóstico, segundo o 5º Manual diagnóstico e estatístico de transtornos mentais (DSM-5, 2013)[8]. Contudo, a compra é comumente classificada como transtorno do espectro obsessivo compulsivo, uma vez que o ato de comprar compulsivamente participa da compulsividade, ou seja, do impulso para determinado comportamento que não estaria tanto orientado à obtenção do prazer, mas sim para o alívio do estado de mal estar. Seria como um ritual neutralizador da sensação de desprazer. A compra compulsiva estaria situada, de acordo com o mesmo autor, mais na compulsão do que na obsessão[1]. O transtorno é descrito como um comportamento compulsivo associado a ideias obsessivas. Um desejo incontrolável de obter itens que não são necessários. O padrão de pensamentos obsessivos, assim como o comportamento descontrolado para as compras podem ser associados com o mesmo padrão obsessivo do transtorno obsessivo-compulsivo[9].

Contudo, a compra compulsiva poderia ser classificada como transtorno de controle do impulso, uma vez que a incapacidade de controlar um comportamento é um fator central. O indivíduo sente uma fissura quase irresistível, uma espécie de "pressão", para a "execução" do comportamento, comprando sem controle algum[10].

Segundo Hollander e Allen (2006)[11], a compra compulsiva, por suas similaridades à outros transtornos relacionados a impulsividade e transtorno de controle dos impulsos, como o jogo patológico, piromania e cleptomania, deveria ser incluído nesta categoria no novo DSM-5. Um estudo realizado pelo *National Institute on Drug Abuse* considera que esses transtornos são vícios comportamentais que compartilham características clínicas semelhantes e afetam as mesmas regiões cerebrais[11].

Embora a depressão pareça ter forte associação com a compra compulsiva, a natureza da relação é complexa[12]. A depressão pode estar associada às complicações sociais, financeiras e interpessoais, causadas pela compra compulsiva. Por outro lado, a compra compulsiva pode constituir uma estratégia de enfrentamento para compensar os sintomas da depressão e outros estados negativos, em virtude da euforia que o ato de comprar produz[13]. Em contrapartida, a depressão pode levar à baixa autoestima, pensamentos negativos, dificuldades cognitivas, entre outros efeitos que norteiam o comportamento de comprar compulsivo[14].

Algumas teorias acerca da etiologia da compra compulsiva, embora sejam muito recentes, a relacionam com a etiologia do transtorno obsessivo-compulsivo e transtorno da acumulação. Embora os modelos cognitivos possam ser relacionados, faltam ainda dados substanciais para a elaboração de um modelo cognitivo para as compras compulsivas[14]. É possível supor que esta falta se deva, justamente, à escassa pesquisa e comprovação de tratamentos eficazes para uma compreensão dos fenômenos clínicos[14].

1.2 DIAGNÓSTICO

A oniomania foi definida por Kraepelin, em 1915, como um impulso patológico para o ato de comprar[3]. Em seu estudo, fazia referência ao predomínio no sexo feminino e salientava a impulsividade como o fator primordial do comportamento, "que mesmo apesar da boa escolaridade e inteligência dos pacientes, deixava-os incapazes de pensarem diferentemente"[15]. Em 1924, Bleuler incluiu esse impulso entre os "impulsos reativos"[1]. Ele cotejou o caráter impulsivo do problema às insanidades do impulso, assim como a piromania e a cleptomania[15]. Faber e O´Guinn[16], em 1989, definiram esse comportamento como consumo compulsivo para enfatizarem o caráter crônico, patológico e destrutivo dessa conduta, e ressaltaram ainda a dificuldade em interromper tal comportamento. Concluíram que a ocorrência do ato de comprar compulsivo poderia estar associada a eventos ou sentimentos negativos[15]. Os estudos de McElroy et. al. (1994)[6], propuseram os primeiros critérios diagnósticos para a compra compulsiva. A autora postulou que esse transtorno poderia ser classificado na categoria dos transtornos de controle dos impulsos. Ela dirigiu um estudo que, através de seus resultados, chegou à conclusão de que seria oportuno enquadrar a compra compulsiva nos transtornos do controle dos impulsos, enfatizando a correlação entre o transtorno e o transtorno obsessivo-compulsivo, assim como os transtornos de humor[3].

De acordo com o Manual Diagnóstico e Estatístico de Transtornos Mentais (DSM-IV-TR, 2002)[17], as compras compulsivas poderiam ser classificadas como transtorno do controle do impulso sem outra especificação. Já no DSM-V ele foi retirado desta categoria e não sendo mais incluso no manual[7].

McElroy et al.[6] através de um estudo de 20 casos de compulsão por compras, observaram a similaridade sintomatológica nesta desordem. Sendo assim, os autores desenvolveram alguns critérios diagnósticos para a compra compulsiva destacando suas principais caraterísticas clínicas.

(A) A preocupação, o impulso ou o comportamento de comprar desadaptativo como indicado por um dos seguintes elementos:

1. Frequente preocupação com as compras ou com o impulso em comprar, que são experienciados como irresistível, intrusivo ou insensato.

2. Comprar frequentemente, acima das próprias possibilidades, objetos muitas vezes inúteis (ou desnecessários), por um período de tempo mais longo do que o estabelecido.

(B) As preocupações com o ato de comprar e seus impulsos podem causar angústia, estresse marcante e o tempo de ruminação sobre o ato de comprar, podendo interferir significativamente no funcionamento social e/ou ocupacional, resultando em problemas financeiros (por exemplo, dívidas excessivas ou falência).

(C) O comportamento excessivo em comprar não ocorre exclusivamente durante o período de mania ou hipomania.

1.3 CO-MORBIDADE

A compra compulsiva está, geralmente em comorbidade à outras manifestações clínicas. De acordo com Mitchell et. al. (1994)[5], em dois estudos controlados, as taxas de comorbidades eram altas para os transtornos de ansiedade, dependência química e transtornos alimentares[4,18]. Foram encontradas ainda elevadas taxas para os transtornos do humor[19]. De acordo com os estudos de McElroy[18] pacientes com TOC comórbidos à compulsão por comprar apresentam maior número de sintomas do TOC (23%) do que indivíduos sintomáticos somente para o TOC sem apresentação da compra compulsiva. Esta observação é congruente com os resultados de trabalhos anteriores, como o de Frost, Kim Morris, et. al.(1998)[20] que verificou forte correlação entre o comprar compulsivo com o Transtorno Obsessivo-Compulsivo[9].

Muitos indivíduos com fissura para compras buscam alívio imediato de seus problemas e diminuição da depressão[21]. Em um estudo anterior, os mesmos autores, encontraram taxa de prevalência de 32% na associação de pacientes com diagnóstico para compras compulsivas com depressão maior.

Foi observado por Lejoyeux, Tassin, Solomon, et. al. (1997)[22], que mulheres na meia-idade, solteiras, divorciadas ou separadas mais frequentemente apresentavam a compra compulsiva em associação à depressão maior.

1.4 MECANISMOS NEUROBIOLÓGICOS

Os marcadores genéticos moleculares encontrados em sujeitos compradores compulsivos, foram associados com o alcoolismo, dependência de drogas, obesidade, tabagismo, jogo patológico, transtorno do déficit de atenção e hiperatividade e síndrome de Tourette, assim como outros comportamentos compulsivos relacionados, variantes da do gene receptor da dopamina D2(DRD2). Assim, é possível que as vias dopaminérgicas de recompensa, que comumente, são relacionadas a etiologia dos comportamentos aditivos, podem estar envolvidas na compra compulsiva[23.24].

A etiologia e os mecanismos de ação que impulsionam a compra compulsiva, tem sido o vértice do novo campo de estudo acerca deste problema. Estima-se que o ato de gastar excessivamente exija o recrutamento e desregulação de diferentes circuitos cerebrais, como o circuito dorso lateral, principal responsável pela tomada de decisão, planejamento, julgamento e solução de problemas[25]. O papel dos sistemas opiáceos, serotonérgicos e dopaminérgicos podem estar relacionados ao transtorno das compras compulsivas[26]. Contudo, até o presente momento, não existem evidências suficientes que comprovem estas relações. O circuito mesolímbico de recompensa está intimamente relacionado às funções executivas e à tomada de decisão, orientadas pelos córtex pré-frontal, córtex órbito frontal e giro do cingulo[25,26]. Estudos sugerem que transtornos de controle dos impulsos estão relacionados à desregulação do circuito mesocórticolímbico[27]. Uma função importante do córtex pré-frontal é “frear”, inibir a execução de comportamentos ou ações distintas, atuando como um mediador de ações tidas como impulsivas.

Um indicativo a despeito do funcionamento neuroquímico acerca das compras compulsivas, parece provir do campo da doença de Parkinson, onde pacientes

submetidos ao tratamento, precursor da dopamina L-DOPA (levodopa) ou agonistas da dopamina tendem a apresentar maior predisposição à compra compulsiva, bem como outros comportamentos impulsivos, como jogo patológico[25,28]. (Alguns estudos indicam que a Levodopa pode aumentar necessidade sobre recompensa e redução sobre processamento de riscos e julgamento.· Isto sugere que dopamina pode desempenhar um papel distinto na condução das volições, no que concerne a busca incessante por gratificação, redução dos riscos e aumento do ímpeto sob tomada de decisão, aspectos preponderantes, nos vícios comportamentais, semelhantes ao abuso de drogas. Desta forma, estes sistemas apresentam papel significativo na regulação emocional, afetando também sistemas de recompensa cerebral e, portanto, representando componentes chaves no processo de dependência[25].

1.5 MODELO COGNITIVO-COMPORTAMENTAL DO COMPRAR COMPULSIVO

O modelo cognitivo para a compra compulsiva foi associado ao desenvolvimento de modelos cognitivos e de investigação de outros transtornos, tais como o transtorno obsessivo-compulsivo e o transtorno da acumulação[29]. O mesmo autor cita o exemplo de recentes modelos cognitivo-comportamentais específicos para a etiologia do transtorno de acumulação, propondo uma investigação empírica de suas manifestações comportamentais e fenômenos associados, marcando a vulnerabilidade para o seu desenvolvimento e fatores mantenedores, bem como o desenvolvimento de tratamentos mais eficazes[14]. Ao observar os sintomas cognitivos da acumulação patológica e da compra compulsiva, é possível considerar que estes partilham características cognitivas semelhantes[30]. Dessa forma, observa-se que os sintomas cognitivos para o transtorno da acumulação podem ter relevância para os sintomas da compra compulsiva[29,31].

Como características cognitivas e emocionais associadas com a compra compulsiva, Frost e Hartl[32], através da análise do modelo cognitivo-comportamental da acumulação, identificam quatro problemas mais comuns em sujeitos com esse transtorno: problemas de afetividade, crenças disfuncionais sobre a natureza dos bens, problemas comportamentais de evitação e déficits de processamento das informações. Outras características de suma importância na compreensão do transtorno de acumulação, que podem nortear o modelo de funcionamento dos

pacientes com diagnóstico para comprar compulsivo, são problemas em tomadas de decisões, perfeccionismo e abandono ou padrão familiar muito rígido.

Os problemas de baixa autoestima em indivíduos com o transtorno do colecionismo compulsivo, assim como de comprar compulsivo, parecem estar associados a um ambiente familiar muito rígido ou protetor, levando os pacientes a uma tendência ao perfeccionismo como estratégia compensatória no intuito de provar o seu auto valor[14]. O padrão de exigência, crítica e expectativas elevadas dos pais pode ser refletido em determinadas crenças desenvolvidas em indivíduos que apresentam compulsão por acumular e comprar, assim como problemas de ordem afetiva. Dessa forma, costumam colecionar ou comprar como estratégia compensatória ou de controle, de modo que a aquisição imediata do objeto possa servir como paliativo ao abandono, crítica e exigência parental[14].

Indivíduos com histórico familiar de abuso e abandono afetivo na infância são mais propensos a desenvolverem problemas de compras e acumulação patológica[33]. No que se refere a autoestima, é comum a associação da autopercepcão ao valor, cuidado excessivo do bem material, devido a concepção simbólica do valor pecuniário do dinheiro e sua capacidade para aumento da autoestima, embora os indivíduos compradores compulsivos também relatam conflito interno muito grande ao fazerem gastos exorbitantes[14].

Há ainda, a necessidade do reasseguramento e "garantias psicológicas e sociais" que as compras podem produzir. Assim, para o indivíduo comprador compulsivo, adquirir determinados itens pode ser um indicativo de elevação do status social, ou então como forma de manutenção da sua posição social, ao acreditarem que por ocuparem determinado status devam adquirir objetos que enalteçam sua classe social. Esta forma de lidar com as compras sugere um modelo de funcionamento cognitivo na qual os sujeitos têm expectativas elevadas de desempenho, e, dessa forma, desenvolvem níveis de aceitação social irrealistas[3].

Ao serem comparados com indivíduos sem compulsão por colecionar e comprar, aqueles que apresentavam compulsão por acumulação apresentaram elevados níveis de apego sentimental aos objetos. É comum no relato de pacientes compulsivos para comprar e armazenar, a verificação de que os objetos são valiosos, pois proporcionariam sinais e sensações de segurança. E a sensação de conforto poderia ser adquirida a partir da aquisição compulsiva dos mesmos[14,34]. Lejoyeux, et.

al. (1999)[3] sugerem que os indivíduos compradores compulsivos consideram os itens adquiridos como sendo essenciais. Apresentam ainda preocupações sobre a potencial perda de oportunidades em liquidações ou em comprarem objetos com certas características desejadas, tais como cor específica, formato, entre outros. O mesmo autor observou que, embora considerem os objetos como sendo essenciais, muitas vezes os mesmos não são utilizados, o que pode indicar que indivíduos compradores compulsivos possam ter dificuldades no que se refere à planejamento, julgamento e resolução de problemas. Os problemas na tomada de decisão podem acarretar ainda angústia, indecisão, baixa autoestima e sentimentos de inferioridade, assim como, podem produzir altos índices de ansiedade e depressão ou aumentar crenças disfuncionais de perfeccionismo.

1.6 TRATAMENTO

No que se refere à proposta terapêutica, não existe nenhuma abordagem padrão para o tratamento da compra compulsiva. As recomendações de tratamento, são em grande parte, expressões empíricas de diferentes orientações teóricas clínicas.

O primeiro ensaio sobre uma proposta terapêutica medicamentosa para o tratamento da compra patológica, foi desenvolvida por McElroy e colaboradores[6], através de um ensaio clínico com 20 pacientes, que receberam diversos tipos de medicamento, como antidepressivos, estabilizadores de humor e antipsicóticos. Eles foram avaliados através de auto relato. Apenas 2 pacientes obtiveram melhoras. Outros estudos indicando a clomipramina[35] e a fluvoxamina[36] obtiveram resultados poucos satisfatórios. Entretanto, o citalopram, obteve melhores respostas no tratamento da compra compulsiva[37,38].

Propostas de intervenção para a compra compulsiva só começaram a ser publicados a partir da década de 90[5]. Em estudos recentes, é sugerida a eficácia do tratamento na abordagem cognitivo-comportamental[39,40]. Dessa forma, Mitchell, et. al. (2006)[5] relatam os resultados de um estudo-piloto para o tratamento em grupo do transtorno de compra compulsiva. O tratamento foi desenvolvido em 12 sessões, no período de 10 semanas, onde 28 indivíduos participaram do tratamento. Os autores descrevem um protocolo estruturado da seguinte forma:

1. Psicoeducação e explicação sobre o modelo de tratamento.
2. Identificação dos comportamentos da compra compulsiva e os prós e contras para a mudança do comportamento compulsivo.
3. Causas e consequências.
4. Administração do dinheiro e como se “livrar” dos cartões de crédito.
5. Modelo Cognitivo: pensamentos, sentimentos e comportamentos.
6. Reestruturação cognitiva.
7. Fatores predisponentes e mantenedores do transtorno.
8. Trabalho no intuito de reestruturar a autoestima dos pacientes.
9. Exposição com prevenção de respostas.
10. Manejo do Estresse e resolução de problemas.
11. Plano e Prevenção de recaídas.
12. Feedback e perspectivas em relação ao futuro.

Ao final do tratamento, 12 participantes relataram completa remissão das respostas durante as últimas 4 semanas, sem episódios de compras compulsivas. Após 6 meses do término do tratamento em grupo, 10 participantes relataram total abstinência do comportamento de comprar compulsivamente. Os resultados obtidos no estudo piloto que sugerem a eficácia do tratamento com terapia cognitivo-comportamental e têm um impacto significante sobre o comportamento compulsivo para compras, assim como a remissão dos sintomas. Os mesmos autores ressaltam ainda a importância do manejo dos cartões de crédito, indicando que a utilização de dinheiro em espécie tende a reduzir os gastos excessivos[5].

Os objetivos principais do presente estudo foram apresentar as características clínicas da compra compulsiva, identificar o predomínio do problema na população em geral, validar uma escala padrão ouro para avaliação da gravidade sintomática, aferir a intervenção da terapia cognitivo-comportamental e de medicamentos utilizados no tratamento da compra patológica, bem como identificar a prevalência da compra compulsiva em pacientes com transtorno afetivo bipolar.

