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**ABSTRACT** **INTRODUCTION:** Hoarding disorder, newly included in the DSM-5, is characterized by persistent difficulty in parting with possessions, resulting in severely cluttered living spaces, distress, and impairment. Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. Compulsive hoarders may be aware of their irrational behaviour, but the emotional attachment to the hoarded objects far exceeds the motive to discard the items. Many people with problematic hoarding have extreme emotional attachment to these items and find it extremely distressing to contemplate parting with the items. A consequence of severe hoarding is that the individual has so many items that they can no longer use their living space.

**KEYWORDS :****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.

**CAUSES**

It's not clear what causes hoarding disorder. Genetics, brain functioning and stressful life events are being studied as possible causes.

**EPIDEMIOLOGY**

Hoarding disorder is thought to be present in 1.5% of the population with this figure increasing in older adults. The disorder affects both males and females, but some studies have reported a significantly greater prevalence among males.

**TYPES OF HOARDING****Object hoarding**

Hoarding is distinct from collecting, which is considered a normal behaviour. The most commonly saved items among object hoarders are newspapers, magazines, old clothing, bags, books, mail, and paperwork. Many hoarders collect and save valuable items as well.

**Animal hoarding**

Persons who hoard animals keep an unusually high number of pets in their homes without having the resources or ability to properly care for them. However, these persons have trouble comprehending that they are not adequately providing for the animals and are placing them in harm's way; they believe they are providing good care for the animals.

**RISK FACTORS**

Hoarding usually starts around ages 11 to 15, and it tends to get worse with age. Hoarding is more common in older adults than in younger adults.

**Risk factors include:**

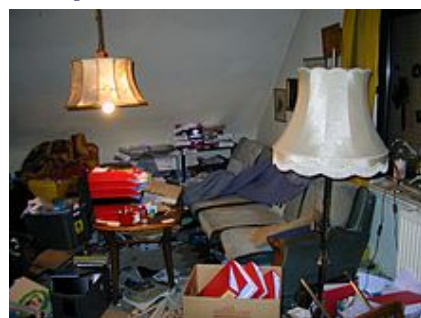
- **Personality.** Many people who have hoarding disorder have a temperament that includes indecisiveness.
- **Family history.** There is a strong association between having a family member who has hoarding disorder and having the disorder yourself.
- **Stressful life events.** Some stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.

**SIGN AND SYMPTOMS**

Listed below are possible symptoms hoarders may experience. They hold onto a large number of items that most people would consider useless or worthless, such as:

- Junk mail, magazines, 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
- Their home is cluttered to the point where many parts are inaccessible and can no longer be used for intended purposes. For example:
  - Beds that cannot be slept in
  - Kitchens that cannot be used for food preparation
  - Tables, chairs, or sofas that cannot be used for dining or sitting
  - Tubs, showers, and sinks 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 repair and maintenance professionals, because the clutter embarrasses them
  - Are reluctant or unable to return borrowed items
  - Get into a lot of arguments with family members regarding the clutter
  - Often feel depressed or anxious due to the clutter

**Obsessive-compulsive disorder****A hoarder's living room**

For many years, hoarding has been listed as a symptom or a subtype of obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD). People with OCD experience unwanted thoughts that incline them to do something repetitively. Some of these behaviors are excessive cleanliness and excessive tooth brushing. The current DSM says that an OCD diagnosis should be considered when:

- The hoarding is driven by fear of contamination or superstitious thoughts
- The hoarding behaviour is unwanted or highly distressing
- The individual shows no interest in the hoarded items
- Excessive acquisition is only present if there is a specific obsession with a certain item

## Book hoarding

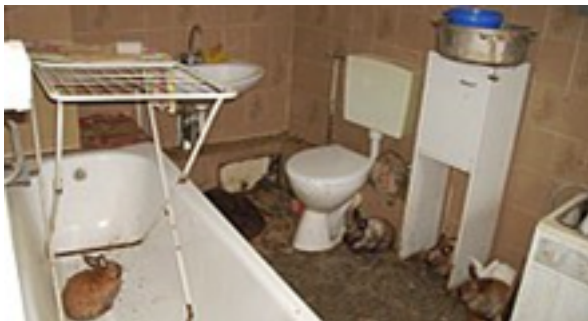


### Cluttered bookshelf, one symptom of bibliomania

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 bibliokleptomania), 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.

One of the most famous bibliokleptomaniacs in American history, Stephen Blumberg, never felt that he was doing anything wrong. "Blumberg was trying to save a forgotten world from a system (the libraries) that neglected it".

## Animal hoarding



### Animal hoarding: rabbits

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.

## COMPLICATIONS

Hoarding disorder can cause a variety of complications, including:

- Increased risk of falls
- Injury or being trapped by shifting or falling items
- Family conflicts
- Loneliness and social isolation
- Unsanitary conditions that pose a risk to health
- A fire hazard
- Poor work performance
- Legal issues, such as eviction

## DIFFERENTIAL DIAGNOSIS

Collecting and hoarding may seem similar, but there are distinct characteristics between hoarders and collectors that set them apart. Collecting often involves the targeted search and acquisition of specific items that form—at least from the perspective of the collector—a greater appreciation. Hoarding, by contrast, appears haphazard and involves the overall acquiring of common items that should not be especially meaningful to the person who is gathering such items in large quantities. People who hoard commonly keep items that hold little to no true meaning or value to most others, unlike some collectors, whose items may be of great value to select people. Most

hoarders are disorganized, and their living areas are crowded and in disarray.

## TREATMENT MEDICATION

Obsessive-compulsive disorders are treated with various serotonergic antidepressants including the tricyclic antidepressant clomipramine and various SSRI medications. With existing drug therapy, OCD symptoms can be controlled, but not cured. Several of these compounds (including paroxetine, which has an FDA indication) have been tested successfully in conjunction with OCD hoarding.

## COUNSELING

**Cognitive-behavioral therapy (CBT)** is a commonly implemented therapeutic intervention for compulsive hoarding. As part of cognitive behavior therapy, the therapist may help the patient to:

- Discover why he or she is compelled to hoard.
- Learn to organize possessions in order to decide what to discard.
- Develop decision-making skills.
- Gain and perform relaxation skills.
- Attend family and/or group therapy.
- Have periodic visits and consultations to keep a healthy lifestyle.

Other therapeutic approaches that have been found to be helpful are:

1. **Motivational interviewing:** originated in addiction therapy. This method is significantly helpful when used in hoarding cases in which insight is poor and ambivalence around change is marked. The goal is to decrease the harmful implications of the behavior, rather than the hoarding behaviors.
2. **Group therapy:** reduces social isolation and social anxiety and is cost-effective compared to one-on-one intervention Eye movement desensitization and reprocessing
3. **(EMDR)** has been employed, although there is insufficient evidence for EMDR to be considered effective for treating compulsive hoarding (as for treating obsessive-compulsive disorders in general).

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