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Clinical case

# At the crossroads of psychotic and neurocognitive disorders following pathological borrowing and compulsive buying at the National Mental Health Center of Libreville

A la croisée des troubles psychotiques et neurocognitifs au décours des emprunts pathologiques et compulsions d'achat au Centre National de Santé Mentale de Libreville

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**Résumé**

Introduction : Les troubles du comportement financier, incluant les achats compulsifs et l'endettement pathologique, peuvent révéler des troubles psychiatriques ou neurocognitifs sous-jacents. Ce travail présente un cas clinique complexe illustrant ces interactions.

Cas clinique : Une évaluation clinique complète a été réalisée, incluant l'anamnèse détaillée, l'examen psychiatrique standardisé, l'examen somatique et des explorations complémentaires (TDM cérébrale, EEG, bilans biologiques). Les hypothèses diagnostiques ont été posées selon les critères du Diagnostic and Statistical Manual of Mental Disorders, 5e édition (DSM-5) et de la Classification Internationale des Maladies, 10e révision (CIM-10).

Mme IMAM, 60 ans, hypertendue et diabétique, présente depuis dix ans une conduite d'endettement répétitif et une compulsion d'achat spécifique aux ustensiles de cuisine. L'examen psychiatrique révèle une personnalité schizoïde, une bradypsychie, une distorsion du jugement et une humeur triste.

Discussion : Les hypothèses diagnostiques incluent une oniomanie, une schizophrénie à symptômes négatifs, une démence vasculaire et une éventuelle démence à début précoce. Ce cas souligne l'importance d'une approche multidisciplinaire pour le diagnostic différentiel et la prise en charge.

Conclusion : Le repérage précoce des anomalies du comportement financier doit alerter sur une possible vulnérabilité psychiatrique ou cognitive, nécessitant une évaluation clinique approfondie et coordonnée.

Mots-clés : Achats compulsifs, endettement pathologique, trouble neurocognitif vasculaire, Gabon.

**Abstract**

Introduction: Disorders of financial behavior, including compulsive buying and pathological debt, can reveal underlying psychiatric or neurocognitive disorders. This work presents a complex clinical case illustrating these interactions.

Clinical case: A complete clinical evaluation was performed, including a detailed medical history, a standardized psychiatric examination, a physical examination, and further investigations (brain CT scan, EEG, laboratory tests). Diagnostic hypotheses were formulated according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders , 5th edition (DSM-5) and the International Classification of Diseases, 10th revision (ICD-10).

Mrs. Imam, 60 years old, hypertensive and diabetic, has exhibited repetitive debt patterns and a specific compulsion to buy kitchen utensils for the past ten years. Psychiatric examination reveals a schizoid personality, bradypsychia, distorted judgment, and a depressed mood.

Discussion: Diagnostic hypotheses include oniomania, negative symptom schizophrenia, vascular dementia, and possible early-onset dementia. This case highlights the importance of a multidisciplinary approach to differential diagnosis and management.

Conclusion: Early detection of anomalies in financial behavior should raise concerns about possible psychiatric or cognitive vulnerability, requiring a thorough and coordinated clinical evaluation.

Keywords: Compulsive buying, pathological debt; vascular neurocognitive disorder, Gabon.

## Introduction

Financial behavior disorders, such as oniomania, are complex, often underdiagnosed, and characterized by compulsive buying that leads to significant distress and impaired social and occupational functioning. This disorder is associated with psychiatric comorbidities, including mood disorders, anxiety disorders, and personality disorders, and is considered an independent behavioral addiction [1 ].

In contrast, deficit schizophrenia is distinguished by persistent primary negative symptoms, such as apathy, anhedonia, and social withdrawal, which are stable over time and independent of acute psychotic episodes. This form of schizophrenia is associated with specific neurocognitive impairments and an often limited therapeutic response [2 ]. Furthermore, psychiatric disorders in older adults pose a diagnostic challenge due to the overlap between degenerative processes, somatic comorbidities, and social determinants.

