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Candidates of behavioural addictions

INSIGHTS ZONE 2 (I2)

IN PROGRAMME

Thursday, 24 October 2019 - 10:50 to 12:20

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Chair



Fineberg Naomi

Highly Specialised Service for Obsessive Compulsive and Related Disorders, Hertfordshire Partnership University NHS Foundation Trust, University of Hertfordshire, Welwyn Garden City, United Kingdom

Tracks

BEHAVIOURAL ADDICTIONS

Presentations

● PLENARY SESSION ● POSTER SESSION ● BIG DEBATE ● STRUCTURED SESSION ● WORKSHOP ● ORAL PRESENTATION SESSION
● SHORT COMMUNICATION SESSION ● POSTER GUIDED TOUR

Thursday, 24 October

11:00	● Oral presentation Buying-shopping disorder 11:00 to 11:15 Insights zone 2 (I2) Astrid Müller
11:15	● Oral presentation Work addiction 11:15 to 11:30 Insights zone 2 (I2) Bernadette Kun
11:30	● Oral presentation Hypersexuality – Compulsive sexual behaviours – Problematic pornography use 11:30 to 11:45 Insights zone 2 (I2) Marc Potenza
11:45	● Oral presentation Compulsive hoarding 11:45 to 12:00 Insights zone 2 (I2) Naomi Fineberg
12:00	● Oral presentation Exercise addiction: new developments 12:00 to 12:15 Insights zone 2 (I2) Attila Szabo

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Thematic track: Behavioral addictions

Co-producer's name: Zsolt Demetrovics

Thematic session 2. – Candidates of behavioral addictions

1. Buying-shopping disorder

Astrid Müller

Department of Psychosomatic Medicine and Psychotherapy, Hannover Medical School, Hannover, Germany

Starting in the early twentieth century, the topic of buying-shopping disorder (BSD) has been described in psychiatric textbooks. Buying-shopping disorder is characterized through the following: extreme preoccupation with shopping/buying, recurrent loss of control over purchasing, continuation or escalation of buying/shopping despite the occurrence of negative consequences (i.e. distress, debts, fraud). The behavior pattern results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. A meta-analysis determined the propensity towards BSD being 5%. BSD has not been included as a separate mental health disorder in DSM-5 or ICD-10, but is now listed as an example for the residual category "Other specified impulse control disorders" (category 6C7Y) in the ICD-11 coding tool. Recent research findings indicated shared key characteristics of BSD with substance-use disorders and gambling disorder, suggesting that BSD might be viewed most appropriately as a disorder due to addictive behaviors. This presentation will be addressing clinical characteristics, psychiatric comorbidity, epidemiology and neuropsychological underpinnings of BSD. The talk will offer a perspective to consider BSD as a mental health condition and to classify this disorder as a behavioral addiction, based on both research data and on long-standing clinical experience.

2. Work addiction and its current status among behavioral addictions

Bernadette Kun, Zsolt Demetrovics

Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary

The study of work addiction is an emerging field of behavioral addictions with several open questions and debates. Although the first definition of 'workaholism' has been defined in the beginning of the 70s (Oates, 1971), research on work addiction has been increased only after the millennium. There are different concepts of the phenomenon that emphasize the individual risk factors (e.g., attitudes, dispositions, cognitive and affective components) of work addiction, while other models focus on the multilevel characteristics of the problem, including environmental and societal factors. The authors summarize the current knowledge on work addiction, involving the most important findings from epidemiological and etiological studies. The authors review the key theoretical models of work addiction, such as the most frequently used instruments for measuring the risk of work addiction. A recent meta-analysis conducted by the authors underline the associations between personality factors and work addictions. Finally the authors summarize the current status of the phenomenon by highlighting the existing knowledge on work addiction and those issues that should be investigated in the future more comprehensively.

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3. Hypersexuality, Compulsive Sexual Behaviors and Problematic Pornography Use

Marc Potenza

Departments of Psychiatry and Neuroscience, Child Study Center, Yale University School of Medicine, New Haven, USA

Background: Considerable debate exists regarding the extent to which problematic or interfering levels of non-paraphilic sexual behaviors may constitute a psychiatric condition. In the setting of internet-pornography use, these concerns may have greater public relevance than in the past. Methods: A review of recent data will be presented with a focus on DSM-5 and ICD-11 considerations. Results: While the DSM-5 opted to exclude hypersexual disorder from the manual, the ICD-11 as released in June, 2018 included criteria for compulsive sexual behavior disorder. Studies of compulsive sexual behaviors suggest that they are associated with psychopathology, poor attachment and negative measures of health and functioning. While poor impulse control has been associated with compulsive sexual behaviors, overlaps with addictive behaviors are supported by the literature. Problematic pornography use may be a particularly concerning aspect of compulsive sexual behaviors in the current digital-technology environment. Conclusions: The inclusion of compulsive sexual behavior disorder in the ICD-11 should provide an enhanced framework for research and the provision of clinical care for affected individuals.

4. Compulsive Hoarding - An Update

Naomi Fineberg

Highly Specialized Service for Obsessive Compulsive and Related Disorders, Hertfordshire Partnership University NHS Foundation Trust, University of Hertfordshire, Welwyn Garden City, United Kingdom

Hoarding is an evolutionarily conserved form of goal-directed behaviour that becomes compulsive in a small number of individuals. Compulsive hoarding usually involves difficulty discarding unnecessary material, resulting in a cluttered environment, and in some cases additional impulsive-compulsive urges to excessively acquire. Compulsive hoarding characterizes several different DSM diagnoses, including Hoarding Disorder, Obsessive-Compulsive Disorder and Obsessive-Compulsive Personality Disorder, as well as some forms of dementia. The brain basis is thought to involve disruption in "top-down" cortically driven cognitive control mechanisms, leading to cognitive inflexibility and poor impulse control. Insight into compulsive hoarding is frequently impaired, the disorder responds poorly to available treatment, and the impact is often shared by family and neighbours. New evidence suggests hoarding may also take place "online", however the extent of this emerging problem behavior remains unknown. Indeed, research into hoarding as a whole remains in its infancy and there is much more to be understood. This paper will review diagnostic and treatment issues and provide recommendations for future research.

5. Exercise addiction: New developments

Attila Szabo

Institute of Health Promotion and Sport Sciences, ELTE Eötvös Loránd University

Exercises addiction refers to a morbidly characterized by the loss of control over one's exercise behavior that triggers negative consequences, similar to those noted in other addictions, to the individual. Recently numerous studies investigated exercise addiction primarily in correlational and cross-sectional research. However, to better understand the etiology of the risk for exercise addiction (REA) longitudinal studies are necessary. New research also reveals that passion is a predictor of the REA. In a recent longitudinal work we examined the possible changes in the REA and passion over 12 weeks in

young adults starting a new recreational sport activity. The results confirmed the reported findings that passion is a predictor of REA. However, the most important outcome of this work was the finding that the REA and passion increase over time after starting a new recreational sport activity and that the effects may be more pronounced in women than in men. This finding suggests an evolutionary trend in the REA that contradicts its revolutionary nature purported by the interactional model. Future studies in progress are aimed at longer duration longitudinal studies, by using an improved version of the assessment tool for the REA, to facilitate the understanding of the dynamics in REA and passion from the adoption of the activity through the maintenance phase, with a view on the fact that current assessment tools only assess the 'risk' which may never materialize in morbidity.