

## Hoarding Disorder

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### Abstract

Hoarding Disorder (HD) is currently under consideration for inclusion as a distinct disorder in DSM-5. Hoarding is the persistent difficulty discarding or parting with possessions, regardless of their actual value. The behavior usually has deleterious effects such as emotional, physical, social, financial, and even legal for a hoarder and family members. For those who hoard, the quantity of their collected items sets them apart from other people. Hoarding can be related to compulsive buying (such as never passing up a bargain), the compulsive acquisition of free items (such as collecting flyers), or the compulsive search for perfect or unique items (which may not appear to others as unique, such as an old container). This article examines the etiology, characteristics, signs and symptoms, evaluation, and treatment of hoarding syndrome

**Keywords:** Hoarding Disorder; Compulsive Buying.

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### Introduction

Hoarding was originally considered a subtype of obsessive-compulsive disorder (OCD), but now it is considered to be a separate diagnostic entity. It is commonly driven by an obsessive fear of losing important items that the person believes may be of use at some point in the future, by distorted beliefs about the importance of possessions and by extreme attachment to possessions. Hoarding syndrome is a serious public health hazard. It may pose risk of fire, falls, infestation, and bacterial growth. Hoarding can reduce activities of daily living, adherence to treatment, and quality of life. The hoarder collects excessive quantities of poorly useable items of little value, fails to discard items, and has difficulty organizing tasks. Hoarding places the individual at risk for social, psychological, and physical outcomes, which lead to a decline in quality of life[1].

### Definition

Compulsive hoarding, also known as hoarding disorder, is a pattern of behavior that is characterized by excessive acquisition and an inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress or impairment [2].

### Epidemiology

It was first defined as a mental disorder in the 5th edition of the DSM in 2013[3]. It was not clear whether compulsive hoarding is a separate, isolated disorder, or rather a symptom of another condition, such as OCD, but the current DSM lists hoarding disorder as both a mental disability and a possible symptom for OCD[4]. Prevalence rates have been estimated at 2% to 5% in adults, though the condition typically manifests in childhood with symptoms worsening in advanced age, at which point collected items have grown excessive and family members who would otherwise help to maintain and control the levels of clutter either die or move away [5,6]. It occurs

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equally among men and women, is more common in single persons. Hoarding appears to be more common in people with psychological disorders such as depression, anxiety, and attention deficit hyperactivity disorder (ADHD)[7]. Other factors often associated with hoarding include alcohol dependence, paranoid schizotypal, and avoidance traits[8].

### *Etiology*

It's not clear what causes hoarding disorder. Genetics, brain chemistry and stressful life events are being studied as possible causes. Hoarding disorder can affect anyone, regardless of age, sex or economic status. People hoard because they believe that an item will be useful or valuable in the future. Or they feel it has sentimental value, is unique and irreplaceable, or too big a bargain to throw away.

### *Risk Factors*

- *Age.* Hoarding usually starts around ages 11 to 15, and it tends to get worse with age. Younger children may start saving items, such as broken toys, pencil nubs, outdated school papers and broken appliances. Hoarding is more common in older adults than in younger adults.
- *Personality.* Many people who have hoarding disorder have a temperament that includes indecisiveness.
- *Family History.* There is a strong association between having a family member who has hoarding disorder and having the disorder yourself.
- *Stressful Life Events.* Some people develop hoarding disorder after experiencing a stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.
- *Social Isolation.* People with hoarding disorder are typically socially withdrawn and isolated. In many cases, the hoarding leads to social isolation. But, on the other hand, some people may turn to the comfort of hoarding because they're lonely[9].

### *Signs and Symptoms*

They hold onto a large number of items that most people would consider useless or worthless, such as:

- Junk mail, old catalogs and newspapers
- Worn out cooking equipment

- Things that might be useful for making crafts
- Clothes that might be worn one day
- Broken things or trash
- Promotional products

Their home is cluttered to the point where many parts are inaccessible and can no longer be used for intended purpose. For example:

- Beds that cannot be slept in
- Kitchens that cannot be used for food preparation, refrigerators filled with rotting food, and stove tops piled with combustibles such as junk mail and old food
- Tables, chairs, or sofas that cannot be used for dining or sitting
- Unsanitary bathrooms, piles of human or animal feces collected in areas of the home, and giant bags of dirty diapers that have been hoarded for many years
- Tubs, showers, and sinks are filled with items and can no longer be used for washing or bathing.

Their clutter and mess is at a point where it can cause illness, distress, and impairment. As a result, they:

- Do not allow visitors in, such as family and friends or repair and maintenance professionals, because the clutter embarrasses them
- Are reluctant or unable to return borrowed items
- Steal due to the impulse of possession
- Keep the shades drawn so that no one can look inside
- Get into a lot of arguments with family members regarding the clutter
- Often feel depressed or anxious due to the clutter[10].

### *Other Features*

- *Book hoarding-* Bibliomania is a disorder involving the collecting or hoarding of books to the point where social relations or health are damaged. One of several psychological disorders associated with books (such as bibliophagy or biblio kleptomania), bibliomania is characterized by the collecting of books which have no use to the collector nor any great intrinsic value to a more conventional book collector. The purchase of multiple copies of the same book and edition and the accumulation of books beyond possible

capacity of use or enjoyment are frequent symptoms of bibliomania. Bibliomania is not a psychological disorder recognized by the DSM-IV[11].

