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Pathological hoarding

Background

Compulsive hoarding is defined, in most cases, as 'the inability to resist the urge to acquire possessions and to discard possessions'. Compulsive hoarding has an early age onset, chronic course and significant levels of comorbidity and morbidity.

Objective

This article outlines the essential features of compulsive hoarding occurring as a symptom factor of obsessive compulsive disorder (OCD) and alludes to hoarding co-occurring in a range of disorders other than OCD. A test screening for compulsive hoarding is provided.

Discussion

Compulsive hoarding occurs in illnesses other than OCD. Limited treatment studies have been completed only when compulsive hoarding is a symptom factor of OCD. These studies suggest that a pharmacological approach and multimodal cognitive behavioural therapy can achieve a moderate treatment outcome. The illness however is difficult to treat.

■ **Consumerism drives economies; we acquire and discard possessions without distress. This process is well managed by most with only the occasional glitch. For those who compulsively hoard, this process is impaired; the sufferer is unable to resist the urge to acquire possessions, which are at times of little value, and is unable to discard even at the point of excess leading to cluttered living spaces.**

While recognised in ancient Greek times and having a clinical history dating back decades, compulsive hoarding has only recently become the subject of empirical inquiry.^{1,2} With an estimated lifetime prevalence of 4 per 1000, compulsive hoarding is today recognised as a public health issue with sufferers experiencing significant comorbidity and morbidity as well as impaired neuropsychological functioning.³⁻⁶

Surprisingly, there is no explicit definition of compulsive hoarding. It is coded in DSM-IV-TR™ 2000 as one of the eight symptoms of obsessive compulsive personality disorder (OCPD).⁷ However, compulsive hoarding is most widely recognised as a symptom factor of obsessive compulsive disorder (OCD), although this view is disputed.^{8,9} That compulsive hoarding occurs in psychiatric disorders other than OCD and in nonclinical populations, has prompted the suggestion that it be viewed in generic terms as a 'multifaceted behavioural phenomenon'.¹⁰

OCD and compulsive hoarding

Ten to 20% of all OCD patients have compulsive hoarding as their primary diagnosis; 42% as a secondary symptom.¹¹ Defining features of compulsive hoarding are listed in *Table 1*.¹² While childhood and adolescence is the norm for onset of symptoms, most people only recognise they are compulsive hoarders in adulthood.^{13,14} Symptoms of clutter and difficulty with discarding occur earlier than active acquisition of items.¹⁴

Compulsive hoarders often have a first degree relative who hoards.¹⁵ Further evidence for genetic factors has emerged from the OCD Collaborative Genetic Study, which showed a significant linkage to compulsive hoarding on chromosome 14 in families with OCD where there were two or more hoarding relatives. In families with fewer than two hoarding relatives, there was a suggestive linkage on chromosome 3.¹⁶

Phenomenology

Compulsive hoarders acquire more items than nonhoarders. The items may be similar, however acquisitions are often multiples of identical items. Acquisition occurs through purchasing, pursuing 'freebies', stealing, or a combination of strategies. Commercial and noncommercial sites are utilised for purchasing including: garage sales, newspapers, rubbish dumps, and the internet. The advantage of internet purchasing is availability and the absence of embarrassment when multiple items are purchased. Persistent acquisition for some, leads to debt, theft of monies and depletion of personal and family savings.¹⁷ Common items hoarded are listed in *Table 2*.¹⁸ The hoarding of rubbish, known as syillogomania, also occurs and reflects a more severe disorder.

Compulsive hoarders are handicapped in their ability to discard that stems partly from an intense set of beliefs about their possessions. Hoarders value their items highly, perceive the possessions have future value, at times consider the items their friends and may view disposal as a sign of wastefulness. The failure to discard may be influenced by the perception that discarding is time consuming and/or too overwhelming.

Initially the hoard is organised, disorganisation transpires as volume increases. Living and nonliving areas become consumed with clutter often precluding normal existence. For some, their residence is consumed and nonresidential storage is sought, ie. commercial storage sites. Psychosocial morbidity is higher in compulsive hoarders than in OCD nonhoarders. Many never marry, family discord is common, and 50% are unemployed.¹⁹ Hoarders are secretive and embarrassed by their predicament, avoid visitors, and live a solitary existence.

In making a diagnosis workup for compulsive hoarding, a

Table 1. Defining features of compulsive hoarding

- The acquisition and failure to discard possessions of little use or no value
- The hoard prevents the normal use of living spaces
- The hoarder experiences significant distress or impairment in function

Table 2. Items commonly hoarded

- Magazines
- Containers
- Mechanical parts
- Toiletries
- Books
- Clothes
- Receipts
- Junk mail
- Notes, lists
- Newspapers

Table 3. Most common comorbidity in OCD hoarding

- Major depression
- Bipolar disorder
- Substance abuse
- Panic disorder
- Generalised anxiety disorder
- Social phobia

differentiation between hoarding and collecting ought to occur. In contrast to compulsive hoarding, collecting is purposeful with specific items often acquired and retained. The collector is proud of the possessions and enjoys them. The collector's items are maintained, displayed, organised and functional, with further items added when budget permits; the home is not cluttered.