Para tal, os resultados encontrados em nossas pesquisas, foram expostos através de 9 artigos científicos, 2 já foram publicados, 2 foram aprovados e 5 já foram submetidos e estão aguardando parecer das revistas.

2 METODOLOGIA

O presente trabalho é composto por uma compilação de artigos científicos, que descrevem, em priori, estudos de revisão e originais, durante o período do curso de doutorado do Programa de Pós Graduação em Psiquiatria e Saúde Mental da Universidade Federal do Rio de Janeiro (PROPSAM - IPUB/UFRJ). Todas as pesquisas desenvolvidas obtiveram aprovação do comitê de ética em pesquisa do Instituto de Psiquiatria da Universidade Federal do Rio de Janeiro. O trabalho desenvolvido nesta tese consiste na investigação sobre as compras compulsivas e seus dispositivos de avaliação, tratamento, epidemiologia e comorbidades psiquiátricas.

Nos dois primeiros estudos foram realizadas revisões sistemáticas sobre o tratamento terapêutico e medicamentoso da compra compulsiva. Para a revisão terapêutica, localizamos 23 artigos, que discorriam sobre diferentes abordagens de tratamento, como terapia psicodinâmica, terapia sistêmica familiar, terapia comportamental, terapia cognitiva, terapia em grupo e terapia cognitivo comportamental. Para a revisão sistemática sobre tratamento medicamentoso, compuseram nosso estudo 12 artigos científicos, abarcando diferentes classes de medicamentos, como antidepressivos triciclicos, inibidores da recaptação da serotonina, antagonistas opióides e antagonista de NMDA. Ambas as revisões seguiram metodologia específica para revisão sistemática.

O terceiro artigo envolveu a validação da escala *Yale Brown Obsessive Compulsive – Shopping Version* (YBOCS-SV)[41], direcionada à mensuração da gravidade das compras compulsivas.

Para a pesquisa de validação da YBOCS, participaram 610 sujeitos, com idades entre 18-66 anos, diferentes níveis socioeconômicos e escolares, alocados em dois grupos: Indivíduos compradores compulsivos e grupo formado por uma população em geral, o não-clínico. Todos os participantes envolvidos no estudo concordaram com o termo de consentimento livre e esclarecido e os parâmetros da presente pesquisa. Para a etapa de validação das escalas, verificamos a fidedignidade das mesmas, utilizando o Alpha de Cronbach. Em seguida, utilizamos a análise fatorial exploratória, através do método para extração de fatores dos componentes principais e rotação Direct Oblimin.

Dois estudos foram desenvolvidos a partir da coleta de dados em uma plataforma online. O estudo de regressão sobre aspectos psiquiátricos e socioeconômicos como preditores da compra compulsiva e o ensaio de prevalência com 56 participantes com renda média mensal individual até um salário mínimo. A amostra inicial elegeu 359 participantes com idades entre 16 a 66 anos. Os critérios de inclusão envolviam ter idade entre 18 a 80 anos. Os critérios de exclusão consideravam indivíduos sem-alfabetizados e com idade inferior a 18 anos. Um questionário estruturado foi desenvolvido para a coleta de dados sociodemográficos. As escalas de compras compulsivas (CBS)[42], Escala Richmond para compras compulsivas (RCBS)[43] e a *Yale Brown Obsessive-Compulsive Scale – Shopping Version* (YBOCS-SV) foram aplicadas para aferir aspectos referentes a compulsão por compras. A escala Hospitalar de ansiedade e depressão (HADS) aferiu sintomas relativos a depressão e ansiedade. Os testes de Pearson e Spearman sinalizaram as correlações clínicas. No estudo dos preditores da compra compulsiva a análise de regressão foi utilizada para avaliar os efeitos da compra compulsiva nas variáveis exploratórias.

O sexto estudo foi produzido a partir do acompanhamento psicoterapêutico de duas pacientes com diagnóstico para compras compulsivas. Elas foram atendidas individualmente por uma psicóloga terapeuta cognitivo-comportamental. As sessões seguiram o protocolo de tratamento desenvolvido por Mitchell et. al. (2006)[5] adaptado para a população Brasileira. A escala *Yale-Brown Obsessive-Compulsive – Shopping Version* (YBOCS-SV), *Barrat Impulsiveness Scale* (BIS-11)[44] adaptada e os inventários Beck de Depressão e Ansiedade (BDI and BAI) foram aplicadas para aferição dos principais sintomas e gravidade do problema em questão.

Um sétimo estudo foi conduzido para verificar a prevalência do transtorno de compras compulsivas em pacientes com o diagnóstico de transtorno bipolar. 101 indivíduos com diagnóstico de Transtorno afetivo bipolar. Estes pacientes se encontravam em tratamento ambulatorial especializado no transtorno bipolar do humor. Foram realizadas entrevistas para preenchimento da ficha de identificação do paciente, além dos instrumentos CBS, Escala Richmond para compras compulsivas e YBOCS-SV e critérios diagnósticos de McElroy, et. al. (1994)[6]. Os instrumentos Escala Hamilton de depressão, Young para mania foram aplicados pelos psiquiatras da equipe do professor Elie Cheniaux, que fizeram o atendimento ambulatorial e as

sessões de *follow up*, para o transtorno bipolar do humor. Todo o processo de avaliação dos pacientes foi realizado nos dias em que os mesmos compareceram para atendimento de rotina. O teste t foi utilizar para avaliar as diferenças entre o grupo de pacientes bipolares sem a compulsão por comprar e pacientes bipolares compradores compulsivos.

No oitavo artigo foi elaborado uma carta ao editor a partir do banco de dados utilizado no estudo sete. 76 participantes em atendimento no ambulatório de transtorno afetivo bipolar, foram identificados em uso de estabilizadores de humor. A partir da correlação de Pearson entre as escalas CBS, HAM-D e YOUNG, foram avaliadas as possíveis interações entre a compra compulsiva e os sintomas depressivos e mania na população estudada.

O nono trabalho foi realizado através de um estudo transversal com 70 estudantes universitários de diferentes cursos e instituições de ensino do país para avaliar as possíveis relações entre a impulsividade, desesperança e pensamentos obsessivos relacionados à morte em uma população de jovens universitários. Nenhum dos participantes sinalizou qualquer transtorno psiquiátrico ou neurológico, tampouco possuíam limitações que interferiram nos procedimentos de coleta de dados. Foram utilizados como instrumentos um questionário estruturado elaborado para a pesquisa para colher dados sociodemográficos; o diagnóstico da compulsão por compras foi realizado através dos critérios diagnósticos de McElroy et. al. (1994)[6] o grau de comprometimento do comportamento de compra compulsiva foi investigado utilizando-se a escala Compulsive Buying Scale (CBS)[42] a escala Richmond para compras compulsivas[43]. Para avaliar a impulsividade, foi utilizada a *Barrat Impulsiveness Scale* (BIS-11)[44] adaptada a Hospital anxiety and depression scale (HADS) foi escolhida para avaliar a depressão e ansiedade nos participantes. A escala de desesperança (BHS) foi utilizada para avaliar os aspectos referentes a cognições envolvendo a desesperança e a *Death Obsessive Scale* (DOS) foi utilizada para medir as preocupações, os impulsos e ideias persistentes em relação à morte. Para avaliar a qualidade de vida dos participantes, foi utilizada a escala *Medical Outcomes Study 36* – SF-36 – que é um instrumento multidimensional envolvendo alguns domínios relacionados à qualidade de vida. Por ter sido aplicado através de uma plataforma online, os procedimentos adotados obedeceram às necessidades especificas para aplicação realizada através da internet. Para descrição das variáveis demográficas,

foram utilizados o chi-quadrado. Para as correlações clínicas foram utilizados os testes de Pearson tendo sido adotado valor p inferior a 0,01 para determinação de significância estatística.

3 RESULTADOS

Os resultados obtidos no referido trabalho, sintetizam o produto das pesquisas realizadas, a partir da confecção de artigos científicos que foram publicados e submetidos ao longo do período de doutoramento. À seguir, estão elencadas as referências dos artigos desenvolvidos durante este período:

3.1 ARTIGOS PUBLICADOS

1. Leite, PL., Pereira, VM., Nardi, AE., Silva, A. Psychotherapy for compulsive buying disorder: A systematic review. Psychiatry Research. 2014; 219:411–419.
2. Leite, PL., Black, DW., Filomensky, T., Silva, A. Validation and reliability of the Brazilian version of Yale Brown Obsessive Compulsive – Shopping Version (YBOCS-SV). Comprehensive Psychiatry. 2014; 55: 1462–1466.
3. Leite, P.L., Silva, A. Prevalence Study of compulsive buying in a sample with low individual monthly income. Trends Psychiatry Psychother. 2015. (no prelo)
4. Leite, P.L., Silva, A. Psychiatric and Socioeconomic Aspects as Possible Predictors for Compulsive Buying Behavior. Trends Psychiatry Psychother. 2015. (no prelo)

3.2 ARTIGOS SUBMETIDOS - EM ANÁLISE NO PRESENTE

5. Leite, PL., Cardoso, A. Cognitive Behavioral Therapy for Compulsive Buying Disorder: Two Case Reports.
6. Leite, PL., Andreazza, TS., Cerqueira, ACR., Nardi, AE., Cardoso, A. Pharmacological Treatment in Compulsive Buying: A Systematic Review.
7. Leite, PL., Cheniaux, E., Silva, RA, Bifano, J., Peixoto, U. Cardoso, A. The prevalence of compulsive buying in bipolar patients.
8. Leite, PL., Cheniaux, E., Cardoso, A. Compulsive Buying and its Relationship with Levels of Depression and Mania in Bipolar Patients Taking Mood Stabilizers. (Carta ao Editor)

9. Leite, PL., Cardoso, A. Impulsivity, Compulsive Buying and Death Thoughts in Young University Students.

Artigo 1

Psychiatry Research 219 (2014) 411–419

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Review article

Psychotherapy for compulsive buying disorder: A systematic review

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Artigo 2

Available online at www.sciencedirect.com

ScienceDirect

Comprehensive Psychiatry 55 (2014) 1462–1466

COMPREHENSIVE PSYCHIATRY

www.elsevier.com/locate/comppsych

Validity and reliability of the Brazilian version of Yale-Brown Obsessive Compulsive Scale–Shopping Version (YBOCS-SV)

Priscilla Lourenço Leite[a,*], Tatiana Zambrano Filomensky[b], Donald W. Black[c], Adriana Cardoso Silva[a]

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Artigo 3

Trends in Psychiatry and Psychotherapy

Original Article

Prevalence study of compulsive buying in a sample with low individual monthly income

Estudo de prevalência de compra compulsiva em uma amostra com baixo rendimento mensal individual

Priscilla Lourenço Leite, Adriana Cardoso Silva*

Artigo 4

Trends in Psychiatry and Psychotherapy

Original Article

Psychiatric and socioeconomic aspects as possible predictors of compulsive buying behavior

Aspectos psiquiátricos e socioeconômicos como possíveis preditores de comportamento de compras compulsivas

Priscilla Lourenço Leite, Adriana Cardoso Silva*

Artigo 5

Cognitive Behavioral Therapy for Compulsive Buying Disorder: Two Case Reports

Priscilla Lourenço Leite and Adriana Cardoso

Abstract

Introduction: Compulsive buying can be characterized as an almost irresistible impulse to get various items. The aim of this study, through the description of two clinical cases, to evaluate the therapeutic efficacy of cognitive-behavioral therapy for the treatment of compulsive buying.

Methods: From the use of a structured protocol for compulsive buying and techniques of emotional regulation and social skills training, an intervention program was established consisting of 12 individual therapy sessions of 1 hour a week. The recruited patients were seen by a private psychiatrist and a different drug treatment was prescribed to each one and a psychologist who utilized McElroy's diagnostic criteria to identify the compulsive buying. The Yale-Brown Obsessive-Compulsive Scale - Shopping Version (YBOCS-SV), the adapted Barratt Impulsiveness Scale (BIS-11) and the Beck inventories of Depression and Anxiety (BDI and BAI) were applied to measure the main symptoms and severity of the problem in question.

Results: After treatment, both patients improved in compulsive buying, anxiety symptoms and impulsivity. Given the brevity of the treatment, the proposal of individual cognitive behavioral or group therapy has shown promising results.

Conclusions: The structured techniques used appear to help reduce compulsive disorder behaviors. For the Brazilian population, the use of emotional regulation and social skills training showed a good response in reducing symptoms of impulsivity and anxiety and depression. Although cognitive behavioral therapy is a first-line therapy, new studies and guidelines for evaluation and treatment of compulsive buying are suggested.

Keywords: Treatment, Cognitive-behavioral therapy, Compulsive buying, Case Study, Compulsive Behavior

1. Introduction

Consumption is part of the daily routine of life and it is often a socially acceptable, harmless and enjoyable habit. However, buying, in some cases, may be associated with strong impulses, emotional deregulation and excitability. When it presents these characteristics, it is usually referred to as compulsive buying, which is a serious problem and increasingly common for psychiatry [1,2,3].

For some authors compulsive buying is defined as "a chronic, repetitive response to negative feelings and events" (p. 149) [4]. Some studies indicate an increase in internal states of euphoria, distress and obsession [1, 5]. This obsession is uncontrollable and individuals can only get relief from stress through excessive shopping. However, well-being produced by decreasing the stress is quickly replaced by a sense of guilt [6]. The purchase would occur as a response to intrusive pulses that would increase the influence of negative emotions such as anxiety [7,8] . One of the risk factors for compulsive buying seems to be associated with a chronic failure in self-regulation of emotions, contributing to maladaptive behaviors [3, 8, 9]. Impulsiveness, obsessive-compulsive traits, narcissism, difficulty in making a decision and negative feelings mediated by materialism may contribute to the shopping addiction, especially in the female population [9, 10, 11].

Although not defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) [12] as a disorder, there is a proposal for it to be included as a behavioral addiction like pathological gambling [13, 14]. Since there are no clearly proposed diagnostic criteria, the McElroy et al. classification (1994) [15] has been widely accepted and is commonly used in the scientific literature on compulsive buying.

Estimates of the prevalence of compulsive buying vary from 1.8 to 8% in the US population [16, 17], and the age of onset has been described by several authors as being between 18 and 30 [15, 18, 19]. About 90% of clinical samples of shopaholics are made up of women; however, a prevalence study suggested that rates may be similar between men and women [17].

The shopping addiction is commonly associated with other psychiatric disorders. In a trial, Mitchell et al (2006) [18], found high rates of comorbid anxiety disorders, drug addiction and eating disorders [20, 21], as well as mood disorders [22].

Some studies ponder that a diagnosis of bipolar mood disorder accentuates the severity of compulsive buying [18, 23].

Lejoyeux et al. (1997) [24] signaled that in a sample of depressed patients, compulsive buying was significantly associated with impulsivity. Another study investigated the relationship between compulsive buying and state / trait anxiety and obsessive-compulsive disorder. The conclusion was that compulsive buying was positively associated with anxiety, as well as depression, since it would function as a self-regulatory process for the relief of negative affects and stress [1, 17].

In association with depression, compulsive buying seems to be a coping strategy to compensate the symptoms of depression and other negative states, due to the euphoria the act of buying produces [16]. In return, depression can lead to low self-esteem, negative thoughts and cognitive difficulties, among other effects that govern the compulsive buying behavior.

There is no standard treatment for compulsive buying [7, 25]. However, some studies have suggested the efficacy of selective serotonin reuptake inhibitors (SSRI), such as fluvoxamine and citalopram, for drug therapy [26].

A case study has proposed the treatment of compulsive buying using topiramate [27], since it reduces episodes of uncontrolled impulses, such as binge eating and pathological gambling. In the reported case, the drug was able to produce improvement and maintain the

progress of the patient made at the beginning of the treatment, in as much as it reduced compulsive behaviors. Due to the lack of studies on the efficacy of psychotherapeutic therapy for shopping addiction, the recommended treatments are largely empirical expressions of theoretical clinical orientations. However, cognitive behavioral therapy, focused on individual and group psychotherapy, seems to be the most effective [25], as it features a therapeutic structure capable of restructuring dysfunctional cognitions presented in the disorder, such as materialism and narcissism, which tend to be related to excessive consumption [7], as well as regulating negative feelings such as guilt, shame, loneliness, the need for immediate gratification and the intolerance of uncertainty. Another important aspect of treatment is associated with behavioral changes, involving the disruption of compulsive behavior through exposure techniques, in addition to the management of anxiety and stress, development of self-esteem and problem-solving as proposed in the treatment protocol developed by Mitchell et. al. (2006) [18]. The results of this study endorse the effect of cognitive behavioral therapy on reducing symptoms of compulsive buying.

This paper aims to illustrate, through two case studies, the role of cognitive-behavioral therapy and its structured techniques in the treatment of compulsive buying.

