

Hoarding Disorder

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ABSTRACT

Hoarding disorder is a persistent difficulty discarding or parting with possessions because of a perceived need to save them. This condition comes under obsessive and compulsive disorder (OCD) and a person with hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs. People with hoarding disorder may not see it as a problem, making treatment challenging. But intensive treatment can help people with hoarding disorder understand how their beliefs and behaviors can be changed so that they can live safer and more enjoyable lives.

Keywords: Hoarding disorder, Intensive treatment, Obsessive and compulsive disorder.

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INTRODUCTION

People with hoarding disorder have persistent difficulty getting rid of or parting with possessions due to a perceived need to save items. Attempts to part with possessions create considerable distress and lead to decisions to save them.¹ The resulting clutter disrupts the ability to use living spaces (American Psychiatric Association, 2013).²

Hoarding is not the same as collecting. Collectors typically acquire possessions in an organized, intentional, and targeted fashion. Once acquired, the items are removed from normal usage but are subject to being organizing, admired, and displayed to others.² Acquisition of objects in people who hoard is largely impulsive, with little active planning, and triggered by the sight of an object that could be owned. Objects acquired by people with hoarding lack a consistent theme, whereas those of collectors are narrowly focused on a particular topic. In contrast to the organization and display of possessions seen in collecting, disorganized clutter is a hallmark of hoarding disorder.³

EPIDEMIOLOGY

Current estimates indicate that 14% of the population will engage in hoarding behaviors sometime in the life course. Point prevalence studies indicate that clinically significant compulsive hoarding occurs in 1.5–4.6% of the population comparable to other major psychiatric conditions, and greater than the prevalence of OCD (1.2%). The overall prevalence of hoarding disorder is approximately 2.6%, with higher rates for people over 60 years old and people with other psychiatric diagnoses, especially anxiety and depression.⁴ The prevalence and features of hoarding appear to be similar across countries and cultures. The bulk of evidence suggests that hoarding occurs with equal frequency in men and women. Hoarding behavior begins relatively early in life and increases in severity with each decade.⁵

CONSEQUENCES

Hoarding disorder can cause problems in relationships, social and work activities, and other important areas of functioning. Potential consequences of serious hoarding include health and safety

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concerns, such as fire hazards, tripping hazards, and health code violations.⁶ It can also lead to family strain and conflicts, isolation and loneliness, unwillingness to have anyone else enter the home, and an inability to perform daily tasks, such as cooking and bathing in the home.⁷

CAUSES AND RISK FACTORS

The cause of hoarding disorder is unknown. Due to its recent classification, the neurobiology of hoarding disorder in humans is a newly burgeoning field, making it somewhat premature to draw firm conclusions.⁸ Hoarding is more common among individuals with a family member who also has a problem with hoarding. A stressful life event, such as the death of a loved one, can worsen symptoms of hoarding.⁹

Hoarding disorder has a symptom profile, neural correlates, and associated features that differ from OCD and other disorders.¹⁰ A number of information processing deficits have been associated with hoarding, including planning, problem solving and memory, sustained attention, working memory, and organization.¹¹

Hoarding behaviors appear relatively early in life and then follow a chronic course. Most studies report onset between 15 and 19 years of age. Early recognition, diagnosis, and treatment are crucial to improving outcomes.¹²

DIAGNOSING HOARDING DISORDER

Specific symptoms for a hoarding diagnosis include the following (American Psychiatric Association, 2013):

- Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- This difficulty is due to a perceived need to save the items and to the distress associated with discarding them.¹³
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, or the authorities).¹⁴

The hoarding causes major distress or problems in social, work, or other important areas of functions (including maintaining a safe environment for self and others).

DIAGNOSTIC CRITERIA OF DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM) V

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- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, or the authorities).
- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining an environment safe for oneself or others).¹⁶
- The hoarding is not attributable to another medical condition.
- The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in obsessive compulsive disorder, decreased energy in major depressive disorder, etc.).
- Specifiers
 - With excessive acquisition
 - With good or fair insight
 - With poor insight
 - With absent insight/delusional beliefs

The hoarding assessment scales are as follows:

- Structured Interview for Hoarding Disorder (Nordsletten et al., 2013)¹⁷
- Clutter Image Rating (Frost et al., 2008)
- Saving Inventory-revised (Frost et al., 2004)
- Hoarding Rating Scale-Interview (Tolin et al., 2010)¹⁶

TREATMENT

Treatment can help people with hoarding disorder to decrease their saving, acquisition, and clutter, and live safer, more enjoyable lives.

Randomized controlled trials have established cognitive behavioral therapy (CBT) for hoarding disorder as an effective treatment. During CBT, individuals gradually learn to discard unnecessary items with less distress—diminishing their exaggerated perceived need or desire to save these possessions. They also learn to improve skills such as organization, decision-making, and relaxation.¹⁸

Despite the effectiveness of CBT for hoarding disorder, a substantial number of hoarding disorder cases remain clinically impaired by their hoarding symptoms after treatment.¹⁹

Research investigating pharmacotherapies for HD is limited. Open-label trials of venlafaxine and paroxetine yielded promising results in improving symptoms of hoarding, but further research is required.²⁰

CONCLUSION

Despite the effectiveness of CBT for hoarding disorder, a substantial number of hoarding disorder cases remain clinically impaired by their hoarding symptoms after treatment. Regarding medication treatment, studies of hoarding disorder psychopharmacology have been small and open-label, which limit the conclusions that can be drawn from this literature. To date, there are no controlled trials to support efficacy. For some people, medications are helpful and may bring improvement in symptoms.

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