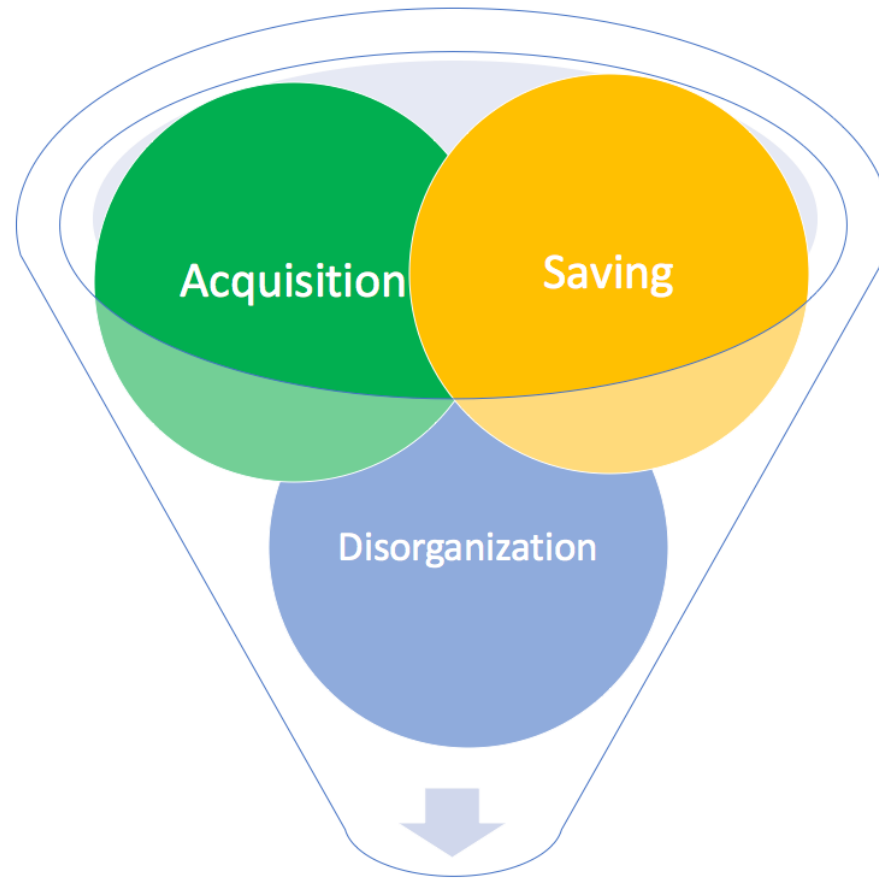


# Hoarding as a Mental Health Challenge

# Primary Manifestations of Hoarding



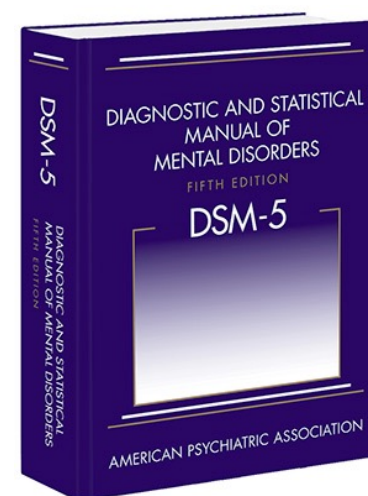
**CLUTTER**

## DSM-5 Criteria for Hoarding Disorder (HD), an OC Spectrum Condition (300.3 F42)

(A) Persistent **difficulty discarding** or parting with possessions, regardless of their actual value.

(B) Difficulty is due to **perceived need to save items** and **distress associated with discarding** them.

(C) Symptoms result 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, authorities)



(APA, 2013)

## DSM-5 Criteria for Hoarding Disorder (HD), an OC Spectrum Condition (300.3 F42)

(D) Hoarding causes **clinically significant distress** or impairment in social, occupational, or other important areas of functioning (including maintaining a **safe environment for self and others**).

(E) Hoarding is **not attributable to another medical condition** (e.g., brain injury, cerebrovascular disease, Prader-Willi Syndrome).

(F) Hoarding is not better accounted for by the **symptoms of another DSM-5 disorder:**

Obsessions in OCD

Decreased energy in Major Depressive Disorder

Delusions in Schizophrenia or other Psychotic Disorder

Cognitive deficits in Dementia

Restricted interests in Autism Spectrum Disorder

(APA, 2013)

# DSM-5 Criteria for Hoarding Disorder (HD)

*Specify if:*

**With Excessive Acquisition:** If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or which there is no available space.

**Good or Fair Insight:** The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

**Poor Insight:** The individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

**Absent Insight:** (i.e., delusional beliefs about hoarding) The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

(APA, 2013)

# Hoarding is Distinct from Collecting

Feature	Collecting	Hoarding
Objects	Focused on cohesive themes, few objects	Lack of cohesive theme, many different types of objects
Acquisition	Planned searches; limited; mainly bought items	No planned; often excessive; free and bought items
Organization	Items are arranged, stored, and/or displayed	Disorganized clutter
Distress	Usually pleasurable; rare financial distress	Distress from clutter, non-acquiring or discarding
Social Impairment	Low-high marriage rate; collecting is often social	Mild to severe; low marriage rate; relationship conflict and social withdrawal are common
Job Interference	Rare; little work impairment	Common; increases with hoarding severity

(Adapted from Nordsletten, Fernández de la Crus, Billotti, Mataix-Cols (2013). Finders keepers: the features differentiating hoarding disorder from normative collecting. *Comprehensive Psychiatry*, 54, 229-37.)