Furthermore, hypertension is a well-established risk factor for cognitive decline and vascular dementia. The pathophysiological mechanisms involved include white matter lesions, microinfarcts, and altered regulation of cerebral blood flow, contributing to cognitive impairment, particularly in executive functions [3 ].

We report here the case of Mrs. IMAM, a 60-year-old patient who presented with pathological debt and compulsive buying behaviors, in the context of schizoid traits and hypertension, illustrating the diagnostic complexity and the need for a multidisciplinary approach. The objective is to describe a case of compulsive buying and pathological debt in an elderly patient and to propose diagnostic and therapeutic strategies.

Based on the clinical and paraclinical elements presented below, we will discuss possible diagnostic hypotheses and management options.

## Clinical case

This study was conducted as part of a descriptive observational clinical research project at the National Mental Health Center in Libreville, Gabon. It is based on the analysis of a clinical case observed in specialized practice, integrating psychiatric, neurocognitive, and psychosocial dimensions.

Data were collected through a clinically guided, semi-structured interview (standardized psychiatric examination and medical record review). Additional investigations included a brain CT scan and an EEG, which were unremarkable . No standardized scores (MMSE/ MoCA /PANSS) were available at the time

of the initial consultation. Their use is recommended for subsequent follow-up. Informed consent from the patient and family agreement were obtained for the publication of anonymized data.

Ms. Imam is a 60-year-old Gabonese woman of Nzebi ethnicity (Southeast Gabon). Recently divorced, retired, and a mother of four, she lives in the "SNI Owendo" neighborhood. She is a practicing Christian. Her only source of income is a retirement pension of 451,000 CFA francs per month. She states that she currently has no interests other than watching television.

The patient was brought in for consultation by her son for an excessive tendency to borrow money over the past 10 years. This behavior began after she was contacted by an individual via social media who promised a fictitious loan of €20,000. Despite significant financial losses, estimated at nearly 9,000,000 CFA francs, she maintains an irrational belief in the possibility of obtaining the loan, illustrating a distortion of judgment. Furthermore, a specific compulsive purchase of cooking pots was reported.

Ms. Imam has type 2 diabetes and is taking Metformin 500 mg and Vildagliptin 50 mg. She underwent an ovarian cystectomy 39 years ago. She has had 5 pregnancies , 4 pregnancies, and 1 miscarriage. Her sister died from diabetes, and her mother has hypertension and asthma. She also has an occasional history of alcohol consumption.

Clinically, she presented well, dressed appropriately. Her facial expression was sad and fixed, her contact was satisfactory, and her speech was normal. She exhibited a hand-rubbing tic and slight psychomotor retardation. She reported no sleep disturbances, but she practiced voluntary food restriction (which she stated was for debt repayment, a form of religious fasting) and social isolation. She was well-oriented but had diminished attention span. Her emotional state was characterized by a sad mood, marked shyness, and a sense of hopelessness. Her thinking was slowed (bradypsychia), with rationalization of events and distorted judgment. There were no perceptual disturbances, and her memory was intact. Furthermore, she exhibited a compulsive buying habit (pots and pans).

The physical examination revealed, neurologically, a Glasgow Coma Scale score of 15/15, reactive pupils, and normal reflexes without focal deficits. Cardiovascularly, heart sounds were audible with arrhythmias and elevated blood pressure (160/95 mmHg ). No edema was noted. The remainder of the examination was unremarkable.

Following the clinical examination, several diagnostic hypotheses were considered:

- *Oniomania (*impulse control disorder with pathological buying*)*
- *Chronic psychotic disorder of the schizophrenia type with negative symptoms*
- *Neurocognitive disorder of vascular origin*
- *Early*-onset dementia

Further psychiatric evaluations were indicated and neuropsychological follow-up was recommended.

