Cross-cultural comparison of compulsive stealing (kleptomania)

TO THE EDITOR:

According to DSM-5, kleptomania is an often-disabling disorder characterized by repetitive stealing behavior precipitated by significant and uncontrollable urges to steal items that are not needed and could be easily afforded by the individual. Kleptomania is associated with significant psychosocial and legal consequences and with elevated rates of suicidal ideation and attempts. Despite significant personal and social consequences of kleptomania, little attention is paid to the disorder. During development of DSM-5, kleptomania was not assigned to any work group and therefore the diagnostic criteria were left unchanged with accompanying text that underwent little, if any, revision. Although most conditions in DSM-5 received new text regarding cultural aspects of the disorder, no such information was provided for kleptomania despite international research on the disorder.

Our aim is to present the only cross-cultural study of kleptomania to our knowledge. We evaluated 157 participants from the United States and Brazil. The U.S. sample included all individuals seeking treatment or participating in research studies at the Universities of Chicago and University of Minnesota from 2005 to 2014. The Brazilian participants were recruited from the Impulse Control Disorders Outpatient Unit at the University of São Paulo Hospital during the same time period. All individuals who

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**TABLE**

<table>
<thead>
<tr>
<th></th>
<th>U.S. sample (n = 112)</th>
<th>Brazilian sample (n = 45)</th>
<th>Statistic</th>
<th>df</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>3.129t</td>
<td>155</td>
<td>.002</td>
</tr>
<tr>
<td>Mean (±SD) [range], years</td>
<td>39.2 (14.9) [14–68]</td>
<td>31.4 (12.1) [17–63]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>80 (71.4)</td>
<td>35 (77.8)</td>
<td>0.38C</td>
<td>1</td>
<td>.538</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>90 (80.4)</td>
<td>30 (66.7)</td>
<td>2.62C</td>
<td>1</td>
<td>.106</td>
</tr>
<tr>
<td>Non-white</td>
<td>22 (19.6)</td>
<td>15 (33.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>43 (38.4)</td>
<td>30 (66.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>42 (37.5)</td>
<td>15 (33.3)</td>
<td>16.52C</td>
<td>2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Widowed/separated/divorced</td>
<td>27 (24.1)</td>
<td>0 (0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at onset of kleptomania</td>
<td>17.9 (11.9) [5–62]</td>
<td>20.1 (15.2) [5–61]</td>
<td>-0.887t</td>
<td>133</td>
<td>.376</td>
</tr>
<tr>
<td>Mean (±SD) [range], years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of suicide attempt due to kleptomania</td>
<td>26 (23.2)</td>
<td>8 (17.7)</td>
<td>F</td>
<td>n/a</td>
<td>.525</td>
</tr>
<tr>
<td>Current comorbid disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any depressive disorder</td>
<td>36 (32.1)</td>
<td>19 (42.2)</td>
<td>1.02C</td>
<td>1</td>
<td>.313</td>
</tr>
<tr>
<td>Any bipolar disorder</td>
<td>9 (8.0)</td>
<td>1 (2.2)</td>
<td>F</td>
<td>n/a</td>
<td>.283</td>
</tr>
<tr>
<td>Any psychotic disorder</td>
<td>0 (0)</td>
<td>2 (4.4)</td>
<td>F</td>
<td>n/a</td>
<td>.081</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>19 (17)</td>
<td>21 (46.7)</td>
<td>13.393C</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Alcohol abuse/dependence</td>
<td>13 (11.6)</td>
<td>5 (11.1)</td>
<td>0.04C</td>
<td>1</td>
<td>.842</td>
</tr>
<tr>
<td>Drug abuse/dependence</td>
<td>15 (13.4)</td>
<td>4 (8.9)</td>
<td>F</td>
<td>n/a</td>
<td>.591</td>
</tr>
<tr>
<td>Any eating disorder</td>
<td>2 (1.8)</td>
<td>6 (13.3)</td>
<td>F</td>
<td>n/a</td>
<td>.007</td>
</tr>
<tr>
<td>Any other impulse control disorder*</td>
<td>39 (34.8)</td>
<td>12/38 (32.4)</td>
<td>0.03C</td>
<td>1</td>
<td>.863</td>
</tr>
</tbody>
</table>

Note: All values are n (%) unless otherwise noted.