# Prevalence

Meta-analysis 2.5% (Postlethwaite et al., 2019)

**US** 5% (Samuels et al., 2008)

## **Germany**

4.6% (Mueller et al., 2009)

5.8% (Timpano et al., 2011)

## **UK**

2.3% (Iervolini et al., 2010)

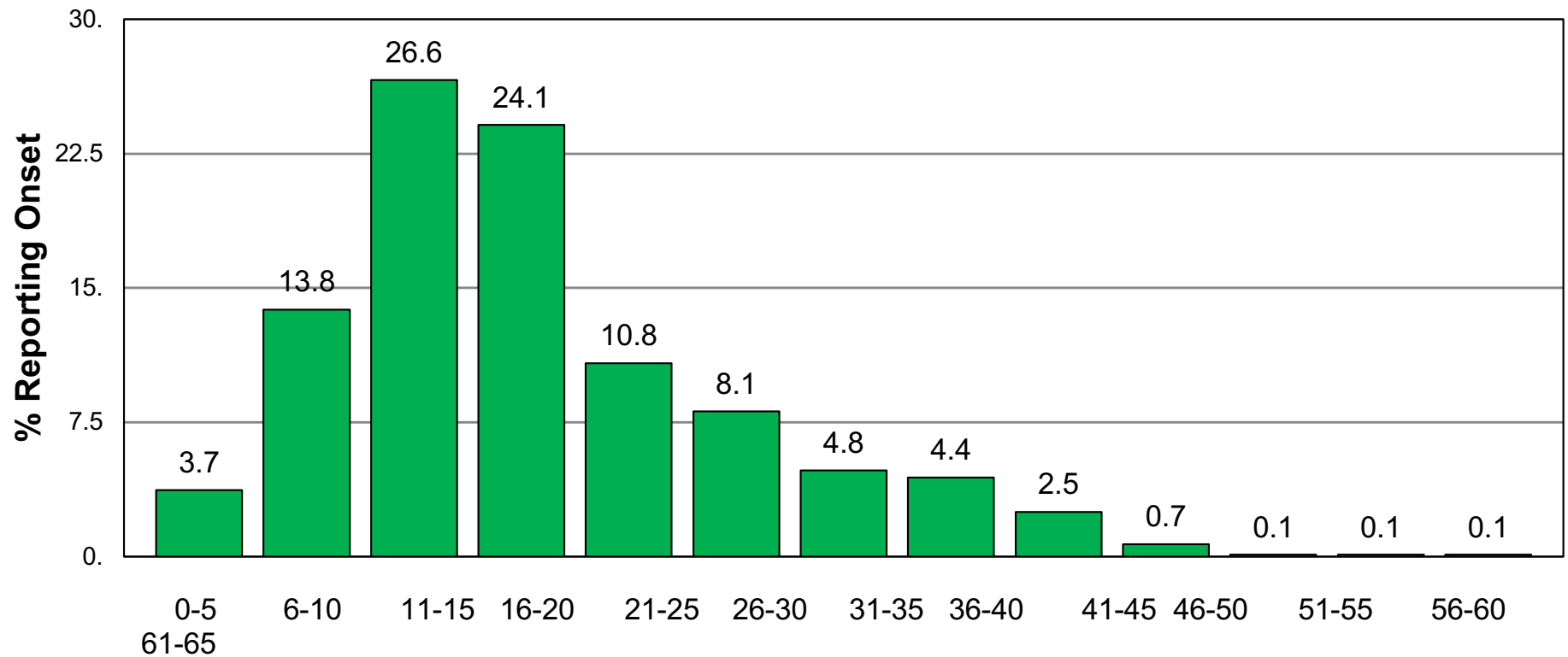
1.5% (Nordsletten et al., 2013)