2. Methodology

Participants were recruited to the treatment protocol, adapted to the Brazilian population, through the adaptation of emotional regulation techniques and social skills training, aspects that are often deficient in the clinical population [18, 25]. The intervention program was established in 12 individual therapy sessions of 1 hour a week. The recruited patients were seen by a private psychiatrist and a different drug treatment was prescribed to each one. Patients treated at this research agreed with the publication of his clinical cases. To evaluate the compulsion to buy and the impairment associated with the problem, we used the McElroy

criteria [15] and the Yale-Brown Obsessive-Compulsive Scale - Shopping Version (YBOCS-SV) [28]. To assess impulsivity, an adapted version of the Barratt Impulsiveness Scale (BIS-11) [29] was used. The BIS-11 is a self-report questionnaire, which measures impulsiveness through three constructs: attentional impulsivity, impulsivity through non-planning and motor impulsivity. The Beck depression and anxiety Inventories (BDI and BAI) were originally developed by Beck et. al. (1961) to measure symptoms of depression and anxiety in psychiatric patients, and later in the general population [30]. They are self-report scales, consisting of 21 items, including symptoms and attitudes related to anxiety and depression. Each item presents four alternatives which indicate increasing degrees of severity of the symptoms of depression, whose intensity varies from 0 to 3.

3. Case study

The cases described below illustrate the treatment plan developed to tackle compulsive buying disorder.

3.1. Case 1

Lauren (fictional name), 32, lawyer and student (for civil service exams), was recommended for psychiatric treatment diagnosed with obsessive-compulsive disorder. In her initial interview, L. reported an obsession with the fear of contracting a serious disease such as HIV. In her medical history, L. had undergone bariatric surgery when she was 26 years old, as since adolescence she had been treated by an endocrinologist for morbid obesity (BMI: 46.28). At that time, she had already had episodes of binge eating, compulsive buying and obsessive thoughts about dying. She described episodes in which she could spend six hours a day accessing online shopping websites like Ebay, Aliexpress and large online stores to purchase products, which she used to consider to be "her only vice." She said she felt a great deal of

shame and discomfort in regard to her compulsive buying, because at the time she was unemployed and her husband did not have the financial resources to sustain their home. Lauren declared she had never been able to organize her financial life and noticed her increase in purchasing after her bariatric surgery, when she managed to slim down a little over 50kg. Thus she started to buy lots of clothes and accessories, reaching a point where she spent more than R$7000.00 in a single store. Lauren made use of topiramate 100 mg / day and clonazepam 1mg / day. She had already been treated with fluoxetine and bupropion but this was reported by the psychiatrist as not having had the expected effect.

3.2. Case 2

Rachel (fictional name), 39 and divorced, had worked as a manicurist attending clients at their homes. 15 years ago, after a divorce and having moved to another city, R. reported having been depressed. At this time, she began to make "small" purchases and overspend. After some time, she needed to refinance her home and at this time she managed to stop buying. However, last year, she reported being very indebted yet continued buying beyond her means. R. lives in a *favela* community, with her only daughter. She receives a pension from her former husband, which is a little more than the Brazilian minimum wage. To increment her income, she began selling cosmetics and beauty products, but as a result of personal expenditure, R. has a debt of more than R$2000.00. She sought psychiatric care to treat depression and has been diagnosed with bipolar disorder. She is taking lithium 500 mg/ day.

4. Treatment

As a treatment plan, the compulsive buying protocol [18, 25] was used, as well as Mindfulness and social skills training. The intervention followed the treatment components of cognitive behavioral therapy, such as Psychoeducation, in order to identify and understand the

emotions and the motivation for change (therapeutic engagement); Decisional balance (pros and cons of change); Introduction to the cognitive-behavioral model; Cognitive assessment (identification of the influence of thoughts and emotions on attitudes and behaviors); Prevention of emotional response avoidance and emotional regulation (to understand and confront emotions thought to be negative), Exposure and response prevention, Social skills training, Problem solving and relapse prevention.

In both cases the treatment plans were adopted, but each one started at a different time. Initially, the scales were applied to evaluate the problem. Then, the model of cognitive behavioral therapy for the treatment of anxiety and mood disorder was recommended. The main objective is to demonstrate to the patient the importance of targets and therapeutic objectives, the role of homework, as well as the use of psychoeducation on the identified problems. Thus, reading material was proposed on the main symptoms presented by patients, and also on the role of emotions. From the third session, patients were encouraged to try to identify the problem related to the purchase, and to understand trigger behaviors and compulsion maintainers. Patients were asked to recognize their feelings and the situations motivated by them. It was agreed with them that they would pay for their purchases in cash instead of using a credit card, as a way of monitoring expenditure. Through emotional and cognitive observation, patients at this stage of treatment have been able to recognize thoughts and feelings related to the buying compulsion. Thus, in the fifth and sixth sessions, the role of emotion deregulation was identified, as were automatic dysfunctional thoughts related to compulsive buying, and so mindfulness training for emotional regulation and instruction in techniques of emotional self-monitoring and relaxation were introduced. From the seventh session onwards the role of emotional avoidance and dysfunctional thoughts was discussed. The patients were encouraged to identify their thoughts and seek alternative strategies to distorted thinking. The role of core beliefs was also discussed and in the end, cognitive restructuring techniques were adopted by

completing the dysfunctional thought record. This session was directed at creating an exposure hierarchy of the behaviors of compulsive buying. Thus, in the eighth session, the patients were able to discuss with the therapist the organization of exposures. The participation of a family member who could help as a co-therapist in sessions was requested. The following sessions were lecture sessions and a training of social skills and self-esteem was conducted, to coincide with scheduled exposures. Thus, the patients were able to train the skills tested in session. In the eleventh session, the management of stress and anxiety was worked on through different relaxation and problem solving techniques, and finally, an action plan was stipulated for relapses and maintenance of the techniques used in emotional regulation as mindfulness and the re-evaluation of thoughts was motivated. The gains obtained from the treatment were discussed and changes and goals for the future were instilled. All stages of treatment were reviewed and patients were encouraged to maintain the therapeutic practices. In this last session the scales were reapplied and the results obtained were compared with the ones from the beginning of treatment.

5. Results

Table 1 summarizes the changes in compulsive symptoms, impulsivity, depression and anxiety experienced by patients before and after treatment. The biggest response was identified in anxiety symptoms, followed by compulsive buying, depression and impulsivity.

INSERT TABLE 1 HERE

6. Discussion

The main aim of this study was to evaluate the effectiveness of the Protocol structured for the treatment of compulsive buying in patients who have comorbid mood and anxiety disorders, reducing the clinical manifestation of compulsive buying symptoms. Secondary

goals were the reduction of behavioral problems and the decrease of anxiety and depression symptoms, so as to provide higher quality of life and improve problem solving skills. Previous trials have reported the effect of individual cognitive behavioral therapy in the treatment of the related disorder [9, 18, 25]. Therefore, our results are consistent with the findings in the scientific literature of compulsive buying. In both cases shown, there was a reduction in the symptoms associated with compulsive buying and depression and anxiety after 12 treatment sessions. A reduction in anxiety symptoms in both patients was observed, which endorses the relationship between compulsive buying and anxiety [18, 22, 24]. The same findings were found in reducing depression. Studies have shown a high rate of compulsive buying and anxiety comorbidity, which emphasizes the role of emotion deregulation in maintaining compulsive buying. This result shows the relationship between behavioral addictions and the use of the compulsion as relief and reduction of anxiety and depressive symptoms. According to Kyrios et. al. (2013) [2], compulsive buying produces good feelings and relief from feelings understood as negative. The reduction of the symptoms related to impulsivity seems to suggest that there is a relationship between compulsive buying, the failure to inhibit impulsive behaviors and the deregulation of emotional reward systems [31].

Case 1 illustrates the relationship between compulsive buying and impulsivity. When confronted with negative feelings, the patient found herself compelled to reduce them immediately. So she adopted compulsive buying behaviour.

An important factor, related to case 2, in which the patient had been diagnosed with bipolar disorder. The results of the BIS-11 scale indicates the interaction between reducing the symptoms of compulsive buying and the impulsivity levels. As the patient had therapeutic response, their impulsive behaviors also reduced. Nicola et. al. (2010) [32] demonstrated the relationship between bipolar disorders, impulsivity and compulsive behaviors. In this study, the authors emphasize the enhanced risk of individuals diagnosed with bipolar disorder engaging

in pleasurable activities that have the potential for negative consequences, such as compulsive buying as a deficit strategy for relief from negative mood states and also the stress associated with bipolar disorder. Thus, despite the treatment protocol focusing on cognitive and behavioral components of buying compulsion, aspects associated with bipolar mood disorder have benefited and shown improvement, such as impulsivity related to sex and affective and emotional lability. In addition, there were also improvements in insights and cognitive restructuring, since factors maintaining behavioral addictions and emotional deregulation were worked on in therapy.

In our study, we did not assess the severity of symptoms related to bipolar disorder; however, the benefits could be qualitatively identified from the reduction in the symptoms described.

Although the proposed protocol in this study contemplates 12 sessions and the results signal an improvement in emotional components; however, for longer lasting effects, cognitive behavioral therapy with less structured sessions may be used to meet other demands that may arise during the implementation of the Protocol. Psychoeducation strategies, self-monitoring of thoughts, feelings and behaviors, as well as exposure and response prevention have shown good results in previous studies [33, 34]. The study described has some limitations that should be considered. The lack of measurement of symptoms related to bipolar disorder being especially relevant. It was also not possible to determine whether or not there was a gradual improvement after treatment, since the symptoms related to the primary disorder were not traced. As we had only two cases, it was not possible to assess the statistical significance of the results.

Despite its limitations, the results obtained in this study appear to be promising as a treatment option for compulsive buying. The effects of 12 sessions, without follow-up between sessions, indicate a positive response for compulsive buying disorder and emotional regulation

techniques. These cases enhance the possibility of a brief treatment, structured into a few sessions, which offers less impact on the quality of life of patients affected by the disorder.

Role of funding source

The present work is supported by the CAPES. No separate funding was used specifically for this study.

Contributors

The first author, Ms. Lourenço-Leite, conceived, drafted, produced and applied the treatment protocol. The second author, Ms. Silva helped in the writing and data analysis. She was in charge of the final adjustments of the text and final corrections. All authors have contributed and approved the manuscript.

Competing interests

The authors have no competing interests.

Acknowledgments

We thank CAPES for the encouragement and help our research.

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Table 1. Summary of treatment in cognitive behavioral therapy for compulsive buying

	Case 1		Case 2	
Sex/Age	Female, 32 years		Female, 39 years	
Main Symptoms	Online purchasing – decorative items for the home		Beauty products and personal care, personal effects and clothing and accessories	
Maintaining factors	Studying for public contests through online courses		Used to be a retailer of beauty products and cosmetics	
Main objective	To reduce binge episodes; to pass the civil service exams		To renegotiate debts; to open own salon	
Greatest Challenge	• Difficulty in talking about the problem • Used to be home alone • Had no idea how much spending		• There was no one who could control her spending • Low motivation for change • Resistance to therapeutic adherence	
Achieved Goals	• Greater dialogue with her husband about the problem • Spending reduction and buying compulsion remission		• Renegotiation of debts • Managed to increase the number of clients	
Scores	**Baseline**	**End of Treatment**	**Baseline**	**End of Treatment**
Compulsive Buying (Y-BOCS-SV)[1]	32 (disabling)	18 (moderate)	29 (Severe)	15 (weak)
Impulsivity (BIS-11)[2]	48	44	42	23
Depression (BDI)[3]	15 (light)	8 (Minimum)	38 (Moderate)	17 (light)
Anxiety (BAI)[4]	35 (moderate)	9 (Minimum)	26 (Moderate)	11 (minimum)

1. Yale- Brown Obsessive Compulsive Scale – Shopping Version (Adapted by Leite et. Al., 2014); 2.The Barratt Impulsivity Scale (adapted by Maloy-Diniz, 2010); 3. Beck Depression Inventory; 4. Beck Anxiety Inventory

Artigo 6

Pharmacological Treatment in Compulsive Buying: A Systematic Review

Pharmacological Treatment for Oniomania: A Review

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Abstract

Compulsive buying is a disorder whose diagnosis has long been overlooked, despite its negative impact on people's lives. It is characterized by intrusive thoughts, repetitive behavior and a dominating desire to acquire new items. When buying, relief and pleasure are experienced, however, this sense of well-being is momentary, quickly being replaced by negative feelings. There are no effective therapeutic interventions in the treatment. The objective of this paper is to review medication studies on the disorder, through the systematic review of 12 articles involving controlled trials with placebo and double-blind

and case studies on psychopharmacology for the disorder of compulsive shopping. The participants, duration, mean dose, strengths and weaknesses, as well as the obtained results, were documented in an attempt to determine the most effective medication for the treatment of compulsive shopping. It was found that 6 main drugs were used, with fluvoxamine and citalopram showing greater efficacy in the treatment of compulsive buying. Although there are few studies, opiate antagonists, such as naltrexone, showed satisfactory preliminary results, particularly in the treatment of cognitive symptoms of compulsive shopping. Despite there being a lot of studies on the therapeutic proposal for compulsive buying, the tests have some limitations such as study time, high rates of comorbidity, sample size and high number of case studies. The heterogeneity of the disorder can also be a complicating factor in making treatments more effective. The identification of the mechanisms of action of compulsive buying will help future studies and strategies for the treatment of the disorder in question.

Keywords: Pharmacological Therapy, Drugs, Compulsive Buying Disorder, Systematic Review

Introduction

Compulsive buying is defined as an experience which is "chronic, repetitive, which becomes the primary response to negative events or feelings" (p.155)[1], causing losses to the individual and also to their family and society, often resulting in overspending, debt and bankruptcy[2,3].

McElroy et al. (1994)[4] established the criteria of the disorder and pointed out the clinical characteristics of dependence. They described the pattern related to “craving” and developing compulsive buying. This compulsive behavior occurs in response to negative

feelings, in the attempt to suppress the intensity of these emotions, replacing them with euphoria or relief. However, the decrease in these emotions is transitory, and it is soon replaced by an increase in anxiety or depression[5].

In spite of not being classified in DSM-V[6], there is debate over which would be the most appropriate nosological category for compulsive buying disorder. Until DSM-IV[7], compulsive buying was included in impulse control disorders with no other specification[8], where there is a failure to resist the urge or temptation to perform an act that is harmful to the individual or to others[6]. However, the diagnostic classification is still uncertain, since the compulsive buying disorder presents similar characteristics to the obsessive-compulsive, and therefore compulsive buying is often considered an obsessive compulsive spectrum disorder[2], especially given the overlap between the two disorders, showing similar characteristics in their development. To O'Guinn and Faber[1], compulsive buying may be part of a broader category of compulsive consumption behaviors, such as drug addiction, excessive work or sex addiction[9].

Both epidemiological and clinical research have signalled that compulsive buying is highly comorbid with other psychiatric conditions. The main associated psychiatric comorbidities include anxiety and mood disorder, eating disorder and disorders derived from the ingestion of chemicals, as well as obsessive-compulsive disorder and the compulsive hoarding syndrome[10].

Despite the personal and social impact of compulsive buying, no medication has yet received regulatory approval in any jurisdiction as a treatment for the disorder. The first study of pharmacological treatment for compulsive buying was proposed by McElroy and colleagues in 1991[2]. The research reported on a study with three compulsive shopper patients who seemed to improve when treated with antidepressants. Bupropion,

nortriptyline and fluoxetine were used and the response obtained in the treatment of compulsive buying appears to be independent of comorbidity with symptoms of depression. The purpose of the current study is to systematically review the literature on drug treatment proposals developed for the disorder of compulsive buying from clinical trials, in an attempt to evaluate the effectiveness of existing therapies for the disorder of compulsive buying.

Research Design and Methods

The systematic review of the literature was conducted to identify articles containing information on the rate of medication and pharmacological treatment for compulsive buying. No temporal or idiomatic constraints for the initial search were used. Abstracts were gathered from the Web of Science (ISI), PsycInfo and Medline / Pubmed, using the following search keywords: Compulsive Buying AND medicat*, Compulsive Buying AND Pharmacotherapy, Compulsive Buying AND Prescription Drugs, Compulsive Shopping AND medicat*, Compulsive Shopping AND Pharmacotherapy, Compulsive Shopping AND Prescription Drugs, Pathological Buying AND medicat*, Pathological Buying AND Pharmacotherapy, Pathological Shopping AND Prescription Drugs, oniomania AND medicat*, oniomania AND Pharmacotherapy, oniomania AND Prescription Drugs, during the month of january 2016, by two independent researchers.

Inclusion criteria limited the studies to be included in this review to 1) Only articles written in English; 2) pharmacological treatments for compulsive shopping; 3) assays which describe dosing regimen, drug adhesion or maintenance treatment. The article should include details of the methods used, in order to determine adherence to therapy for compulsive buying. In this review, because it is a theme with few open

controlled trials, case studies have been included in order to increase our N and identify the main drugs used in the treatment of compulsive buying.

