

Recurrent Depressive Disorder Comorbid Compulsive Buying-Shopping Disorder And Eating Disorder: A Case Report

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1. Abstract

Recurrent depressive disorder often comorbidities addictive behaviors, such as substance and alcohol abuse and other behavioral addiction as well. Herein, we present the clinical and follow-up findings of a 38-year-old woman with 15 year recurrent depressive disorder comorbid with compulsive buying- shopping disorder (CBSD) and binge eating disorder, and successfully treated with cognitive therapy combined with escitalopram and aripiprazole. We also discussed the possible impact factors that related to recurrent depressive episodes and shopping and binge eating behaviors.

1.1 Back ground

Major depression disorder is a common affective disorder of which 12-month prevalence is approximately 6% and lifetime prevalence is 15 – 18%[1]. Recurrence of depression is particularly problematic, with estimates ranging as high as 75-90 % [2]. Recurrent depressive disorder is associated with complicated medical comorbidities and may lead to many problems. Many of the behaviors engaged in to alleviate depression can lead to negative consequences or even evolve into new co-morbidities,

such as over-shopping and overeating, which can further exacerbate depression. In this report we present the case of a recurrent depressive disorder female who comorbid CBSD and eating disorder. Her excessive shopping and overeating behaviors were associated with depressive mood and may be the coping mechanism to deal with her psychosocial depression. Through the examination and discussion of this case, our aim is to enhance awareness regarding the comorbidity of depressive disorder and addictive disorders, thereby improving comprehension from various perspectives and contributing to its treatment.

2. Case Report

A 38-year-old woman presented to our outpatient clinic with a 15-year history of depressed mood, lack of pleasure, suicidal ideation, social isolation, insomnia and diminished ability to think or concentrate. Additionally, she reported engaging in compulsive shopping behavior for the same duration and excessive eating for the past 2 years. The patient has been experiencing a persistent depressive mood since the age of 23 and has not undergone any formal diagnosis or treatment. After six months of being stuck in a depression which she couldn't get out of, she started trying to ease her mood by shopping. Whenever she experienced feelings of depression, an intense compulsion to engage in shopping behavior overcame her, proving irresistible until she found relief through indulging in this activity. The patient's persistent and increasingly uncontrollable excessive shopping behavior is evident. Initially, she allocated nearly her entire monthly income to online shopping; however, this gradually proved insufficient to satiate her insatiable desire for excessive purchases. Consequently, she resorted to taking out loans in order to sustain her compulsive buying habits, resulting in a staggering debt of 1.2 million RMB. Patient's excessive shopping behavior persists and becomes increasingly uncontrollable. However, this gradually proved insufficient to satiate her insatiable desire for excessive purchases. Consequently, she resorted to taking out loans in order to sustain her compulsive buying habits, resulting in a staggering debt of 1.2 million RMB. Most of the items purchased online were clothes and cosmetics, yet they were predominantly acquired for collection purposes rather than actual usage, resulting in a majority of unopened packages. Her momentary happiness only lasted until she completed the payment for her online shopping, after which she swiftly descended back into a state of depression.

Furthermore, two years ago, she began to exhibit overeating behavior, with 3-4 episodes of bulimia per week, eating heavily at dinner. She often ate alone at a faster rate. She was self-conscious about his inability to control her eating, and would employ emetic measures to induce vomiting

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after each binge, but the vomiting facilitating further consumption of food. She had gained more than 10 kg in 2 years, and her current BMI was 27.15. The patient's binge eating was an attempt to escape from the current situation of her debt crisis, and to alleviate the depressive mood. The patient had no experience to seeking doctor's help because of her above mentioned emotional and behavioral problems. In January 2023, due to the death of her father, the patient had another severe episode of depression, which manifested itself as depressed mood, tearfulness, insomnia and suicidal thoughts. After being persuaded by relatives, she agreed to come to the hospital for consultation and treatment. She denied history of hypomanic or manic symptoms. She also denied history of drug and alcohol abuse. She was an only child, unmarried, and not pregnant; her mother died in 2007 and her father had suffered from depression and died in 2023.

The patient reported that her parents exhibited strict, demanding, restrictive of her freedom, and overprotective behaviors that restricted her freedom. For example, whenever the patient went out, her parents would make a dozen phone calls to inquire about her return time, and prohibit her from attending college outside of the city. Furthermore, they even prevented her from traveling alone despite in her adult age. The patient exhibited a higher level of compliance with her parents' disciplinary measures during her pre-adult years, and her developmental trajectory proceeded smoothly without encountering any significant setbacks. Occasionally, when she encountered stress, the patient would choose to escape and numb herself by eating and buying things. In adulthood, particularly subsequent to securing employment, the patient felt that her parents should not restrict her so much anymore, and started to go against them, deteriorating the relationship with her parents and intensifying the conflicts. The patient's personality also changed from being lively and cheerful in pre-adulthood to being introverted in adulthood. The patient developed mood disturbances, which exacerbated following the demise of her mother. This was further compounded by a conflict with a colleague during that period, as well as being reassigned from her previous role and experiencing strained relationships with coworkers in her new position. On the basis of the available medical history, our preliminary diagnosis was recurrent depressive disorder, comorbid with CBSD and eating disorder. The patient received four sessions of cognitive therapy and was prescribed escitalopram 10 mg/day and aripiprazole oral solution 4ml/night. After one month treatment, her depressed mood had improved compared to before and her shopping and overeating behaviors had significantly decreased. However, she still experienced low mood, irritability and even suicidal thoughts. As a result, she was prescribed escitalopram 20mg/day, aripiprazole oral solution 2ml/night, and sodium valproate tablets 500mg/night. After six months of treatment with these medications, her depressive symptoms improved further and her excessive shopping disappeared while overeating behaviors were also significantly reduced. Besides, she sold merchandise that she had previously hoarded.