*Only 38 participants in the Brazilian sample were screened for impulse control disorders.

C = \(\chi^2\); F = Fisher’s exact test; t = Students t test.
contacted the centers for treatment were included in this
database if they meet inclusion criteria: (1) primary diag-
nosis of current DSM-IV kleptomania; (2) were able to be
interviewed in person; and (3) had the ability to under-
stand and consent to the study. Kleptomania diagnosis
was made using DSM-IV criteria using the Structured
Clinical Interview for Kleptomania.

The 2 groups of participants are presented in TABLE.
Participants with kleptomania from Brazil were more likely
to be younger, single, and have a co-occurring anxiety
or eating disorder. Age at kleptomania onset and suicide
attempts because of kleptomania were not significantly dif-
f erent between groups.

This cross-cultural study of kleptomania highlights 2
important clinical variables associated with this disorder.
First, the typical person spends years struggling with the
disorder before seeking treatment. The age of both groups
when seeking treatment, even at specialty clinics, was 10
to 20 years after illness onset. Second, the rates of suicide
attempts are frighteningly high in both groups and appear
largely independent of cultural variables. These findings
suggest that clinicians in the United States and Brazil need
to evaluate patients for kleptomania and perform thor-
ough suicide assessments of these patients.

Despite the absence of cultural comparisons for
kleptomania in DSM-5, there are opportunities for future
editions of the DSM and, more timely, ICD-11. Cultural
comparisons such as this provide evidence of the global
applicability of often-overlooked disorders such as klepto-
mania, an aspect of particular importance in the upcom-
ing ICD-11. This, in conjunction with future international
sample comparisons, may provide further insights into
kleptomania, which may aid in developing culturally-
specific prevention and intervention strategies.

DISCLOSURES: This research was supported by a grant
from the National Center for Responsible Gaming to Dr. Grant. Dr. Grant has received research grants from
National Institute of Mental Health, National Center
for Responsible Gaming, Forest Pharmaceuticals, and
Roche Laboratories. Dr. Grant receives yearly compen-
sation from Springer Publishing for acting as Editor-
in-Chief of the Journal of Gambling Studies and has
received royalties from Oxford University Press, American
Hill. Mr. Odlaug has received a research grant from the
Trichotillomania Learning Center, is a consultant for H.
Lundbeck A/S, and has received royalties from Oxford
University Press. Dr. Medeiros, Ms. Christianine, and
Dr. Tavares report no financial relationships with any
company whose products are mentioned in this article or
with manufacturers of competing products.

ACKNOWLEDGEMENT: This research was supported by a
grant from the National Center for Responsible Gaming
to Dr. Grant.

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Jon E. Grant, JD, MD, MPH
Department of Psychiatry and
Behavioral Neuroscience
University of Chicago
Chicago, Illinois, USA

Brian L. Odlaug, MPH
Department of Public Health
Faculty of Health and Medical Sciences
University of Copenhagen
Copenhagen, Denmark

Gustavo Medeiros, MD
Department of Psychiatry
University of São Paulo
São Paulo, Brazil

Aparecida R. Christianine, LCP
Department of Psychiatry
University of São Paulo
São Paulo, Brazil

Hermano Tavares, MD
Department of Psychiatry
University of São Paulo
São Paulo, Brazil

CORRESPONDENCE: Jon E. Grant, JD, MD, MPH, Department of Psychiatry and Behavioral Neuroscience, University of Chicago,
Pritzker School of Medicine, 5841 South Maryland Avenue, MC 3077, Chicago, IL 60637 USA E-MAIL: jongrant@uchicago.edu