The selected studies were evaluated at a second stage, to identify information relevant to the study, such as methodology, patient demographics, baseline characteristics, treatment intervention, reported results, adverse effects, and research limitations (stated or evident). This abstraction form was completed for each identified study by two independent reviewers. If a consensus could not be reached on any element of the abstract form, a third reviewer was consulted to resolve the dispute.

Results

We found a total of 667 references (Web of Science = 190; PsycInfo = 112; Medline / Pubmed = 365). Four hundred and fifty-seven duplicate articles were excluded, 19 references in languages other than English were also removed. All titles and abstracts retrieved from the search were evaluated for composition of the final sample. Thus, the articles that met the inclusion criteria, from reading the summary, were recovered by two evaluators.

191 articles were retrieved from the data bases and analyzed according to their abstracts. However, after this step, 179 articles were eliminated because they did not meet the inclusion criteria of the study; of these, 53 articles related to the treatment of Parkinson's disease and dopaminergic influence, 11 articles described literature reviews of compulsive shopping, 110 articles not were related to the central theme of the research (they addressed the treatment of other disorders such as pathological gambling and obsessive-compulsive disorder) and 5 articles presented only a single case study in their accounts, without showing the efficacy of pharmacological treatment. (Figure 1)

INSERT FIGURE 1 HERE

Of the remaining articles, twelve articles were retrieved and included in the systematic review. (Table 1).

INSERT TABLE 1 HERE

Case Study

Four articles describing case studies were recovered[2,11,12,13]. Three articles report case studies using tricyclic antidepressants such as nortriptlyne, fluoxetine, clomipramine and fluvoxamine (SSRIs)[2,11,12]. An article[13] with three case studies, describes the use of naltrexone for the treatment of compulsive buying. With regard to dosages, evaluation of treatment efficacy, tolerance and adhesion, the data were reported in order to evaluate the incipient proposed pharmacological therapy.

Clinical Trials

A total of eight articles were found in the systematic review. Of these, 7 articles prescribed antidepressants as primary intervention[4,14,15,16,17]. Citalopram was assessed in two studies[15,16] and fluvoxamine in an open label study[14] and two double-blind trials[8,18]. In these two studies the effects could not be well evaluated due to problems in the double-blind phase. Furthermore, the statistical power of these investigations was limited, study populations were diverse, and most trials lacked an appropriate control group. A recent study[19] evaluated the therapeutic response of memantine in the treatment of compulsive buying. The trial, despite only contemplating one small sample, has a good design.

Antidepressants

Ten articles examined antidepressant efficacy in the treatment of compulsive buying. Of these articles, seven investigated treatment by selective serotinin reuptake inhibitors (SSRIs), fluvoxamine[8,12,14,18], citalopram[15,16] and escitalopram[17] and three articles mentioned tricyclic antidepressants such as clomipramine and fluoxetine[2,4,11].

The study methods included open-label designs[4,14,15,16,17], double-blind trials[8,18] and case study[2,11,12]. The studies were brief in duration (9-13 weeks), except for the case studies, whose treatment time has not been determined. The sample size of the clinical trials was small, varying between 9 and 42 participants[8,19]. Only three studies used a control group and a placebo group in their research[8,17,18].

The citalopram and escitalopram studies used the same design[15,17] and methods; 7-week open-label phase, followed by a 9-week double-blind discontinuation phase. They also used the same scales for the assessment of drug effectiveness; the Yale Brown Obsessive-Compulsive Scale - Shopping Version (YBOCS-SV)[20], to evaluate the symptoms related to the time spent, level of interference, distress and resistance to obsessions and compulsive buying behaviors; the Clinical Global Impressions - Improvement (CGI-I), and the Montgomery-Asberg Depression Rating Scale (MADRS) to assess symptoms of depression. Other scales used in the studies were the Hamilton Rating Scale for Depression (HRSD), and the Maudsley Obsessive-Compulsive Inventory (MOI)[14,18]. All trials used the diagnostic criteria of McElroy et al.[4] to recruit the clinical study group, and a structured clinical interview to confirm diagnosis.

Among the blinded, randomized investigations, response rates ranged from 0 to 38%[8,18]. The studies presented problems relating to the double-blind treatment phase. The results obtained among the control group and the placebo group were very similar, since

no significant differences were reported between the two groups; it was therefore not possible to establish the efficacy of fluvoxamine, or study the response to escitalopram, since the double-blind phase could not be completed[17].

The first open label study[4] to assess the psychopharmacology of compulsive buying, evaluated twenty-one psychiatric patients with compulsive buying disorder. The sample received thymoleptic treatment. Nineteen participants had mood disorder comorbidity (14 with bipolar disorder and 5 in a depressive episode). 69% of the patients who received drug treatment and psychotherapy showed improvement or remission of purchase symptoms. The limitation of this study is that it presented heterogeneous drugs, which hampered the possibility of evaluating the effectiveness of a particular medication. However, it was pioneering in the field, guiding the diagnostic criteria widely used in the definition of the disorder.

Two open trials investigated the citalopram response, with the responses obtained on YBOCS SV-scale signaling a reduction of more than 50% of the symptoms of compulsive buying[15,16]. One study[16], suggests that 73% of the participants achieved improvement over the 12-week of treatment. Respondents signaled loss of interest in the concern or desire to purchase, needing to go to a mall or being involved in some behavior directed at purchasing. However, because of the small sample and the lack of a relationship with non-respondents to the dosage/drug, the study had limitations. Another double-blind study of the same group[16] indicated that 81% of patients in the intervention group experienced remission of symptoms after 3 months of treatment with citalopram. At 12 months, 73.3% of patients who responded to treatment achieved remission from compulsive buying, in comparison to those who did not respond to medication. Regarding the behavioral symptoms, debt reduction was observed in the group that responded to the

medication, while in the group with no response, debt increased. When treated with citalopram, participants signaled an increase in awareness of the disease, optimism and greater capacity to manage new consumption habits, facilitating self-monitoring and long-term remission, despite discontinuation of the medication. According to the authors[16], the efficacy of citalopram as a treatment may have produced standardized stable operation of serotonergic neural pathways associated with the production of control pulses.

The open trial with fluvoxamine[14] involved only 10 participants, using an average dose of 206mg per day. Symptoms of compulsive buying were assessed by YBOCS-SV and declined after 9 weeks. Nine out of 10 participants showed improvement in symptoms of compulsive buying at the end of the treatment, and none of them reported any side effects.

Opioid antagonist

The only article on naltrexone was investigated through a case study[13,21]. The first three cases used a mean dose of 150mg / day. After 12 weeks of treatment, they were able to cope better with their spending habits, with remission of compulsive shopping symptoms. In one case, after partial suspension of naltrexone, the symptoms reappeared, making it necessary to reintroduce the medication.

NMDA receptor antagonists

To evaluate the effectiveness of the treatment, an open study[19] was conducted with eight women over a period of 10 weeks at a mean dose of 23.4 mg / day. This study showed the best design and is the most detailed. The sample was evaluated using YBOCS-

SV, among other scales. The results were found to indicate the effectiveness of treatment on cognitive functions. The findings also suggest that the modulation of glutamate can reduce behaviors associated with compulsive buying, improving their cognitive function related to dysfunction of the right frontal and bilateral cingulate cortex. Memantine seems to modulate the activity of the prefrontal cortex, in its mechanism of controlling the inhibitory target, resulting in the behavior of buying.

The tolerance has not been rigorously evaluated in any of the studies investigated. Only three studies cited side effects[8,15,19]. The effects and adherence to treatment and persistence were only described in two articles[16,19].

Discussion

Compulsive buying is a relatively common problem, which is growing exponentially, and successful treatment is important to restore the patient's health and psychosocial functioning. There are evidence-based treatment options for the management of compulsive buying of psychotherapy (e.g. CBT and group therapy) and prescription drugs. However, the relative merits of these interventions in this population are still incipient. The purpose of this study was to evaluate the pharmacological options available for the treatment of the problem in question.

Our results signaled the benefits of using antidepressants such as citalopram and fluvoxamine in the treatment of compulsive buying. These findings emphasize the role of antidepressants in stabilizing the functioning of serotonergic neural pathways that appear to be associated with controlling impulses[16]. Citalopram seems to help in increasing the capacity to control compulsive behavior, facilitating the production of new consumer habits and self-monitoring in the long term; since after three months of treatment,

remission of symptoms was maintained, despite discontinuation of the medication. In open studies, citalopram showed remission of symptoms after 12 months, indicating decreased intrusive thoughts and impulsive behaviors[15]. Fluvoxamine was able to reduce up to 71% of intrusive thoughts in two studies; although in one of them equivalent results were obtained in the placebo group and the treatment group. Moreover, it is necessary to evaluate the dosage, since the drug has reported side effects, especially kidney overload.

However, memantine showed the most promising results. The open trial signaled improvement in cognitive function and impulsive behaviors related to compulsive buying. By acting on the orbitofrontal cortex, the system closely related to impulse control, it seems to placate the impetus to purchase compulsively. Nevertheless, further studies need to be conducted for a greater understanding of the function and action of memantine, as well as to ascertain the indicated doses.

Other drugs could not be evaluated, due to the type of study or lack of substantial data. Limitations of this study refer to the difficulty in finding controlled trials on pharmacological treatment of compulsive buying.

Due to the small number of items and the lack of randomized controlled trials on compulsive buying, it was necessary to investigate the case studies, therefore making a more systematic assessment of the drug responses difficult. The selected clinical trials for this review have important limitations, such as the number of participants, the sample being comprised primarily of women and trials with limited duration. Another aspect concerns the lack of structure and method in several selected items. The inherent limitations found in these study designs, such as the absence of certain methodological elements in some tests, cannot be overlooked, nor can the difficulty in establishing, through statistical method, associations between pharmacological propositions and

benefits found; which interferes with possible conclusions as to the effectiveness of proposed treatments.

The insufficient use of control groups also makes it difficult to establish the improvements obtained by the participants, since the association of compulsive buying and other disorders such as depression and anxiety disorders, may present spontaneous improvement. The control group may be very important for understanding the persistence of the compulsion, as well as the prognosis for treatment. The number of participants is also a constraint in all the studies recovered.

A point that would be interesting to evaluate in future trials is the possible interaction between compulsive buying, mood disorders and impulse control disorders, since all studies identified high rates of comorbidity. The drug treatment guidelines for these disorders also deserves greater attention and further research in this field.

From the present study it was possible to further contemplate the main flaws in the treatment of compulsive buying. Since it is a current disorder, it is necessary to expand the understanding of the neurobiological mechanisms, in order to understand the etiology of the disorder and its supporters. Thus, pharmacological treatment strategies and drug therapy may be more grounded and help in improving the disorder that affects an ever increasing number of people all over the world on an everyday basis.

Acknowledgments:

Financial support for this study was provided by a grant from the Ministry of Education - Coordenação de aperfeiçoamento de ensino superior (CAPES) - None of the authors has conflicts of interest. The authors wish to thank Dr. S. McElroy for your collaboration at the present work.

Sincerely,

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Acknowledgments

We thank CAPES for the encouragement and help our research.

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Table Legends

Table 1. Summary of Medications - Double-Blind, Placebo-Controlled Pharmacotherapy Trials for Compulsive Buying

Figure Legends

Figure 1. The Process for the inclusion for Eligibility

Table 1. Summary of Medications - Double-Blind, Placebo-Controlled Pharmacotherapy Trials for Compulsive Buying

References	Medication	Design/ Duration	Subjects (age/mean) (illness/mean)	Mean Daily Dose (±SD)	Evaluation	Strengths	Weaknesses	Outcomes
				Antidepressants – Tricyclics				
McElroy et al. (1991)	Bupropion, Nortriptlyne, Fluoxetine	Case Study	3 participants	*[1]varied dosage	McElroy's Criteria[2]	First study on antidepressants and treatment	Showed few data about clinical cases	antidepressants may reduce compulsive buying disorder
Mc Elroy et al. (1994)*	Fluoxetine Diazepam Lithuim, Valproate ...	Open Label	21 enrolled 20 completers Age 39y	*[1]each medication had a different dosage	McElroy's Criteria	A pioneer study in the field	Sample highly diversified; Many medications used in the study.	At the end, 69% of patients undergoing treatment had benefited and improvement on symptoms of compulsive buying.
Lejoyeux et al. (1995)	Clomipramine	Case Study	2 participants	Fixed dose 150 mg/day	_	One of the first studies on compulsive buying	There is not a clinical trial; Includes other axis I disorders.	Symptoms for compulsive buying reduced as depression and anxiety were treated
				Antidepressants – Selective Serotonin Reuptake Inhibitors				
Black et al. (1997)	Fluvoxamine	Open Label 9 weeks	10 enrolled 9 completers Age 41.4y Illness 20.7±7.6	±206mg/day	McElroy's Criteria YBOCS-SV[3] CGI-I[4] HRSD[5]	9 of 10 patients had reduction on symptoms of compulsive buying. YBOCS-SV Reduced ≥ 50%	Small sample, high response in the placebo group (≥50% in YBOCS-SV)	The symptoms related to worry and intrusive thoughts about compulsive buying achieved remission.
Ninan et al. (2000)	Fluxovamine	Double Blind Controlled (13 Weeks) Placebo Group	42 enrolled 23 completers 74% comorbids) Age 40.9	±200mg/day	DSM-IV (ICD-NOS)[6] YBOCS-SV CGI-I HRSD	Large Sample Size; Study Design	Placebo Response; 14 patients dropped out (38%)	The study was not able to prove the efficacy of fluvoxamine in the treatment of compulsive buying.

Black et al. (2000)	Fluvoxamine	Double-Blind Trial Placebo Group 9 weeks (3 weeks Titrated, 6 weeks maintenance)	12 enrolled 11 completers Age 42y Women Ilness 21y	± 165mg/day	McElroy's Criteria YBOCS-SV CGI-I HRSD	Controlled study, only patients with compulsive buying disorder	Small sample, 60% of the placebo group showed moderate improvement in YBOCS-SV	There were no differences between placebo group and treatment with fluvoxamine
Marcinko et al. (2006)	Fluvoxamine Individual Psychodynamic psychotherapy	Case Study	2 participants	±175mg/day	_	The follow up was conducted for a year.	The participants had other comorbid disorders	The results showed the efficacy of combined treatment.
Koran et al. (2002)	Citalopram	Open Label (Double Blind) 12 weeks *Not Concluded	24 enrolled 17 responders Age 43.7 Ilness 21.7±8.9	±35mg/day	McElroy's Criteria YBOCS-SV CGI-I	Study shows the follow up after 6 months of treatment, evidencing the monitoring after administration of medication. YBOCS-SV Reduced ≥ 67%	Does not have a control group and each participant was treated with a different dose; Evaluates only concerns regarding purchases	Citalopram showed efficacy in the treatment of compulsive buying
Aboujaoude et al. (2003)	Citalopram	Open Label 12 Weeks (1 year follow-up)	24 enrollers 17 responders Age 46.2 Illness 22.9±9.1y	20mg/day up to 60mg/day	McElroy's Criteria YBOCS-SV CGI-I MADRS[7]	The monitoring for one year allowed to evaluate the efficacy of treatment 73% Respondents to treatment after 12 months. YBOCS-SV Reduced ≥ 50%	Many participants discontinued the medication; there is no association between the use of the medication and the decrease in symptoms	Indicates the therapeutic efficacy of citalopram, although there is no relation between the reduction of symptoms of compulsive buying and the continued use of the medication after 3 months.
Koran et al. (2007)	Escitalopram	Open Label (7 weeks)	26 women Age 45.1 Illness 29.1±11y	±15mg/day	McElroy's Criteria YBOCS-SV CGI-I	Study Design	Small sample; has no male participants; there were no results in the double-blind phase	Does not prove the improvement on the symptoms of compulsive buying by treatment with escitalopram.

Opioid Antagonist

Grant et al. (2003)	Naltrexone	Case Study (±24 weeks)	3 participants	±150mg/day	_	Homogeneous sample for compulsive buying	Short monitoring, no evaluation by any scale	Remits disorder symptoms
NMDA receptor antagonists								
Grant el al. (2012)	Memantine	Open Label Trial (10 Weeks)	9 enrolled 8 completers Age 32 Illness 15.2y	±23,4 mg/day	YBOCS-SV CGI-I	First study to evaluate the efficacy of an NMDA receptor antagonist in the treatment of compulsive buying disorder. YBOCS-SV Reduced ≥ 60%	Small sample; unable to assess the response to therapy after 8 weeks of treatment.	The dose of memantine was tolerated. There was a decrease in cognitive and impulsive behaviors associated with compulsive buying.