**Sweden** 2% (Adolescents; Ivanov et al., 2013)

**Netherlands** 2.1% (Cath et al., 2017)

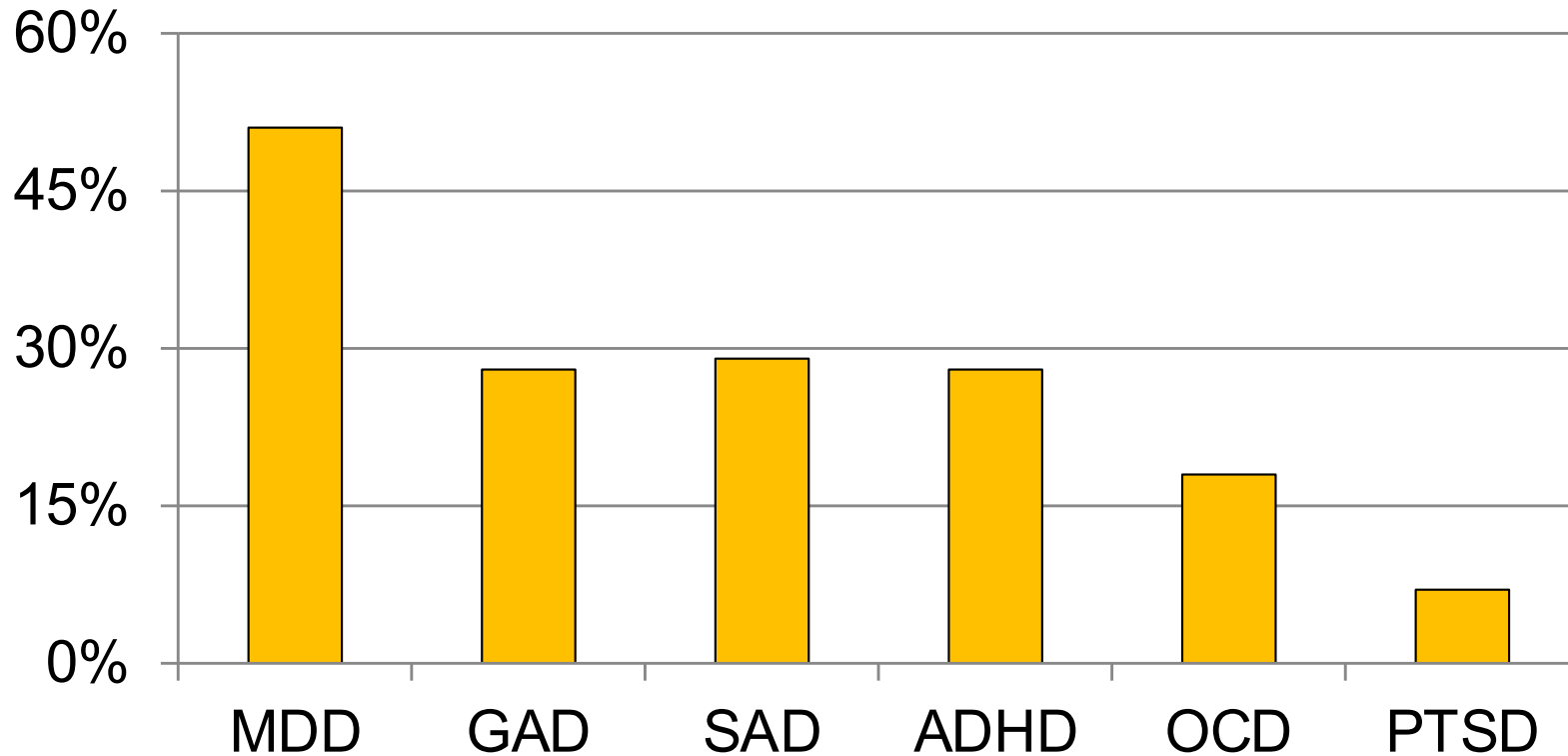


# Age of Onset of Hoarding



(Tolin et al., 2010; Zaboski et al., 2019)

# Comorbid Mental Health Disorders



(Frost et al., 2011)

# Medical Problems Among Hoarding Clients

63.6% endorsed at least one chronic and severe medical condition<sup>1</sup>; 90% for older adults with HD<sup>2</sup>

High number of older adults with cardiovascular condition

Less frequent primary care visits

Higher rates of obesity

Need for comprehensive healthcare and targeting hoarding symptoms that are barriers to medical care

(<sup>1</sup>Tolin et al. (2008). *Psychiat Res.* 160:200-211

<sup>2</sup>Ayers, Iqbal, & Strickland (2014) *Aging Ment Health* 18; 148-151)

# Social & Functioning Problems

Social isolation

Strained relationships

Family, friends

Landlords, neighbors

Legal/financial problems

Large credit card debt

High expense – e.g., storage unit fees

Eviction, homelessness property damage, divorce, bankruptcy

Work problems

Interference with major personal or career goals



# Problems Affecting Safety in the Home

Fire hazards (stove covered, exposed wires, flammable material)

Unsanitary conditions (e.g., insects, rodents)

Medical personnel unable to move through home in emergency

Obstructed pathways, blocked exits (doors and/or windows)

Structural damage to floors, walls/beams, ceilings, stairs

Heavy items, glass, or sharp items stacked high

Utilities and smoke alarms don't function

Pooled water, mold/mildew in the home

Infestation and disease (rodents)



(Tompkins & Hartl, 2010, p. 75-76)

# Hoarding in Older Adults

Reported in 10-25% of older adults in nursing homes, day care centers, and public housing

Accompanied by chronic illnesses

Medication and dietary mismanagement leading to worsening of medical conditions

Significant impairment in activities of daily living

Premature relocation to senior housing

Risk of homelessness

Social isolation

(Ayers et al., 2010; 2012; 2014; Kim et al., 2001; Diefenbach, et al., 2012; Dierberger, DeNobel & Frost, 2012; Frost et al., 1999; Marx & Cohen-Mansfield, 2003)