3. Discussion

The patient's condition has the following characteristics: (1) the

patient's depressed mood and excessive shopping behavior has lasted for more than 15 years, and the overeating behavior has lasted for two years, during which no means of intervention and treatment have ever been taken; (2) The individual engaged in maladaptive behaviors, such as excessive shopping and overeating, as means to cope with their depressive mood. Consequently, the excessive shopping led to substantial debt, which further exacerbated the patient's stress levels. This resulted in a detrimental cycle of negative emotions, compulsive shopping, and overeating that perpetuated increased stress levels.; (3) The parenting style, particularly excessive overprotection and over-restriction during her pre-adulthood and the introverted nature of the patient's personality, contribute to a lack of effective coping mechanisms for managing negative emotions and adverse environments. She was unable to deal with all the work and interpersonal conflicts, and thus chose to escape from the problem. Depression and addiction-related disorders exhibit a high degree of comorbidity, with each condition impacting the other significantly. The excessive shopping behaviors and overeating behaviors in this case have the characteristics of behavioral addictions although they are not included in the category of behavioral addictions. As with substance dependence, excessive shopping or overeating is associated with a transition from positive reinforcing effects to negative reinforcing effects. Research has shown that in the early stages of CBSD, patients can experience positive feelings such as pleasure while shopping. However, the purpose of shopping becomes relief from negative emotional states until they become the primary response to negative events and feelings over time[3, 4].

It has been found that as depression levels increase, shopping becomes more addictive [5] and that people with CBSD experience more depressive symptoms [6]. Similar to excessive shopping, eating initially has both positively reinforced pleasurable effects and negatively reinforced comforting effects, which can enable people to cope with stress, anxiety and depression. And stress is an important psychological factor in overeating behavior. Binge eating symptoms have been found to account for a large proportion of patients with major depression and are strongly correlated with suicidal thoughts, with one study including more than 800 patients with depressive disorders finding that 17% were accompanied by binge eating symptoms [6]. In contrast, eating disordered behaviors resolved as depressive symptoms improved, and improvement in depressive symptoms preceded eating disorders [7]. In this case, the patient's depressive symptoms preceded the over-shopping and overeating behaviors, and the over-shopping was to relieve depression and gain pleasure, while the overeating was to escape from the status quo and alleviate depression, which suggests that depression is an important risk factor for over-shopping and overeating behaviors. And because of excessive shopping into debt crisis further aggravates the patient's depression thus using overeating to briefly paralyze themselves. Depression, over-shopping and overeating behaviors interact with each other in a vicious circle. After the depression subsided, the over-shopping and overeating behaviors were also controlled, which showed that depression played the most important role in the patient's condition.

There are now recognized treatment options for depressive disorder, but

there is still a paucity of studies on the treatment of CBSD and eating disorder. With the treatment of CBSD, three open-label trials showing clinical improvement with citalopram and escitalopram was effective in an open-label trial but did not show efficacy in a double-blind period[8]. However, because of the high rate of co-morbidity in CBSD, it should be screened for co-morbidity before considering treatment options based on the patient's specific situation. Among them, antidepressants have better efficacy in patients with or without comorbid mood disorders, and mood stabilizers (topiramate, lamotrigine, valproate) and atypical antipsychotics (aripiprazole, quetiapine) have been associated with better therapeutic outcomes in case studies in patients with mood disorders[9]. Antidepressants are also used in the treatment of binge eating disorder, although lisdexamfetamine, a central nervous system stimulant initially approved for the treatment of Attention Deficit Hyperactivity Disorder (ADHD), is the only medication recommended by the U.S. Food and Drug Administration (FDA) for the treatment of binge eating disorder [10]. In this case, a good therapeutic effect was achieved with the antidepressant escitalopram and aripiprazole.

4. Conclusion

In conclusion, this case report highlights a unique case of recurrent depression and successfully treated with cognitive therapy and medications, such as escitalopram, aripiprazole and sodium valproate, in which the patient indulged in over-shopping and overeating as a coping mechanism to cope with the stresses and overcome her low mood. Contributors JY searched literature and drafted the manuscript. XZ edited the manuscript. WH supervised and revised the manuscript. All authors approved the final manuscript. Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors. Competing interests None declared. Patient consent for publication Obtained. Ethics approval This study does not involve human participants. Provenance and peer review Not commissioned; externally peer reviewed. Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial.

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