*The drugs used in this study are best described in table 2; 1. McElroy's Criteria diagnostic for compulsive buying (McElroy's et. al, 1994); 3. Yale Brown Obsessive-Compulsive Scale – Shopping Version; 4. Clinical Global Impression – Improvement Scale; 5. The Hamilton Rating Scale For Depression; 6. Structured Clinical Interview for DSM-IV (Impulse Control Disorders – not otherwise specified); 7. The Montgomery-Asberg Depression Rating Scale

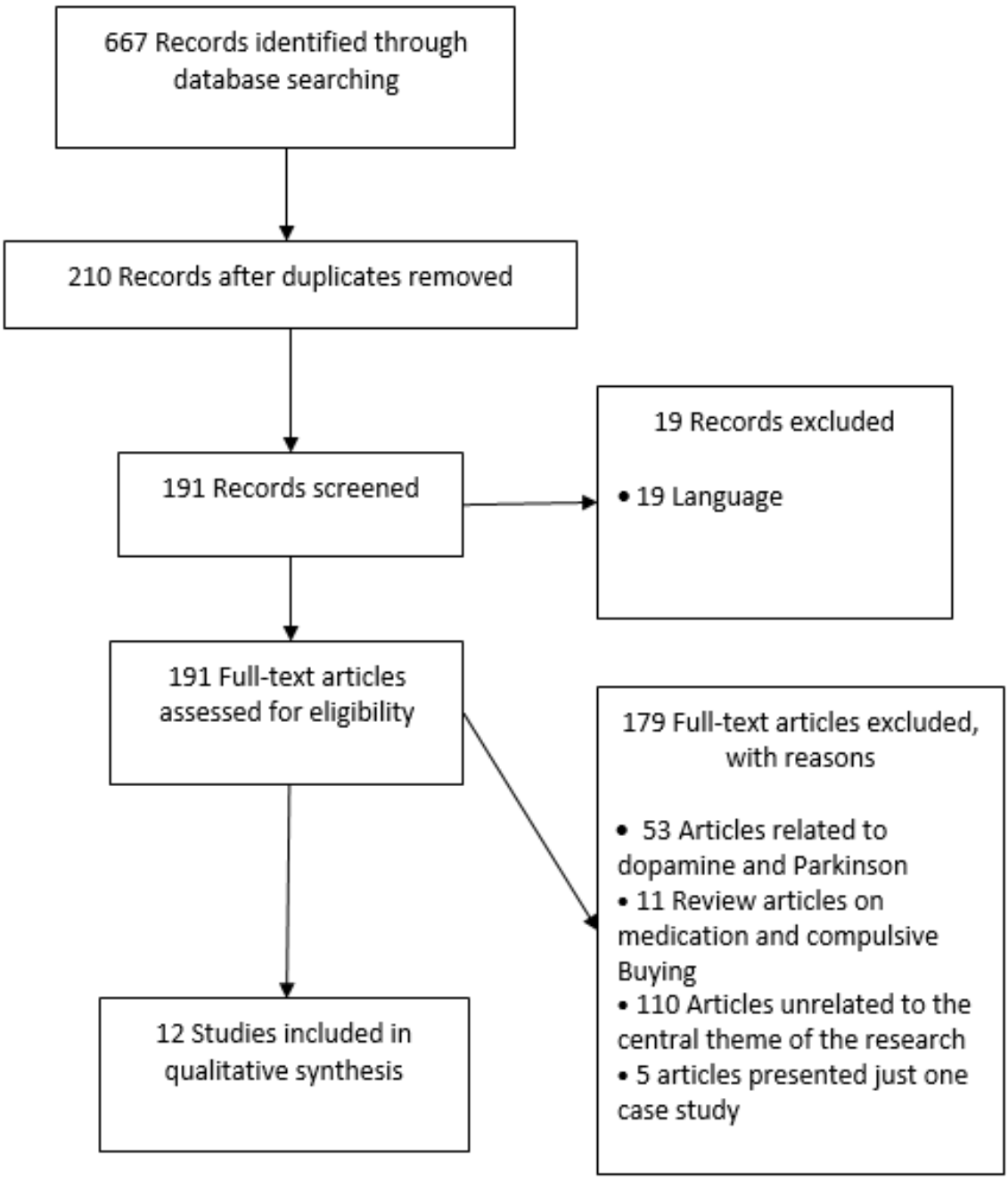

Figure 1.The process for the inclusion for eligibility

Artigo 7

A prevalência da compra compulsiva em pacientes bipolares

Priscilla Lourenço Leite, Elie Cheniaux, Rafael de Assis da Silva, Jaqueline Bifano, Úrsula Peixoto, Adriana Cardoso

Abstract

Objective: Compulsive buying is a problem with the impulsive aspects and is frequently associated with mood disorders. The objective of this study was to evaluate the prevalence of compulsion to buy in patients with bipolar disorder as well as sociodemographic variables in patients diagnosed as bipolar.

Methods: A total of 101 bipolar patients were recruited from a psychiatric out-patient facility. Diagnosis of bipolar disorder was confirmed using Structural Clinical Interview for DSM-IV disorders (SCID) and the Young scale to evaluate the intensity of mania and the Hamilton Rating Scale for Depression (HAM-D). To diagnose the compulsive buying, patients were evaluated from the diagnostic criteria of McElroy. Statistical analysis were held for description of the characteristics of the clinical sample and the t-test to evaluate statistical differences in the study population.

Results: The female seems to be more affected by compulsive shopping in our bipolar sample. The prevalence of compulsive buying in bipolar patients found was 30.7%. The prevalence of compulsive buying was higher in depressed patients.

Conclusion: This study revealed the prevalence of compulsive buying in bipolar patients. Compulsive buying seems to contribute as palliative maintenance of depressive functioning.

1. **Introdução:**

A compra compulsiva é definida como um comportamento mal-adaptativo de comprar, que interfere na vida diária, resultando em problemas financeiros (McElroy et. al. 1994). Originalmente descrita pelo psiquiatra alemão Emil Kraepelin há quase um século, a oniomania (do *grego onios*, à venda, e mania, insanidade) ou transtorno das compras compulsivas, permanece até momento relativamente pouco estudada (Kraepelin, 1915; Black, 2001). Eugen Bleuler, em 1924, classificou o transtorno do comprar compulsivo como um "impulso reativo", juntamente à cleptomania e piromania (Bleuler, 1930; Black, 2001). Apesar da sua definição inicial e adoção da nomenclatura caracterizasse a compra compulsiva como um problema associado ao transtorno obsessivo-compulsivo, por se tratar de um comportamento neutralizador aos estados emocionais negativos (Guerreschi, 2007), alguns autores enfatizam a característica impulsiva da compra compulsiva. Lejoyeux et. al. (2000) define que o principal aspecto refere-se à baixa resistência a um impulso, incapacidade para resistir a realização de uma ação nociva. A busca por gratificação imediata produz um padrão comportamental desregulado e persistente apesar das consequências adversas. (Di Nicola, Tedeschi, De Risio, et. al., 2015). Assim, os termos mais corretos para definição do problema seriam "oniomania" e "compra patológica", entretanto, não costumam ser muito empregados na literatura científica.

Embora não esteja incluída em nenhuma classificação nosológica, a compra compulsiva compartilha elementos comuns aos transtornos de controle dos impulsos, como o baixo julgamento consciente prévio, comportamentos impensados, tendência a agir sem ou com pouco planejamento e tentativa de obtenção de alivio ou prazer como resposta imediata a sentimentos desagradáveis (Malloy-Diniz, Mattos, Leite, et al., 2010).

A impulsividade, por sua vez, é uma característica muito comum em alguns transtornos mentais, como os transtornos de controle dos impulsos, transtornos alimentares, abuso de substâncias e transtornos do humor, mais especificamente, no transtorno afetivo bipolar. O transtorno bipolar do humor apresenta características, como a instabilidade e desregulação do humor, ações sem planejamento, comportamentos de risco e baixos insights. (Najt, Perez, Sanches, et. al., 2007; Karakus, Tamam, 2011). Parece ser mais recorrente durante os episódios maníacos, mas também pode apresentar-se durante a eutimia em pacientes bipolares (Karakus, Tamam, 2011).

Embora não existam estudos sinalizando as associações e possíveis interações entre o comportamento compulsivo para as compras e o transtorno bipolar do humor, alguns autores enfatizam que a compra patológica é uma característica comum recorrente em episódios maníacos ou hipomaníacos, reforçando a hipótese que a compra compulsiva resultaria de uma condição subsindrômica da bipolaridade (Filomensky, Almeida, Nogueira et. al., 2012; McElroy, Keck, Strakowski, et. al., 1996). Outros autores enfatizam que pacientes com depressão unipolar ou bipolar apresentam o aumento da impulsividade, como resposta paliativa neutralizadora, como uma recompensa imediata devido a gravidade dos sintomas depressivos (Lewis, Scott, Frangou, 2009).

O presente artigo tem como objetivo avaliar a prevalência de compulsão por compras em pacientes com transtorno bipolar. Adicionalmente, buscamos avaliar se alguma fase do transtorno bipolar – mania, depressão ou eutimia -, está especialmente associada ao diagnóstico de compras compulsivas.

2. Metodologia

2.1. Participantes

Para composição de nossa amostra, 101 participantes foram recrutados em um ambulatório de um hospital psiquiátrico especializado no atendimento de pacientes bipolares. Como critérios de inclusão os participantes deveriam ter sido diagnosticados com o transtorno afetivo bipolar, segundo critérios da DSM-IV; estarem em acompanhamento psiquiátrico; possuírem capacidade cognitiva suficiente para a compreensão das instruções fornecidas durante e após o processo de avaliação e acompanhamento psicológico; terem idade igual ou superior a 18 anos completos.

2.2. Instrumentos

2.2.1. Ficha de coleta de dados

Foi aplicado um questionário onde constavam dados demográficos e socioeconômicos, com o intuito em levantar as seguintes variáveis: idade, gênero, renda mensal, nível de escolaridade, religião, profissão/ocupação, situação ocupacional, estado civil, filhos, histórico de algum tratamento psicológico ou psiquiátrico, comorbidades clínicas, hábitos de vida, medicamentos utilizados e outras informações relevantes que o paciente quisesse informar.

2.2.2. Entrevista Clínica Estruturada Structural para os transtornos mentais (DSM-IV - SCID)

Entrevista estruturada utilizada na clínica, que tem por objetivo formular o diagnóstico do paciente de acordo com os critérios do DSM-IV. A duração da aplicação é de uma

hora. Os critérios também foram utilizados para avaliar a fase do transtorno bipolares os pacientes entrevistados estavam no momento da pesquisa.

2.2.3. Critérios Diagnósticos de McElroy et. al. (1994)

Em 1994 McElroy e colaboradores desenvolveram 3 critérios para o diagnóstico da compulsão por comprar: a) a preocupação, impulso ou comportamento mal-adaptativo para a compra, indicado por preocupação frequente com a compra ou o impulso para compra, o gasto excessivo com a compra; b) as preocupações com a compra e o nível de estresse e ansiedade produzido, a interferência no funcionamento social ou ocupacional; c) a compra compulsiva não advém dos episódios de mania ou hipomania. Para composição da amostra, desconsideramos o critério C para compradores compulsivos.

2.2.4. Escala Young de Avaliação da Mania

Originalmente criada em 1978 por Young. É a escala mais utilizada em ensaios clínicos que avaliam novos medicamentos para episódios de mania. A escala Young de avaliação da mania possui 11 itens e o paciente avalia e reporta subjetivamente sua condição clínica de um período de 48 horas.

2.2.5. Escala de Hamilton para Depressão (HAM-D)

A escala de Hamilton para depressão foi desenvolvida no inicio da década de 60 por Hamilton. É uma escala mundialmente utilizada, por ser considerada como sendo "padrão ouro" na avaliação da gravidade da depressão. Na versão utilizada neste estudo, possui 17 itens em sua composição e a soma total dos escores de todos os itens pode variar de 0 até 52.

2.3. Análises Estatísticas

As análises estatísticas das variáveis paramétricas com realizadas através do teste-t para amostras independentes.

2.4. Procedimentos

Os pacientes foram recepcionados pela coordenadora do estudo, que forneceu aos participantes informações sobre a pesquisa, incluindo seus objetivos e procedimentos, e os orientou quanto às formas de utilização dos dados coletados. Após convite a participação na pesquisa, os pacientes que concordaram com o termo de consentimento livre e esclarecido e aceitaram responder a entrevista, preencheram a ficha de identificação do paciente, além da avaliação do diagnóstico de compras compulsivas através do critérios diagnósticos de McElroy et. al., (1994). Os instrumentos Escala Young de Avaliação da Mania e HAM-D foram aplicados pelos psiquiatras no momento do atendimento ambulatorial.

3. Resultados

A amostra dos pacientes bipolares foi composta na maior parte pelo sexo feminino (72.3%), solteiros (46.5%), com curso superior completo (36.6%) e 30.7% dos participantes estavam trabalhando, com idade média de 45.26 (intervalo de 22 a 80).

INSERIR TABELA 1 AQUI

A partir da análise dos dados obtidos foi possível identificar que 31 (30.7%) dos entrevistados apresentavam compulsão por comprar. Ao avaliar os dois grupos compostos por pacientes bipolares compradores compulsivos e sem compulsão por compras, identificamos que a média de idade dos dois grupos foi similar. O sexo feminino

parece ser mais afetado pela compra compulsiva do que o sexo masculino, uma vez que dos 31 participantes compradores compulsivos, as mulheres representavam 90.3% desta população e apenas 9.6% dos homens foram localizados compradores compulsivos. As porcentagens de participantes solteiros (54.3%) e trabalhando (32.8%) foi maior nos pacientes bipolares sem compulsão por compras do que nos bipolares compradores compulsivos, 9.6% e 25.8%, respectivamente. Ambos os grupos apresentaram escores parecidos para o nível educacional, não compradores compulsivos (37%) e compradores compulsivos (35.4%) haviam completado o ensino superior. O nível sócio-econômico dos pacientes compradores compulsivos foi menor do que dos pacientes sem compulsão por compras. Enquanto 45.1% dos compradores compulsivos recebe em média até 3 salários mínimos, no grupo sem o transtorno, 41.3% recebem mais do que 5 salários mínimos, conforme tabela 1.

Através dos critérios diagnósticos para compras compulsivas (McElroy et. al, 1994), foi possível estabelecer a prevalência da compulsão por comprar na população clínica, assim como para cada fase do transtorno bipolar. As frequências obtidas da compulsão por compras nos pacientes bipolares foram distribuídas da seguinte forma: 8 (25.8%) em eutimia, 11 (35.5%) em depressão, 5 (16.2%) em estado misto e 7 (22.5%) em mania.

INSERIR FIGURAS 1 E 2 AQUI

Ao se avaliar a intensidade dos sintomas de depressão (avaliados por meio da HAM-D) e mania (avaliados por meio da escala Young) foi possível estabelecer que os pacientes que receberam o diagnóstico de compras compulsivas apresentaram tanto sintomas depressivos como maníacos mais graves do que os que não receberam esse diagnóstico. As diferenças estatísticas encontradas para compradores compulsivos e

pacientes bipolares sem o transtorno {t (39.94) = -3.15; p < .001; 95% CI [-8.50, 1.86] e t (98)= -4.43; p< .001; 95% CI [-8.02, -3.06] respectivamente} (tabelas 2 e 3).

INSERIR TABELAS 2 E 3 AQUI

4. **Discussão:**

A proposta do presente artigo era analisar a frequência do diagnóstico de compra compulsiva numa amostra de pacientes com o transtorno bipolar do humor. A relevância do tema é identificar a compulsão por compras em pacientes com transtorno bipolar e quantificar a possível presença de episódios depressivos, hipomania e mania nesses pacientes comparando os que apresentam quadro de compras compulsivas com os que não o fazem, uma vez que na literatura encontramos estudos que sugerem o aumento dos sintomas compulsivos em episódios de mania e depressão (kesebir, et. al. 2012).

Alguns autores enfatizam a relação da compra compulsiva e os transtornos do humor, especialmente a depressão (Lejoyeux, Ades, Tassain, 1996). A compulsão por comprar parece reduzir a influência dos afetos e pensamentos negativos, comuns na depressão. (Lejoyeux, Tassain, Solomon, et. al., 1997). Desta forma, os resultados encontrados em nosso estudo, coadunam ao funcionamento da compulsão em comprar nos pacientes bipolares. Parece este comportamento possa atuar como um agente moderador do estado de humor deprimido. (Karakus, Tamam, 2011).

Em nosso estudo, identificamos que a compra compulsiva é presente mesmo em estado de humor eutimico. A prevalência de 25.8%% de nossa amostra de compradores compulsivos eutimico, coaduna os resultados de pesquisas anteriores. Peluso, Hatch, Glahm, et. al. (2007) sinalizaram a presença de níveis de impulsividade em pacientes eutimicos e deprimidos.

Esses achados contribuem para o entendimento da relação entre compulsão e impulsividade do transtorno bipolar e a compulsão por comprar. É possível que a compulsão por compra atue na manutenção do humor normal.