- Animal hoarding-Animal hoarding involves keeping larger than usual numbers of animals as pets without having the ability to properly house or care for them, while at the same time denying this inability.

Compulsive animal hoarding can be characterized as a symptom of a disorder rather than deliberate cruelty towards animals. Hoarders are deeply attached to their pets and find it extremely difficult to let them go. They typically cannot comprehend that they are harming their pets by failing to provide them with proper care. Hoarders tend to believe that they provide the right amount of care for their pets[12].

#### *Diagnosis*

The DSM-V diagnostic criteria for hoarding disorder are:

- Persistent difficulty in discarding or parting with possessions, regardless of the value others may attribute to these possessions.
- This difficulty is due to strong urges to save items and/or distress associated with discarding.
- The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas become decluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).
- The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autism Spectrum Disorder)[13].

#### *Treatment*

##### *Psychotherapy*

Psychotherapy, also called talk therapy, is the primary treatment. Cognitive behavior therapy is the most common form of psychotherapy used to treat hoarding disorder. CBT is considered to be the gold-standard treatment for Hoarding Disorder. Cognitive behavior treatment focuses on symptom reduction in the three major manifestations of hoarding: disorganization, difficulty discarding items, and excessive acquisition. Treatment components include (a) skills training with reinforcement to enhance problem solving, decision making, and organization; (b) imagined or direct exposure to distressing stimuli; and (c) cognitive restructuring of hoarding-related beliefs[14].

##### *Family-Based Approaches*

Family-based treatment approaches may be especially useful in cases of Hoarding Disorder in children and adolescents. Hoarding behaviors in children were often reinforced by parents' reactions. Therefore, parents should be educated that giving into a child's hoarding behaviors when the child appears distressed (e.g., tantrums, crying) negatively reinforces the hoarding behaviors. Parents are encouraged to modify their behaviors by reacting in ways that attempt to diminish the child's hoarding behaviors. Positive reinforcement, such as praise, is recommended when the child engages in positive behaviors. Reward systems may be incorporated into this treatment approach as well. It also suggested that parents set deadlines for the disposal of certain items so as to set and reinforce boundaries. No clinical trials have explored the effectiveness of family-based approaches; thus, these findings should be approached with caution[15].

##### *Medications*

Extended-release venlafaxine (i.e., Effexor XR), a serotonin and norepinephrine reuptake inhibitor, was effective in improving hoarding symptomatology [16]. Additionally, the selective serotonin reuptake inhibitor paroxetine (i.e., Paxil) has demonstrated efficacy in improving hoarding symptoms, as well as comorbid depressive and anxious symptoms[17]

##### *Lifestyle and Home Remedies*

- *Stick to Your Treatment Plan*

It's hard work, and it's normal to have some

setbacks over time. But treatment can help you feel better about yourself and reduce your hoarding.

#### *Try to Keep up Personal Hygiene and Bathing*

If you have possessions piled in your tub or shower, resolve to move them so that you can bathe.

#### *Make Sure you're Getting Proper Nutrition*

If you can't use your stove or reach your refrigerator, you may not be eating properly. Try to clear those areas so that you can prepare nutritious meals.

#### *Reach out to Others*

Hoarding can lead to isolation and loneliness, which in turn can lead to more hoarding. If you don't want visitors in your house, try to get out to see friends and family. Support groups for people with hoarding disorder can let you know that you are not alone and help you learn about your behavior and resources.

#### *Look out for Yourself*

Remind yourself that you don't have to live in chaos and distress that you deserve better.

#### *Take Small Steps*

With a professional's help, you can tackle one area at a time. Small wins like this can lead to big wins.

#### *Focus on your Goals*

To keep motivated to declutter, focus on your goals living a healthier and more enjoyable life.

#### *Do what's Best for your Pets*

If the number of pets you have has grown beyond your ability to care for them properly, remind yourself that they deserve to live healthy and happy lives and that's not possible if you can't provide them with proper nutrition, sanitation and veterinary care.

#### *Accept Assistance*

Local resources, professional organizers and loved ones can work with you to make decisions about how best to organize and unclutter your home and to stay safe and healthy[9]

#### *Complications*

Hoarding disorder can cause a variety of complications, including:

- Unsanitary conditions that pose a risk to health
- Increased risk of falls
- Injury or being trapped by shifting or falling items
- A fire hazard
- An inability to perform daily tasks, such as bathing or cooking
- Poor work performance
- Family conflicts
- Loneliness and social isolation
- Financial problems
- Legal issues, including eviction[9]

## **Conclusion**

Like most human behaviors, saving and collecting possessions can range from totally normal and adaptive to excessive or pathological. Hoarding, or compulsive hoarding, are some of the more commonly used terms to refer to this excessive form of collectionism. Hoarding is highly prevalent and, when severe, it is associated with substantial functional disability and represents a great burden for the sufferers, their families, and society in general. It is generally considered difficult to treat. Hoarding can occur in the context of a variety of neurological and psychiatric conditions. Although it has frequently been considered a symptom (or symptom dimension) of obsessive-compulsive disorder, and is listed as one of the diagnostic criteria for obsessive-compulsive personality disorder, its diagnostic boundaries are still a matter of debate. Growing evidence from epidemiological, phenomenological, neurobiological, and treatment studies suggests that compulsive hoarding may be best classified as a discrete disorder with its own diagnostic criteria[18].

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