## Discussion

This case illustrates the diagnostic complexity encountered when financial behavior disorders occur at the interface of impulse control disorders, psychotic disorders, and neurocognitive pathologies. The analysis of Ms. Imam's clinical presentation requires an integrated interpretation of several dimensions supported by the literature.

- *Oniomania and impulse control disorders*

The compulsive buying behavior of cooking pots falls within the framework of oniomania, defined as an irresistible compulsion to buy associated with emotional distress and significant functional consequences. Black [1] and Müller et al. [12] note that compulsive buying often occurs in a context of emotional vulnerability, mood disorders, or anxiety, and that it can be associated with obsessive or impulsive characteristics. In Ms. IMAM's case, the repeated purchases despite the catastrophic financial impact (nearly 9 million

CFA francs in losses) and the inability to control this behavior are consistent with clinical descriptions of compulsive buying disorder [1], [12].

Furthermore, Müller et al. [12] show that oniomania can present with purchases focused on a specific type of object. This, in this case, strengthens the clinical coherence of the diagnosis. The association with sad mood and experiences of hopelessness also supports Black's observations [1] describing the frequency of depressive symptoms among oniomaniac patients.

- *Suspected negative symptom schizophrenia*

Traits of social withdrawal, affective poverty, bradypsychia, and impaired judgment suggest the possibility of a psychotic disorder with predominantly negative symptoms. Galderisi and Maj [2] and Buchanan [13] emphasize that primary negative symptoms, such as anhedonia, apathy, decreased affective expression, and reduced social interaction, are persistent, independent of psychotic fluctuations, and associated with significant functional impairment. In Ms. Imam's case, the emotional impoverishment, increasing social isolation, and progressive withdrawal observed over several years are consistent with this profile. Buchanan [13] emphasizes that these symptoms respond poorly to standard antipsychotic treatments, justifying caution in management and the need for a specialized psychiatric evaluation.

The distortion of judgment, illustrated by the persistent belief in obtaining a fictitious loan despite evidence of fraud, could also reflect a stabilized or attenuated psychotic process.

- *Possible contribution of a neurocognitive disorder of vascular origin*

Long-standing, poorly controlled hypertension is a key element in the differential diagnosis. Cheon [3] and Iadecola et al. [14] convergently describe the deleterious impact of chronic hypertension on fronto-subcortical networks, responsible for executive functions, impulse control, and judgment.

The proposed mechanisms—white matter alteration, micro-infarction, and dysregulation of cerebral blood flow—explain the attentional disturbances, psychomotor slowing, and decision-making deficits observed in this patient. These impairments can manifest as repetitive behaviors, decision-making perseveration, and an inability to draw realistic conclusions regarding financial consequences, as described in this case.

The possibility of early vascular dementia is therefore relevant, especially since McKhann et al. [6] report that early alterations in social behavior, decision-making and judgment may precede memory impairment in some forms of neurocognitive disorders.

- *Early-onset dementia*

Finally, the possibility of early-onset dementia, although less likely in the absence of major memory impairment, remains a consideration due to the subtle cognitive disturbances observed (morbid rationalism, behavioral perseveration). McKhann et al. [6] note that early alterations in judgment and social behavior can be initial signs, particularly in certain frontal lobe forms. Comparison with other similar cases reported in the literature would help refine the diagnostic approach.

- *Dynamic interaction between psychiatric and cognitive dimensions*

Clinical data suggest that several mechanisms may coexist and reinforce each other. These include impulsivity and compulsion [1], [12], frontal lobe damage related to hypertension [3], [14], and persistent negative symptoms [2], [13].

This interaction accounts for the severity of indebtedness, poor decision-making, and denial of financial reality. Several authors emphasize the need to consider vascular factors as amplifiers of pre-existing psychiatric dysfunctions [3], [14].

Thus, this case should not be interpreted as a single clinical entity, but as a psychopathological overlap, as highlighted in the literature on psychiatro-neurocognitive interactions in the elderly.