Os indivíduos avaliados com transtorno bipolar do humor, tanto em episódios depressivos quanto em mania, apresentaram comorbidade com a compra compulsiva. Em nossa população a média encontrada para os compradores compulsivos é quase o dobro tanto para mania quanto para depressão em relação aos sujeitos sem critérios para a compra compulsiva, o que sugere o nível de comprometimento em relação à comorbidade de ambos os transtornos.

Um aspecto importante diz respeito à prevalência da compra compulsiva na população de pacientes bipolares. Alguns ensaios apontam a prevalência de compra compulsiva em pacientes com transtorno do humor entre 23% e 35%. (Grant et. al., 2005; Tamam, Zengin, etl al., 2011; Karakus, Tamam, 20011). Em nosso estudo, localizamos em 30.7% dos pacientes psiquiátricos bipolares a presença da compulsão por compras.

Pacientes bipolares do sexo feminino parecem ser mais afetadas pela compra compulsiva do que homens que apresentem apenas o transtorno bipolar. Outro aspecto importante é o nível sócio-econômico. Participantes compradores compulsivos recebem até 2 salários mínimos a menos do que indivíduos bipolares sem a compulsão por compras.

Nosso estudo é resultado de um ensaio preliminar sobre a compulsão por compras em pacientes bipolares. O ponto forte deste trabalho enfatiza que compulsão por compras parece ser funcionar como uma comorbidade ao transtorno bipolar, uma vez que não ocorre sempre em episódios de mania. Este achado reforça que a oniomania poderia ser um transtorno e não apenas um sintoma de outros transtornos primários. Através da

prevalência, foi possível identificar a presença da compra compulsiva, um transtorno impulsivo, em pacientes bipolares. A diferença significativamente estatística entre pacientes que apresentam apenas o transtorno bipolar, para aqueles comórbidos à compulsão por compras é outro achado relevante de nosso estudo. Avaliamos algumas limitações deste ensaio, como o número limitado de participantes, a falta de dados sobre o tempo do diagnóstico e a avaliação dos níveis de impulsividade assim como possíveis interações do transtorno obsessivo-compulsivo em nossa amostra. Entretanto, traz a luz aspectos e características clínicas importantes para uma maior compreensão da interação da compulsão por compras em pacientes bipolares.

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Tabela 1. Características da amostra

	Amostra N= 101 N (%)	**Não Compradores N= 70** N (%)	**Compradores Compulsivos N= 31** N (%)	**Comparação não CC vs. CC**
Idade	45.26 (±12.41) Minimum=22; maximum=80	45.45 (±12.90) Minimum=23; maximum=80	44.84 (±11.44) Minimum=22; maximum=61	
Gênero				X^2 = 7.27, p=
Masculino	28 (27.7%)	25 (35.7%)	3 (9.6%)	0.007
Feminino	73 (72.3%)	45 (64.2%)	28 (90.3%)	
Estado Civil				X^2 = 8.03, p=
Solteiro	47 (46.5%)	38 (54.3%)	9 (29%)	0.45
Casado/ Relaciomamento Estável	32 (31.7%)	20 (28.6%)	12 (38.7%)	
Separado/ Divorciado	20 (19.8%)	10 (14.3%)	10 (32.3%)	
Viúvo	2 (2%)	2 (2.8%)	-	
Filhos	31 (30.7%)	23 (32.8%)	8 (25.8%)	X^2 =0.50, p=0.48
Escolaridade				X^2 =1.63, p=0.80
Ensino Fundamental Incompleto	12 (11.9%)	9 (12.7%)	3 (9.7%)	
Ensino Fundamental Completo	15 (14.9%)	10 (14.9%)	5 (16.3%)	
Ensino Médio Incompleto	7 (6.9%)	6 (8.3%)	1 (3.2%)	
Ensino Médio Incompleto	30 (29.7%)	19 (27.1%)	11 (35.4%)	

Ensino Superior Completo	37 (36.6%)	26 (37%)	11 (35.4%)	
Ocupação				X^2 =5.16, p=0.27
Estudante	19 (18.8%)	16 (22.8%)	3 (9.6%)	
Desempregado	15 (14.9%)	10 (14.4%)	5 (16.3%)	
Empregado	31 (30.7%)	23 (32.8%)	8 (25.8%)	
Licença médica/ afastado	14 (13.9%)	7 (10%)	7 (22.5%)	
Aposentado	22 (21.8%)	14 (20%)	8 (25.8%)	
Renda Média Mensal				X^2 =0.50 p= 0.479
Igual ou superior a 10 salários mínimos	6 (5.9%)	4 (5.7%)	2 (6.5%)	
Igual ou superior a 5 salários mínimos	20 (19.8%)	29 (41.3%)	6 (19.4%)	
Igual ou superior a 3 salários mínimos	34 (33.7%)	20 (28.6%)	14 (45.1%)	
Igual ou superior a 1 salário mínimo	35 (34.7%)	12 (17.2%)	8 (25.8%)	
Inferior a 1 salario mínimo	6 (5.9%)	5 (7.2%)	1 (3.2%)	

Tabela 2. Diferenças entre as escalas de Mania e Depressão

Teste de amostras independentes						
		Teste de Levene para igualdade de variâncias		teste-t para Igualdade de Médias		
		F	Sig.	t	df	Sig. (2 extremidades)
YOUNGTOTAL	Variâncias iguais assumidas	22,812	,000	-3,794	99	,000
	Variâncias iguais não assumidas			-3,153	39,945	,003
HAMILTONTOTAL	Variâncias iguais assumidas	2,771	,099	-4,433	98	,000
	Variâncias iguais não assumidas			-4,128	49,302	,000

Tabela 3. Média de Compradores compulsivos e não compradores nas escalas

	Não compradores compulsivos	**Compradores Compulsivos**
YOUNG	4.56 (5,11); n=70	9.74 (8,50); n=31
HAMILTON	6.26 (5,42); n=69	11.81 (6,53); n=31

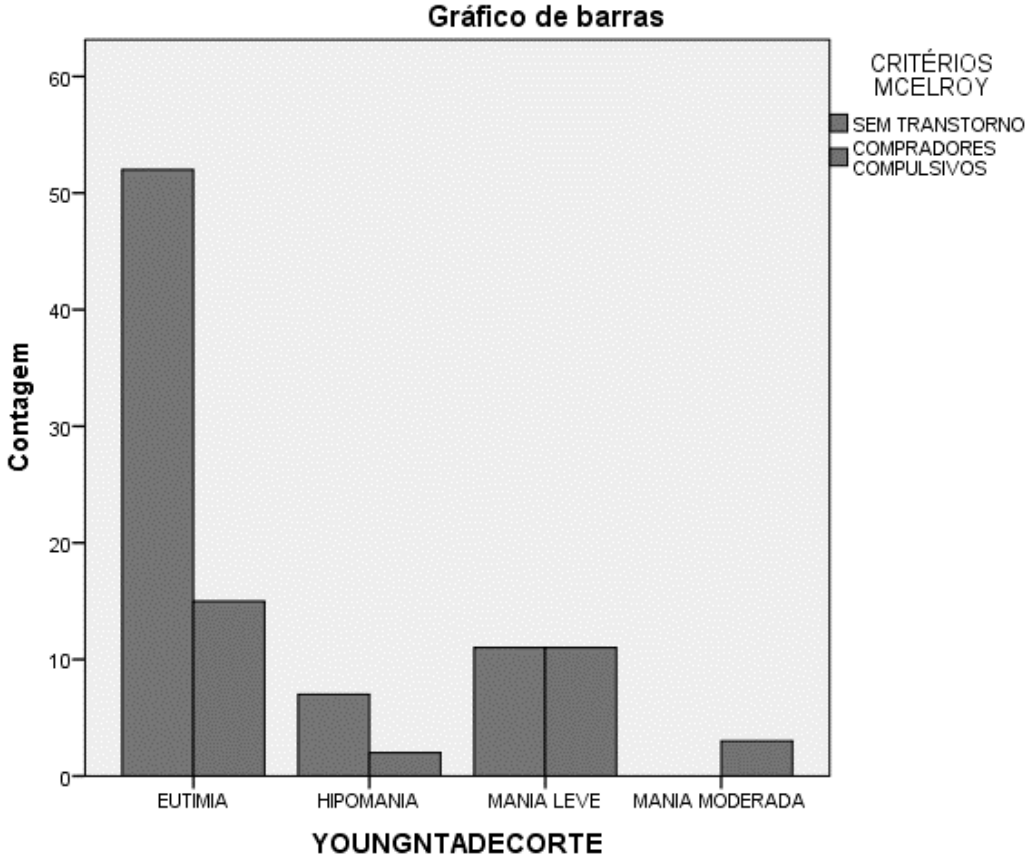

Figura 1. Médias na escala Young para mania

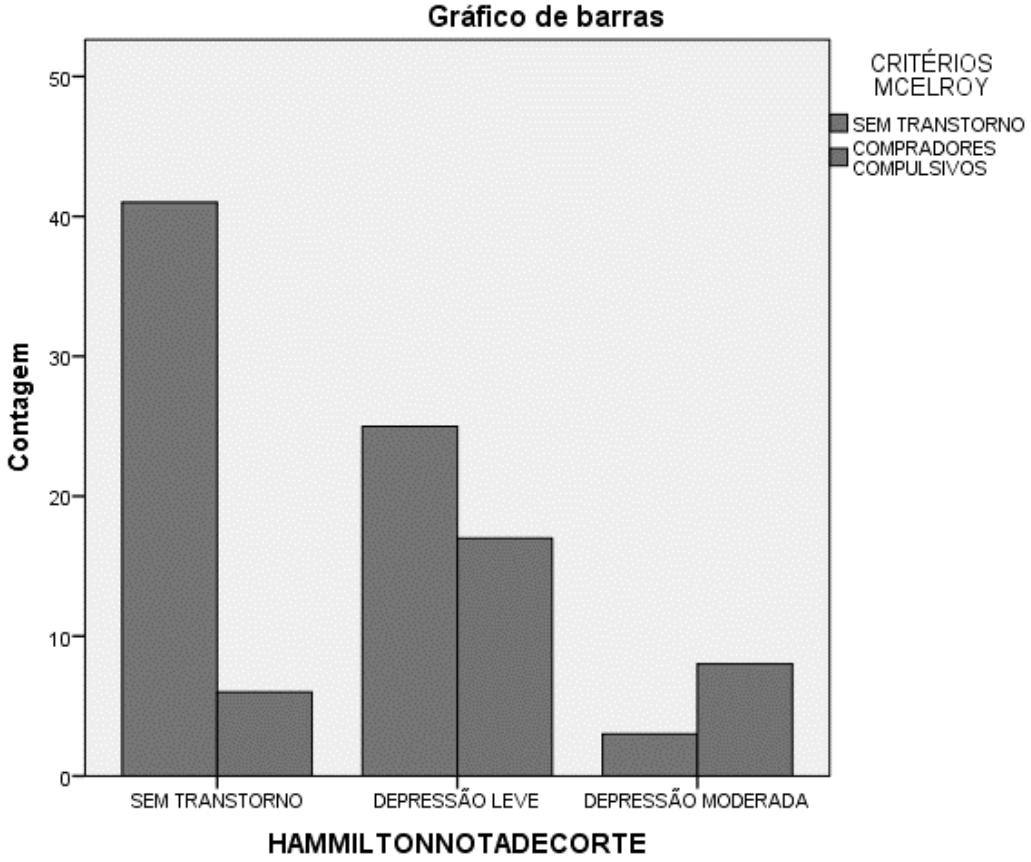

Figura 2. Médias na escala Hamilton de depressão

Artigo 8

Letter to Editor

Compulsive Buying and its Relationship with Levels of Depression and Mania in Bipolar Patients Taking Mood Stabilizers

Priscilla Lourenço Leite, Elie Cheniaux, Rafael de Assis da Silva, Jaqueline Bifano e Úrsula Peixoto, Adriana Cardoso

Pathological purchasing is characterized as an almost irresistible impulse to buy[1]. It occurs in response to negative emotions and tends to reduce their impact, producing immediate, palliative emotions. This is seen as positive or is thought to be pleasurable; thus being impulsive in nature or maybe even of, a compulsive character. Impulsivity in turn, is a very common feature in bipolar disorder.

Bipolar mood disorder is a chronic and recurrent clinical condition characterized by unusual mood, energy levels and motor activity. This mental disorder produces significant cognitive impairment, including of executive functions, as well as low cognitive insight[2,3].

Mood stabilizers such as lithium and valproic acid are normally used to treat acute episodes both in mania and depression, and also in the prevention of new affective episodes, reducing aggressive behavior and lack of impulse control[4].

We evaluated 76 patients with a diagnosis of bipolar mood disorder, according to DSM-IV-TR criteria, using the structured clinical interview SCID III, being treated in a psychiatric clinic specialized in the treatment of bipolar disorder using psychopharmacological treatment with mood stabilizers. The patients were assessed using the Compulsive Buying Scale (CBS), the Young Mania Scale, the

Hamilton Scale for Depression (HAM-D). The criteria of McElroy et. al. (1994) were used to determine the presence of compulsive buying disorder.

The population is characterized by a predominance of females n = 56 (73.6%). Of these, 19 women are compulsive buyers. The schooling level of the sample is (n = 26) 34.2% for higher education and respondents showed major comorbid hypertension, n = 12 (15.8%), followed by thyroid problems, n = 8 (10.5%), heart disease, n = 3 (3.9%) and diabetes, n = 2 (2.6%). In our study population, the average monthly income found to be greater than or equal to one minimum wage occurred in 35.5% (n=27) of participants.

Frequency of the total patients in the bipolar episodes were distributed as following: 35 (46.1%) in euthymia, 26 (34.2%) in depression 5 (6.6%) in mixed episodes and 10 (13.1%) in mania. Twenty-one patients as diagnosed as compulsive buyers, 19 of them were women. The frequencies obtained by bipolar pacients with compulsive buyers indicate that 6 (28.6%) were allocated in euthymia, 7 (33.3%) in depression, 3 (14.3%) in mixed episode, and 5 (23.8%) in mania at the time of interview.

A moderate negative correlation was found between scores on the CBS and the HAM-D ($r = -0.43$; $p < 0.005$) and a weak negative correlation between CBS and YMRS ($r = -0.30$; $p < 0.005$). Since the CBS scale has a score that decreases as the symptoms of compulsive buying increase, it can be seen that the symptoms of compulsive buying become more severe as symptoms of depression increase and the same is also true, although less markedly, with the increase in symptoms of mania.

This study describes some important features in understanding the relationship between compulsive buying and bipolar mood disorder, indicating

that a deregulation of mood state could trigger pathological buying behavior. Accordingly, in depression the purchase would be sought by the patient to relieve dysphoric experience, while in mania impulsivity would be the central element[3,5].

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Table 1. Classification of compulsive buying at bipolar disorder

	CGI-BP			
	Eutymic	**depression**	**mixed**	**mania**
NON COMPULSIVE BUYING	29 (52.7%)	19 (34.5%)	2 (3.6%)	5 (9.1%)
COMPULSIVE BUYING	6 (28.6%)	7 (33.3%)	3 (14.3%)	5 (21.8%)
TOTAL	35 (46.1%)	26 (34.2%)	5 (6.6%)	10 (13.1)

Artigo 9

Impulsivity, Compulsive Buying and Death Thoughts in Young University Students

Priscilla Lourenço Leite, Adriana Cardoso

Abstract

Suicidal ideation, hopelessness and impulsivity in adolescents and young adults appear to increase the risk of suicide in this population. The objectives of this study were to evaluate the possible relationship between impulsivity, hopelessness and obsessive thoughts related to death in a population of university students. Initially descriptive analyzes were performed in an attempt to establish the main characteristics of our sample. Through the Pearson correlation it was possible to establish correlations between the constructs evaluated in this research. The results obtained are consistent to those described in the literature. It was possible to evaluate the correlation of the main dimensions related to impulsivity and hopelessness and thoughts related to death. Impulsivity, depressive and anxiety symptoms and lower life quality seem to be related to symptoms of suicidal ideation and behavior, such as hopelessness and obsessive thoughts about death.

Keywords

Impulsivity; Suicide Ideation; Hopelessness; Obsession with death; Impulse control disorder; Compulsive Behavior; Young.

1. Introduction

Death is feared and avoided by most individuals and paradoxically appears as a will, a goal or an inept way of solving problems for some people. (Gonçalves, Freitas, Sequeira, 2011). High rates of suicide attempts and suicidal ideation in adolescents and young adults bring up a major public health problem to light. According to the World Health Organization (WHO, 2010 cited in Braga and Dell'Aglio, 2013; Turecki, 2005), suicide is one of the three leading causes of death among young adults aged 15 to 44 years old. According to Souza, Ores, Oliveira et al. (2010) suicidal ideation would be a predictor of suicide attempts. It represents thoughts, ideas and willingness to be dead, which involves desires, attitudes or plans that individuals might have in an attempt to commit suicide (Ramos, 2013).