Comorbidity and compulsive hoarding

Comorbidity is common, with 92% having one additional psychiatric diagnosis (*Table 3*). Those who compulsively hoard have significantly more comorbidity than those with nonhoarding OCD, with females having greater comorbidity than males. Trichotillomania, compulsive buying and pathological gambling also commonly co-occur with compulsive hoarding. Personality disorders are also common, particularly OCPD, dependent and avoidant.^{3,4,6}

Non-OCD hoarding

Compulsive hoarding occurs in illness unrelated to OCD (*Table 4*). The hoarding may be a feature of an impulse control disorder, the result of a stereotypical ritualistic behaviour, or a tic.²⁰⁻²² Moreover, Compulsive hoarding may be a symptom of dementia, with studies suggesting up to 23% of those with dementia compulsively hoard.²³

Hoarding in the elderly

Historically, compulsive hoarding in the elderly was discussed in terms of Diogenes syndrome, a syndrome characterised by extreme self neglect, social withdrawal and domestic squalor with syillogomania a common symptom.²⁴ Today, validity of this syndrome is disputed due to overlapping symptoms of OCD, other psychiatric illnesses and dementia. Most elderly hoarders are women who have never married, with 92% having clutter without apparent organisation. Pertinently, most consider their hoarding a physical health threat but do not consider themselves cognitively impaired.²⁵

Animal hoarding

Animal hoarding is now recognised as a public health issue. This mode of hoarding is defined when a significant number of animals are accumulated that are given inadequate nutrition, sanitation and veterinary care. The owner fails to act on the deteriorating condition of the animals, denies neglect of the animals, considers that appropriate care is provided despite evidence to the contrary, and is reluctant to surrender the animals for fear of euthanasia. They view themselves as rescuers, develop an overwhelming sense of responsibility for the animals and believe they have an innate ability to communicate and empathise with them. Seventy-six percent of animal hoarders are women aged 60+ years, residing alone, who also tend to hoard inanimate objects.²⁶

Making a diagnosis

Compulsive hoarders are secretive and embarrassed over their condition. Yet clinical experience shows that patients are relieved

Table 4. Compulsive hoarding in illness unrelated to OCD

- Prader Willis syndrome
- Depression
- Tourette syndrome
- Dementia
- Attention deficit disorder
- Autism
- Schizophrenia
- Anorexia nervosa
- Brain damage
- Mental retardation

Table 5. Questions to ask in assessing for compulsive hoarding

- Do you have difficulties resisting the urge to acquire possessions even though you may never use them?
- Do you acquire multiple items that have little use or no value?
- How often do you avoid discarding possessions because it is too stressful?
- How often do you avoid discarding possessions even though you have no use or room for them?
- How much of your home is cluttered by your possessions?
- Are sections of your home inaccessible due to your clutter?
- Is your clutter disorganised?
- Are you reluctant to invite visitors to your home because of the clutter?
- Are you embarrassed by the state of your home?
- What do hoarded possessions mean to you?

Table 6. Cognitive deficits in compulsive hoarding

- Impaired information processing
- Excessive emotional attachment to possessions
- Exaggerated beliefs about possessions
- Avoidance of decision making

on being asked about their condition, even if they are reluctant to consider treatment. *Table 5* lists questions that may assist in making a diagnosis.

If a diagnosis of compulsive hoarding appears likely, a home visit is warranted followed by referral to a psychiatrist or clinical psychologist. At times, it may be necessary to use public health officials. Regardless of intervention, recidivism is common, therefore continual monitoring is necessary.

Treatment

Compulsive hoarders rarely seek treatment due to embarrassment and/or denial of their behaviour. There have been no studies into the treatment of OCD nonhoarders nor has the efficacy of any treatment on OCD hoarding long term been reported.

Pharmacotherapy

Compulsive hoarding has historically been considered a poor responder to pharmacological strategies used in treating OCD – this

view in part stemming from the absence of specificity in treatment studies. In the only treatment study specifically evaluating the treatment response of a specific serotonin reuptake inhibitor (SSRI) on compulsive hoarding, 20–60 mg paroxetine over 10–12 weeks resulted in 50% of subjects having either a partial or full response.²⁷

Cognitive behavioural therapy

In limited studies, a multimodal cognitive behavioural approach, which hypothesises that underlying compulsive hoarding are deficits in cognitive processes, has been shown to be efficacious (*Table 6*).^{28,29}

Multimodal treatment emphasises psychoeducation and addresses the cognitive deficits that underlie hoarding (see *Resources*). Strategies to inhibit acquisition are utilised using response prevention techniques, areas for storage are restricted, and possessions better organised. Discarding the hoard is promoted, and the hoarder is encouraged to accept that distress, not harm, will occur on discarding.

Conclusion

Compulsive hoarding is manifested in numerous illnesses and age groups. Regardless of aetiology, the outcome is similar. Most sufferers are secretive and embarrassed about their behaviour, however, within a nonthreatening environment, clinical experience suggests they are likely to cooperate with treatment and long term maintenance.

Resources

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