- *Clinical implications and multidisciplinary management*

The recommendations stemming from the work of Müller [12] and Galderisi [2] emphasize the importance of integrating:

- A thorough psychiatric evaluation,

- A standardized neuropsychological assessment (attentional tests, executive functions, MMSE/MoCA),
- Medical management of hypertension to slow cognitive decline,
- If necessary, cognitive-behavioral psychotherapy focused on impulse control.

**Limitations and perspectives**

The initial lack of standardized neuropsychological tests is a major limitation for refining the diagnosis. As McKhann [6] points out, cognitive assessment should be systematic in behavioral disorders in the elderly.

Longitudinal monitoring would allow observation of the evolution of symptoms and adjustment of the diagnosis between primary psychiatric disorder, neurocognitive disorder, or mixed form.

This case highlights the importance of a multidisciplinary approach, combining psychiatric, neuropsychological, and medical assessments, to establish an accurate diagnosis and propose appropriate care. Prompt intervention could prevent further functional decline and preserve the patient's autonomy. In comparison, studies such as those by Cheon [3] and Iadecola [14] emphasize the cumulative impact of metabolic and vascular factors on cognition, supporting the need for coordinated medical follow-up.

**Conclusion**

The case of Ms. Imam highlights the complex interconnectedness between impulse control disorders, negative psychotic symptoms, and the risk of vascular dementia. The observed pathological debt and compulsive shopping reflect a severe impairment of judgment and social behavior, possibly exacerbated by underlying psychiatric and vascular factors.

Early recognition of these disorders, thorough multidisciplinary assessment and an appropriate management strategy are essential to limit the progression of functional disability and preserve the patient's quality of life.

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**Conflict of interest :** None

**References**

[1] Black DW. Compulsive shopping: a review and update. Curr Opin Psychol. 2022 Aug;46:101321.
[2] Galderisi S, Maj M. Deficit schizophrenia: an overview of clinical, biological and treatment aspects. Eur Psychiatry. 2009;24(8):493-500. doi:10.1016/j.eurpsy.2009.03.001.
[3] Cheon EJ. Hypertension and cognitive dysfunction: a narrative review. J Yeungnam Med Sci. 2023 Jul;40(3):225-32.
[4] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington (VA): American Psychiatric

Publishing; 2013.

[5] World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. Geneva: World Health Organization; 1992.

[6] McKhann GM, Knopman DS, Chertkow H, et al. The diagnosis of dementia due to Alzheimer's disease: recommendations from the National Institute on Aging and the Alzheimer's Association workgroup. Alzheimers Dement. 2011;7(3):263-9. doi:10.1016/j.jalz.2011.03.005.

[7] Organisation mondiale de la santé. Préambule à la Constitution de l'OMS adoptée en 1946. Genève: OMS; 1948.

[8] Freud S. L'homme aux loups. In: Cinq psychanalyses. Paris: PUF; 1970. p. 325-420.

[9] Freud S. Sur les transpositions des pulsions, plus particulièrement dans l'érotisme anal. In: La vie sexuelle. Paris: PUF; 1969. p. 106-12.

[10] Girodet J. Dictionnaire de la langue française. Paris: Bordas; 1989.

[11] Dumas A. Citations choisies. In: L'argent est un bon serviteur et un mauvais maître. Proverbes et pensées. Paris: Garnier-Flammarion; 1856.

[12] Müller A, Mitchell JE, de Zwaan M. Compulsive buying. Am J Addict. 2015;24(2):132-7. doi:10.1111/ajad.12111.

[13] Buchanan RW. Persistent negative symptoms in schizophrenia: an overview. Schizophr Bull. 2007 Jul;33(4):1013-22.

[14] Iadecola C, Yaffe K, Biller J, et al. Impact of hypertension on cognitive function: a scientific statement from the American Heart Association. Hypertension. 2016;68(6):e67-e94. doi:10.1161/HYP.0000000000000053.

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