Suicidal ideation is usually associated with a high risk of psychiatric disorders, behavioral problems, impulsiveness, irritability, low tolerance to frustration, low self-esteem, hopelessness, feelings of inferiority and deficit social skills histories, among others. (Souza et al. 2010).

Hopelessness is a factor that has a positive relationship to suicide. It is a cognitive distortion identified by the absence of personal control over future events, perceived by the individual as a failure or inability to solve the problems out, what produces negative consequences related to the future. (Gonçalves, et al 2011) Hopelessness is seen by some authors as the "causal link between depression and suicide" (free translation) (Cunha, 2001; Minkoff, Bergman, Beck & Beck, 1973 cited in Aragon, Miracles and Figlie, 2009)

According to the Life Quality Assessment Group (WHO – WHOQOL), life quality is the understanding of the subject about his position in life and in the cultural context of value and belief systems in which it is immersed, and in relation to their

objectives, expectations, concerns and standards. The definition of life quality indicates basic presuppositions of well-being, as well as vision of him or herself and the world adjusted to a healthy living. Some studies have shown an inverse relationship between the perception of life quality and symptoms related to depression and other mental disorders, that is, the expression of a low life quality is common in severely affected individuals with depression (Lopez, Ribeiro, Ores, et al., 2011).

Another aspect mentioned in the literature indicates impulsivity and inability to deal with problems such as cognitive and behavioral dysfunction associated with a potential risk for suicide. Impulsivity is characterized by cognitive and behavioral patterns that lead to immediate or medium / long term dysfunctional consequences. It occurs when there are changes in the course of an event, without a prior conscious judgment; through thoughtless behavior which indicates a tendency to act without or with little planning. (Malloy-Diniz, Mattos, Milk, et al., 2010) Some disorders manifest impulsivity in different ways. One of these disorders is the compulsive buying disorder (CBD), considered a failure in impulse control, which has either cognitive or behavioral aspects, "both potentially causing imbalance" in relation to the act of buying. Thus, the individual seeks to reduce tension through consumption, and as a result, experience a sense of relief. However, the well-being resulting from the acquisition is quickly replaced by feelings of guilt, remorse and anxiety (Lejoyeux, Haberman, Solomon & Adès, 1999). According to Hirschman (1992) as a consequence of compulsive buying, individuals may experience anxiety, depression, and owing to their inability to solve their financial problems, suicidal ideation.

Some studies indicate that thoughts related to the death may occur due to difficulties of young people in dealing with social, contextual and situational pressures, established by the time they live in. (Braga and Dell'Aglio, 2013) Another view holds that

the ideas of death may arise as a strategy to cope with the existential problems and the elaboration of life and death meanings. (Borges and Werlang, 2006) Thoughts and behaviors related to death are not uncommon during the academic route, a moment that marks the transition to the labor market and search for more autonomy and independence. (Braga and Dell'Aglio, 2013). Thoughts and behaviors related to death are not uncommon during the academic route, a moment that marks the transition to the labor market and search for more autonomy and independence. (Braga and Dell'Aglio, 2013). Owing to the many changes in the lives of young adults due to academic life, the young is wrapped in challenges and uncertainties, concerns about failures and evidence, as well as distorted expectations of performance that can be triggered by mental health problems such as anxiety states, increased stress and even depression with suicidal ideation. (Gonçalves et al., 2011) These problems can be accentuated in the case of students, since they must reside far from their homes, in places away from their parents and friends to access the university. Feelings of loneliness, homesickness, of family and friends as well as new responsibilities and uncertainties, may direct a student to an immediate way out of their conflict. So he sees suicide as a way to solve his problems. (Gonçalves et al., 2011) In this sense, it is possible to identify a fault in the adaptive mechanisms of a young man or woman, who thinks, threatens, or attempts to verbalize suicidal act, to seek alleviate suffering (Borges and Werlang, 2006).

This study aims to evaluate the relationship of some possible predictors of suicide in young, assessing the interaction between impulsivity and impulse control disorder (compulsive buying) and symptoms related to suicidal ideation, such as hopelessness and obsessive thoughts about death, and identify possible correlations with depression, anxiety and life quality of university students.

2. Methodology

A cross-sectional study was conducted with 70 college students from different courses and educational institutions of the country who were summoned by calls and online dissemination between the months of October and November 2014. The inclusion criteria were between 18 and 80 years old. Exclusion criteria were to be semi-literate or under 18 years old. None of the participants signaled any psychiatric or neurological disorder, nor have limitations that interfere in the data collection procedures. A structured questionnaire prepared for the research was used as instrument to collect demographic data; the degree of impairment associated with compulsive buying behavior was investigated using the Compulsive Buying Scale (CBS) (Faber and O'Guinn, 1992; Leite et al 2012.) CBS is a scale of 7 items to assess compulsive buying. The lower the score, the more likely on compulsive buying the person is. And the Richmond Range, used to compulsive shopping, (Milk, Rangé, Kukar-Kiney et al. 2013) was developed to signal atypical and / or inappropriate procedures for the purchasing behavior. It focuses primarily on the acquisition of wasteful and extravagant goods, which are far beyond the most basic needs of the participants. It consists of 6 sorts of Likert items, in which higher scores refer to higher frequency and / or intensity of compulsive buying. To assess impulsivity, we used an adapted Barratt Impulsiveness Scale (BIS-11) (Malloy-Diniz, Mattos, Milk, et al., 2010). The BIS-11 is a self-report questionnaire, which measures impulsiveness through three constructs: attentional impulsivity, non-planning impulsivity and motor impulsivity.

The Hospital Anxiety and Depression Scale (HADS) were chosen to assess depression and anxiety in the participants. It consists of 14 items, of which 7 evaluate anxiety levels and 7 evaluate depression. Its score ranges from 0 to 3, with a maximum

score of 21 points for each subscale. Beck Hopelessness Scale (BHS) was used to evaluate aspects related to cognition involving hopelessness using a dichotomous scale, in which the participant must agree or disagree with the statement. It allows the assessment the extent of negative expectations individuals have in relation to the immediate and distant future. It is a self-report inventory of 20 items. The Death Obsessive Scale (DOS) was used to measure the concerns, impulses and persistent ideas about death. (Rajabi, 2009). To assess the life quality levels of participants, the scale used was the Medical Outcomes Study 36 – SF-36 – which is a multidimensional instrument involving some domains related to life quality. Since it has being applied through an online platform, the procedures adopted have followed the specific needs for internet application procedures. Thus, when the announced participants have accessed the site survey, could accept or deny their participation in research. If there was interest in being part of the surveyed group, he or she should fill the Free Informed Consent Term, as well as a protocol containing brief filling instructions of the 8 tools used in this study, depicted above.

For demographic variables description, chi-square was used. For clinical correlations, Pearson's tests were used, adopting p value less than 0.01 to determine statistical significance.

3. Results

Based on the obtained data analysis, it is possible to identify that the sample is composed mostly by women (54%), single individuals (85.7%), college students (80%) and individuals who do not have any formal income once 37.1% declare receiving monthly allowance. Among the interviewed people, 22 of them (31.4%) declare monthly

income between 1 and 3 minimum waxes. 54.3% of them declared that live with their parents and 48.6% declared being sedentary, according to table 1.

INSERT TABLE 1 HERE

In considering the cutoff score in .60 in Barratt Impulsiveness Scale (BIS-11), 32.9% of respondents have impulsiveness scores. As regards the level of hopelessness and obsessive thoughts of death, the higher scores indicating the problems are 21.5% and 22.9%, respectively. In evaluating the frequency of compulsive shoppers, the rate for compulsion is between 10% and 18.6%. According Koran et al, (2006) there is a prevalence of 5.8% of compulsive buyers in the US general population. Other studies point out a prevalence 2-5% of compulsive buyers in economically developed countries (Faber and O'Guinn, 1992; Koran et al., 2006). The prevalence of compulsive buying in our study was much higher than other studies. The result frequency of the HADS was 24.3% for anxiety and 11.4% for depression. The score obtained by the participants on the scales used in this study are presented in Table 2.

INSERT TABLE 2 HERE

By correlating the BIS-11 with the BHS and with DOS, it shows a moderate correlation for both scales ($r = .43$, $0 < 0.01$) and ($r = .48$, $0 < 0.01$) respectively. As regards the HADS for depression and anxiety, it finds ($r = .47$, $0 < 0.01$) for anxiety and ($r = .57$, $0 < 0.01$) for depression. The findings of BIS-11 with scales for compulsive buying indicate a moderate correlation, with $r = .62$, $0 < 0.01$ for CBS scale and $r = .53$, $0 < 0.01$ for Richmond scale for compulsive buying. (Table 3)

BHS scale correlates to the Obsession with death (r = .54, 0 <0.01), and to the HADS, in which depression finds r = .51, 0 <0.01 and anxiety has r = .45,0 <0.01. Motor impulsivity domains, (r = .39, 0 <0.01), attentional impulsivity, (r = .40, 0 <0.01), non-planning impulsivity, (r = .31, 0 <0.01) and self-control, (r = .36, 0 <0.01) indicate moderate correlation with the BHS scale. The DOS scale also indicates a moderate correlation with Bis scale areas, and its the best correlation is with impulsivity by non-planning (r = .48, 0 <0.01).

Regarding to life quality, the main areas correlated to impulsivity, hopelessness and obsessive thoughts about death were vitality, social aspects and restrict emotional and mental health, which had moderate and strong inversely proportional correlations, as table 3 presents. Compulsive buying scores do not correlate to the level of hopelessness and obsessive thoughts about death. However, there is a correlation with HADS. CBS shows an inversely proportional correlation (r = .42, 0 <0.01) and Richmond scale for compulsive buying shows correlation (r = 32, 0 <0.01) with depressive symptoms. (Table 3).

INSERT TABLE 3 HERE

4. Discussion

The results indicate that impulsivity presents moderate association with hopelessness and obsessive thoughts related to the death. This study suggests that individual aspects related to impulsivity, such as motor and attentional impulsivity, non-planning and self-control are associated with hopelessness and thoughts about death. Our findings associate the interaction of impulsivity with suicidal ideation behaviors and thoughts. (Turecki, 1999). Malloy-Diniz et al. (2009) indicated there is an interaction

between the faulty performance related to decision-making with a greater propensity to suicide ideation. The hypothesis that the failure in solving a problem and having self-control may increase the susceptibility to suicidal behavior. Another important aspect of impulsivity appears to be involved in the disruption of executive functioning, especially the inhibitory control as a mediator of the interaction between impulsivity, and thoughts about death.

Life quality appears to interfere in hopelessness and death thoughts and feelings. What seems to have a greater impact are the social and emotional aspects, vitality and mental health. Turecki (1999) associates the mental disorder as a risk predictor of suicidal ideation. Another important aspect concerns the behavioral problems, low self-esteem, deficit in problem-solving skills and interpersonal relationships. (Souza, Ores, Oliveira et al., 2010)

Our sample consisted mainly by single women attending higher education. The average age was 22.9 years. Some epidemiological studies show a rise in cases of suicide attempts in younger age groups, between ages 15 and 34 years (Souza et al., 2010). Women also tend to make more suicide attempts than men. (Prieto and Tavares, 2005)

The compulsive buying is an impulsivity related disorder. Although it has obtained correlation with the construct to assess impulsivity, it did not correlate with hopelessness and death related scales. However, associations were found between compulsive buying and depression.

This study has some limitations, since the survey was conducted only among university students, with its own characteristics, it is not representative of the general population. Another aspect relates to the higher proportion of women in our sample. Moreover, it was unable to trace psychiatric diagnosis, or use any gold-standard interview to assess participants. However, the results emphasize descriptive findings and its

relevance to scientific literature. Future trials may bring new insights and developments on the subject, which is so current and so little studied.

5. Conclusion

Strategies for prevention of suicidal ideation in young should focus on prevention of impulsive behavior. Individuals younger seem to be more vulnerable and susceptible to the impact of the problem. The above results emphasize the need to create programs that broaden the discussion and preventive actions aiming to educate the population about risk factors. In addition, prevention programs should be directed to the younger population, emphasizing the impact of unplanned and impulsive behavior, as well as its consequences, such as substance use and risk behaviors about the deficit in problem-solving skills, and, consequently, the suicidal ideation.

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Table 1. Sample characteristics	
	N (%)
Age	22.91 (±4.54) Minimum=18; maximum=37
Gender	
Men	16 (22.9%)
Female	54 (77.1%)
Marital Status	
Single	60 (85.7%)
Married	4 (5.7%)
Stable Union	5 (7.1%)
Not Legally Separated	1(1.4%)
Children	5 (8.6%)
Education	
Elementary School Junior High	0 (0%)
Full Primary Education	0 (0%)
High School Incomplete	0 (0%)
Complete High School	7 (10%)
Higher Education Incomplete	56 (80%)
Higher Education Full	5 (7.1%)
Graduate (MA and Ph.D.)	2 (2.9%)
Main Source Of Income	
Regular Employment / Internship	20 (28.6%)
Self-Employment	1 (1.4%)
Informal Employment	0 (0%)
Pension / Retirement	1 (1.4%)
Allowance	26 (37.1%)
Do Not Have Personal Income	22 (31.4%)
Monthly Income	
Up To 1 Minimum Wage	20 (28.6%)
More Than 1 To 3 Minimum Wages	22 (31.4%)
Over 3 To 5 Minimum Wages	8 (11.4%)

More Than 5 To 7 Minimum Wages	5 (7.1%)
Over 7 To 10 Minimum Wages	1 (1.4%)
Does not know how to answer	14 (20%)
Living with	
Parents, Father or Mother	38 (54.3%)
Kin	3 (4.3%)
Spouse	7 (10%)
Friend (s)	6 (8.6%)
Alone	16 (22.9%)
Life habits	
Smoking	3 (4.3%)
Alcoholism	6 (8.6%)
Sedentary Lifestyle	34 (48.6%)
Regular Physical Activity	27 (38.6)

Table 2. Frequency obtained by scale

	Non clinical sample	*Clinical sample*	*Average*	*DP*	*Min*	*Max*
Barrat Impulsiveness Scale (BIS-11)[1]	47 (67.1%)	23 (32.9%)	66.34	12.07	45	108
Compulsive Buying Scale (CBS)[2]	63 (90%)	7 (10%)	1.29	1.83	-5.59	3.61
Richmond Compulsive buying Scale (RCBS)[3]	57 (81.4%)	13 (18.6%)	14.58	8.51	6	38
*Hospital Anxiety and Depression Scale (*HADS*)* - Anxiety[4]	53 (75.5%)	17 (24.3%)	8.45	4.54	1	20
*Hospital Anxiety and Depression Scale (*HADS*)* - Depression[4]	62 (88.5%)	8 (11.4%)	6.52	3.84	0	17
Beck Hopelessness Scale (BHS)[5]	55(78.6%)	15 (21.5%)	4.87	4.43	0	16
Death Obsession Scale (DOS)[6]	54 (77.1%)	16 (22.9%)	29.18	13.35	15	73

1- Cutoff .70; 2- cutoff .-1,34; cutoff .24; 4- cutoff .12; cutoff .9; cutoff .60. DP= Standard deviation; Min= mínimum; Max= Maximum.

Tabela 3. Correlação entre as escalas

		CBSTOTAL[1]	RICHTOTAL[2]	HADSANX[3]	HADSDEP[4]	BHSTOTAL[5]	DOSTOTAL[6]	BISIMMOTOR[7]	BISIATENCIONAL[8]	BISINONPLAN[9]	BISCONTROL[10]	SFCFUNC[11]	SFLIMFIS[12]	SFDOR[13]	SFHEALTH[14]	SFVITAL[15]	SFSOCIAL[16]	SFLEMOC[17]	SFSMENTAL[18]	BISTOTAL2[19]
CBSTOTAL[1]	Pearson Correlation	1	-,755**	-,296*	-,416**	-,141	-,259*	-,659**	-,397**	-,497**	-,463**	,394**	,105	,297*	,214	,256*	,231	,159	,305*	-,619**
	Sig. (2-tailed)		,000	,013	,000	,246	,031	,000	,001	,000	,000	,001	,386	,013	,075	,032	,055	,188	,010	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
RICHTOTAL[2]	Pearson Correlation	-,755**	1	,217	,320**	,271*	,223	,553**	,293*	,495**	,453**	-,217	-,077	-,228	-,096	-,176	-,167	-,098	-,311**	,528**
	Sig. (2-tailed)	,000		,071	,007	,023	,064	,000	,014	,000	,000	,072	,529	,057	,429	,145	,168	,418	,009	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
HADSANX[3]	Pearson Correlation	-,296*	,217	1	,706**	,449**	,624**	,272*	,544**	,388**	,385**	-,390**	-,244*	-,315**	-,422**	-,563**	-,618**	-,501**	-,741**	,466**
	Sig. (2-tailed)	,013	,071		,000	,000	,000	,023	,000	,001	,001	,001	,042	,008	,000	,000	,000	,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
HADSDEP[4]	Pearson Correlation	-,416**	,320**	,706**	1	,628**	,507**	,424**	,566**	,460**	,479**	-,582**	-,365**	-,346**	-,495**	-,612**	-,540**	-,420**	-,703**	,567**
	Sig. (2-tailed)	,000	,007	,000		,000	,000	,000	,000	,000	,000	,000	,002	,003	,000	,000	,000	,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
BHSTOTAL[5]	Pearson Correlation	-,141	,271*	,449**	,628**	1	,539**	,383**	,391**	,313**	,357**	-,249*	-,103	-,209	-,326**	-,492**	-,473**	-,327**	-,640**	,432**
	Sig. (2-tailed)	,246	,023	,000	,000		,000	,001	,001	,008	,002	,038	,396	,083	,006	,000	,000	,006	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
DOSTOTAL[6]	Pearson Correlation	-,259*	,223	,624**	,507**	,539**	1	,404**	,351**	,474**	,427**	-,320**	-,241*	-,262*	-,255*	-,507**	-,492**	-,480**	-,649**	,476**
	Sig. (2-tailed)	,031	,064	,000	,000	,000		,001	,003	,000	,000	,007	,045	,028	,033	,000	,000	,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
BISIMMOTOR[7]	Pearson Correlation	-,659**	,553**	,272*	,424**	,383**	,404**	1	,511**	,656**	,657**	-,279*	-,169	-,168	-,150	-,275*	-,294*	-,328**	-,406**	,872**
	Sig. (2-tailed)	,000	,000	,023	,000	,001	,001		,000	,000	,000	,019	,162	,164	,217	,021	,013	,006	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
BISIATENCIONAL[8]	Pearson Correlation	-,397**	,293*	,544**	,566**	,391**	,351**	,511**	1	,588**	,570**	-,463**	-,289*	-,214	-,343**	-,489**	-,379**	-,430**	-,557**	,822**
	Sig. (2-tailed)	,001	,014	,000	,000	,001	,003	,000		,000	,000	,000	,015	,075	,004	,000	,001	,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
BISINONPLAN[9]	Pearson Correlation	-,497**	,495**	,388**	,460**	,313**	,474**	,656**	,588**	1	,834**	-,277*	-,152	-,074	-,243*	-,381**	-,407**	-,425**	-,499**	,854**
	Sig. (2-tailed)	,000	,000	,001	,000	,008	,000	,000	,000		,000	,020	,208	,544	,043	,001	,000	,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
BISCONTROL[10]	Pearson Correlation	-,463**	,453**	,385**	,479**	,357**	,427**	,657**	,570**	,834**	1	-,275*	-,133	-,140	-,179	-,379**	-,377**	-,356**	-,474**	,794**
	Sig. (2-tailed)	,000	,000	,001	,000	,002	,000	,000	,000	,000		,021	,273	,248	,138	,001	,001	,002	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFCFUNC[11]	Pearson Correlation	,394**	-,217	-,390**	-,582**	-,249*	-,320**	-,279*	-,463**	-,277*	-,275*	1	,345**	,307*	,503**	,418**	,210	,136	,325**	-,401**
	Sig. (2-tailed)	,001	,072	,001	,000	,038	,007	,019	,000	,020	,021		,003	,010	,000	,000	,081	,263	,006	,001
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFLIMFIS[12]	Pearson Correlation	,105	-,077	-,244*	-,365**	-,103	-,241*	-,169	-,289*	-,152	-,133	,345**	1	,420**	,174	,302*	,264*	,320**	,296*	-,242*
	Sig. (2-tailed)	,386	,529	,042	,002	,396	,045	,162	,015	,208	,273	,003		,000	,149	,011	,027	,007	,013	,044

	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFDOR[12]	Pearson Correlation	,297*	-,228	-,315**	-,346**	-,209	-,262*	-,168	-,214	-,074	-,140	,307**	,420**	1	,265*	,311**	,366**	,273*	,299*	-,186
	Sig. (2-tailed)	,013	,057	,008	,003	,083	,028	,164	,075	,544	,248	,010	,000		,026	,009	,002	,022	,012	,122
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFHEALTH[14]	Pearson Correlation	,214	-,096	-,422**	-,495**	-,326**	-,255*	-,150	-,343**	-,243*	-,179	,503**	,174	,265*	1	,317**	,175	,248*	,348**	-,283*
	Sig. (2-tailed)	,075	,429	,000	,000	,006	,033	,217	,004	,043	,138	,000	,149	,026		,007	,148	,038	,003	,017
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFVITAL[15]	Pearson Correlation	,256*	-,176	-,563**	-,612**	-,492**	-,507**	-,275*	-,489**	-,381**	-,379**	,418**	,302*	,311**	,317**	1	,603**	,477**	,775**	-,443**
	Sig. (2-tailed)	,032	,145	,000	,000	,000	,000	,021	,000	,001	,001	,000	,011	,009	,007		,000	,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFSOCIAL[16]	Pearson Correlation	,231	-,167	-,618**	-,540**	-,473**	-,492**	-,294*	-,379**	-,407**	-,377**	,210	,264*	,366**	,175	,603**	1	,594**	,699**	-,416**
	Sig. (2-tailed)	,055	,168	,000	,000	,000	,000	,013	,001	,000	,001	,081	,027	,002	,148	,000		,000	,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFLEMOC[17]	Pearson Correlation	,159	-,098	-,501**	-,420**	-,327**	-,480**	-,328**	-,430**	-,425**	-,356**	,136	,320**	,273*	,248*	,477**	,594**	1	,532**	-,457**
	Sig. (2-tailed)	,188	,418	,000	,000	,006	,000	,006	,000	,000	,002	,263	,007	,022	,038	,000	,000		,000	,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
SFSMENTAL[18]	Pearson Correlation	,305*	-,311**	-,741**	-,703**	-,640**	-,649**	-,406**	-,557**	-,499**	-,474**	,325**	,296*	,299*	,348**	,775**	,699**	,532**	1	-,568**
	Sig. (2-tailed)	,010	,009	,000	,000	,000	,000	,000	,000	,000	,000	,006	,013	,012	,003	,000	,000	,000		,000
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
BISTOTAL2[19]	Pearson Correlation	-,619**	,528**	,466**	,567**	,432**	,476**	,872**	,822**	,854**	,794**	-,401**	-,242*	-,186	-,283*	-,443**	-,416**	-,457**	-,568**	1
	Sig. (2-tailed)	,000	,000	,000	,000	,000	,000	,000	,000	,000	,000	,001	,044	,122	,017	,000	,000	,000	,000	
	N	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70

*. Correlation is significant at the 0.05 level (2-tailed); **. Correlation is significant at the 0.01 level (2-tailed); 1. Compulsive buying scale, 2. Richmond compulsive buying scale; 3. The hospital anxiety and depression scale - Anxiety; 4. The hospital anxiety and depression scale- Depression; 5. Beck Hopelessness scale; 6. The Death Obsessive Scale; 7. Barratt Impulsiveness Scale - - motor impulsivity; 8. Barratt Impulsiveness Scale- attentional impulsivity; 9. Barratt Impulsiveness Scale- non-planning; 10. Barratt Impulsiveness Scale- Impulsivity; 11.The Short Form (36) Health Survey- physical functioning; 12.The Short Form (36) Health Survey- physical role functioning; 13.The Short Form (36) Health Survey- bodily pain; 14.The Short Form (36) Health Survey- general health perceptions; 15.The Short Form (36) Health Survey- vitality; 16.The Short Form (36) Health Survey- social role functioning; 17.The Short Form (36) Health Survey- emotional role functioning; 18. The Short Form (36) Health Survey- mental health; 19. Barratt Impulsiveness - Total score

5 DISCUSSÃO

O principal objetivo do trabalho desenvolvido ao longo do curso de doutorado foi alcançar melhor compreensão sobre o transtorno de compras compulsivas e algumas de suas manifestações tanto considerando população geral quanto clínica. O foco do estudo esteve tanto no processo de avaliação e sua instrumentação, quanto no tratamento, fosse ele psicoterápico ou farmacológico. Para alcançar esse objetivo foram conduzidos estudos de revisão sistemática, pesquisas observacionais e pesquisa de intervenção com terapia cognitivo-comportamental.

A partir dos resultados obtidos nos dois artigos de revisão sistemática, onde o primeiro artigo[45] expôs as perspectivas terapêuticas para o tratamento da compra compulsiva, evidencia-se os benefícios da terapia cognitivo-comportamental, em sua modalidade individual e em grupo. No segundo artigo de revisão foi apresentado um estudo sobre as possibilidades intervencionistas medicamentosas para a compra patológica. Neste estudo avaliou-se a eficácia dos inibidores seletivos de receptação da serotina, como a fluvoxamina e o citalopram, no tratamento farmacológico da compulsão por comprar. Outro ensaio[46] apresenta os benefícios da memantina e a melhora obtida através da redução dos comportamentos compulsivos, assim como regulação no funcionamento cognitivo dos pacientes tratados com a medicação.

Um aspecto relevante de ambas as revisões sistemáticas refere-se a quantidade limitada de ensaios clínicos randomizados, descrição do tratamento sobre as propostas de tratamento em outras abordagens terapêuticas e medicamentosas. Até o momento não existe nenhum tratamento padrão ouro para o cuidado da compra compulsiva. Assim, preconiza-se a necessidade de novos estudos, na tentativa de compreender os mecanismos de ação do transtorno, com intuito de aplacar suas manifestações clinicas, através de uma indicação terapêutica mais acurada.

O terceiro trabalho apresentou a validação psicométrica da escala YBOCS-SV[47] em sua versão para o Português Brasileiro. Os resultados obtidos através da análise estatística mostraram-se muito satisfatórios, indicando fidedignidade elevada revelando-se maior que 0.80, que é classificada como um a pontuação excelente. A YBOCS-SV apresentou consistência interna muito alta 0.92, compatível com os resultados encontrados na escala original, indicando que as suas características psicométricas são satisfatórias, sendo passível de utilização para os fins que se destinam, na população brasileira.

Ao utilizar o método para extração de fatores Direct Oblimin, foi possível identificar a estrutura dos instrumentos, encontrando um fator para a escala, apresentando alto valor significativo, conforme o índice Kaiser-Meyer-Olkin (KMO) e explicando variância acima de 59.24. Este resultado conforma-se com os achados originais, uma vez que a escala em sua primeira versão apresenta apenas um único fator.

Na correlação das escalas, utilizando a correlação de Pearson, verificou-se que o instrumento possui validade psicométrica. Assim, pode ser utilizada para mensurar e diagnosticar o transtorno da compras compulsivas na população brasileira. Ao serem feitas as correlações das escalas CBS, Y-BOCS-SV e RCBS, observou-se que as três se correlacionam, sendo que a YBOCS-SV se correlaciona melhor com a CBS.

Um caráter relevante deste estudo decorre do fato de haverem poucas escalas para as compras compulsivas validadas para a população brasileira. Assim, com os resultados extremamente satisfatórios obtidos através da validação da escala YBOCS-SV, amplia-se os recursos de mensuração, diagnóstico do transtorno, epidemiologia e bases de estudos científicos.

O quarto e quinto estudos foram extraídos de um banco de dados, onde os sujeitos componentes eram da população em geral. O ensaio sobre 56 indivíduos com baixa renda média familiar, enfatizou que a compulsão por compra não é influenciada pelo poder aquisitivo nos indivíduos selecionados. O quinto artigo evidenciou características clínicas e aspectos da compulsão por comprar na população Brasileira, como o gênero feminino e a ocupação. Uma característica clínica corroborada refere-se ao rendimento médio mensal. Neste estudo também foram localizados sujeitos classificados como classe média baixa apresentando sintomas da compulsão por compras. Entretanto, o nível de urbanização e desenvolvimento econômico parecem interferir na compra patológica. Embora a depressão não seja um fator preditor, é um problema associado à aquisição patológica. Os resultados referentes a associação da compulsão por comprar e ansiedade mostraram-se incipientes e não permitiram avaliar a interação destes sintomas na população do estudo.

O sexto artigo produzido expôs dois estudos de caso no tratamento psicoterapêutico da compulsão por comprar. O principal objetivo do trabalho foi avaliar a eficácia da terapia cognitivo-comportamental, utilizando um protocolo estruturado para o atendimento das compras compulsivas. Os resultados obtidos nos dois casos clínicos enfatizam os benefícios e terapia da modalidade terapêutica de escolha, haja visto que as pacientes obtiveram redução dos sintomas referentes à compra compulsiva assim como da depressão e ansiedade, após 12 sessões de terapia. Em virtude a dificuldade em localizar e atender indivíduos compradores compulsivos o estudo não permitiu avaliar estatisticamente os resultados logrados. Entretanto, evidencia que a proposta de uma terapia estruturada, utilizando estratégias psicoeducativas, reavaliação cognitiva, manejo e regulação emocional e exposição comportamental.

Os artigos sétimos e oitavo avaliaram a prevalência da compra patológica em pacientes bipolares, assim como as possíveis interações sintomáticas entre os dois transtornos. No sétimo artigo os resultados encontrados identificam o predomínio da compra compulsiva em 30.7% dos pacientes bipolares. Outro dado relevante diz respeito às características sociodemográficas. A compulsão por comprar em indivíduos bipolares é predominante no sexo feminino e sujeitos com ambos os transtornos, em nossa pesquisa, recebiam até 2 salários mínimos a menos do que pacientes bipolares sem a compulsão por comprar. A compra compulsiva é diagnosticada tanto na presença da depressão quanto da mania. Estes achados sugerem que o comportamento patológico para comprar, parece funcionar como mecanismo regulador dos sintomas bipolares, reduzindo paliativamente o desconforto emocional da depressão e da mania.

No oitavo ensaio identificamos 76 pacientes bipolares em uso de estabilizadores de humor. A partir da seleção desta amostra, avaliamos as possíveis correlações entre as escalas CBS, HAM-D e YOUNG para mania. Encontramos uma correlação inversamente proporcional entre as escalas, sinalizando que os sintomas de depressão e mania podem ser comórbidos a compra compulsiva.

O nono estudo avaliou as possíveis relações entre a compulsão por compras, impulsividade, pensamentos sobre a morte, desesperança e qualidade de vida em estudantes universitários. Os resultados encontrados sinalizam a correlação entre a impulsividade e qualidade com pensamentos obsessivos sobre a morte e nível de desesperança. A compulsão por comprar não foi correlacionada com estes construtos, embora tenha apresentado correlação com a depressão.

6 CONCLUSÃO

Atualmente vivemos em uma sociedade de consumo massivo e nas últimas décadas os transtornos de controle dos impulsos, ou transtornos do exagero, têm tido destaque na literatura científica. Contudo, este é um tema insuficientemente explorado e são poucos os relatos que promovem ou produzem novos dispositivos norteadores acerca de uma maior acepção dos mecanismos psicológicos sobre a compulsão por comprar. Os objetivos do presente trabalho contemplaram estudos de revisão sobre as propostas terapêuticas do problema referido, análise da prevalência da compra compulsiva em uma população regional, validação de uma ferramenta para inferir a gravidade sintomática, ensaios sobre a relação da compra compulsiva com o transtorno afetivo bipolar, impulsividade, qualidade de vida e pensamentos obsessivos sobre a morte.

Por ser um projeto pioneiro em uma população regional, nos permitiu um debate a respeito de um tema tão pouco conhecido, que acomete e degrada tantos indivíduos. Os ensaios compilados nesta tese são de suma importância na acepção da dinâmica nosológica da oniomania, permitindo um entendimento mais amplo sobre as nuances e características peculiares, evidenciando tratar-se de um transtorno psiquiátrico. A complexidade em diagnosticar a compulsão por compras na população clínica constituiu a maior limitação de nossos ensaios. A dificuldade em rastrear indivíduos compradores compulsivos é um aspecto relevante. Muito embora seja considerado um comportamento aparentemente inócuo, contemporâneo, consequência dos estímulos e facilidade de crédito de nossa sociedade capitalista que insufla a aquisição, associando noções de bem-estar e qualidade de vida a este comportamento, o transtorno de aquisição compulsiva, muitas vezes é tratado com

certa superficialidade. Não obstante, em decorrência de seus desdobramentos, produz grande sofrimento psíquico, tornando a vida do indivíduo incapacitante.

Espera-se que através dos novos dispositivos de identificação, avaliação, mensuração, prevenção e tratamento propostos nesta tese, surjam novas possibilidades de manejar dispositivos de tratamento, propiciando a soma de intervenções, aumentando a chances de êxito, sobre um atendimento específico e isolado.

Adicionalmente às contribuições pormenorizadas, entender a compulsão por compras possui um caráter transdisciplinar, dado que esta desordem possui diversas idiossincrasias, que interferem em maneira global na vida do sujeito.

Assim, a partir de nossos ensaios foi possível captar os principais aportes e manifestações clínicas desta desordem, permitindo desta maneira, integrar as intervenções psicológicas cognitivo-comportamentais e a saúde geral dos pacientes, através da psiquiatria, incentivando o aprimoramento da qualidade de vida dos indivíduos de um modo profícuo.

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