

Module # 23: Hoarding

Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum

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I. Overview ¹

Hoarding refers to the excessive collection of items as well as the inability to discard them. Hoarding frequently creates such cramped living conditions that homes are usually filled to capacity, with only few narrow pathways available through stacks of clutter. Some individuals also collect animals and may keep dozens to hundreds of pets in unsanitary conditions. People who hoard generally do not see it as problematic, making treatment extremely challenging for healthcare professionals. Hoarding creates hazards and puts people and animals at risk. Therefore, it is imperative that healthcare professionals have a sound understanding of this condition and how it impacts individuals and their families.

II. Learning Objectives

1. Describe the concept of hoarding.
2. Identify the pathology of hoarding.
3. Differentiate between hoarding and collecting.

III. Definition of Hoarding ²

Hoarding is the name given to behavior that is characterized by:

- A. The acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value;
- B. Accumulation of belongings to such a degree so as to impact functioning and/or preclude the activity for which a space was designed;
- C. Placing people and/or animals at risk when the quantity of items create potential hazards

IV. Hoarding Pathology^{2,3}

Hoarding, also called compulsive hoarding and compulsive hoarding syndrome, can be a symptom of obsessive-compulsive disorder. Currently, the DSM-IV lists hoarding as a symptom of obsessive-compulsive personality disorder (OCPD). Many people who hoard, however, do not have other OCPD-related symptoms, making it difficult to diagnose. Hoarding severity does not correlate with the severity of OCPD symptoms. In fact, of the specific diagnostic criteria for DSM-IV OCPD, hoarding has been found to have the lowest specificity and predictive value. In addition, compulsive hoarders have no more OCPD traits than comparison subjects. Furthermore, only a small percentage of them actually meet criteria for obsessive-compulsive personality disorder. As a result, many people have argued that hoarding should be removed completely from the diagnostic criteria for OCPD. Researchers are working diligently to better understand the phenomena of hoarding as a distinct mental health problem. Intensive treatment for hoarding enables people who hoard to better understand their compulsions and live a safer and increasingly enjoyable life.

V. Hoarding Versus Cluttering

It is important to make a clear distinction between hoarding and cluttering. Below are the primary differences between hoarding and cluttering:

- Collectors acquire and discard items;
- Hoarders acquire and rarely discard;
- Collecting is normal and common in children and adults;
- Hoarding is abnormal human behavior and takes years for items to accumulate to such a degree to be constituted as hoarding;
- Collecting is usually public, with items on display for showing and usage;
- Hoarding is generally private and not known to anyone outside immediate family members or close friends for fear that others would find out about this behavior

VI. Hoarding and the Elderly

Over the years, hoarding among the elderly has become a significant problem in the United States. It is important to recognize that hoarding does not begin suddenly. It takes years for someone to be classified as a hoarder. Many experts believe that the prevalence of hoarding among the elderly is higher because it compensates for the accumulation of human losses that have occurred in years prior. Another theory is that the elderly have more time to accumulate due to their age. Since most older adults have multiple chronic conditions, those who hoard have a lower rate of medication compliance, decreased mobility, and a lower chance of receiving home health assistance because most home care agencies will not provide any services until the conditions at the home are deemed safe. As more cases of extreme hoarding are being revealed, there is much more time and attention being given to help hoarders and their families.

VII. When to Seek Help

Healthcare professionals must pay close attention to any changes in behavior of individuals who exhibit symptoms of hoarding. Because hoarding may range from mild and severe, providers should communicate with their patients/clients about how this behavior impacts daily life. Recognizing risk factors for hoarding will help tremendously in the identification and treatment of hoarding. Such risk factors may include:

- Age
- Family history
- Stressful life events
- Social isolation

There is a lot of help available for hoarders and their family members. Healthcare professionals should be aware of local resources and provide ongoing assistance as needed.

“My husband Don is a hoarder. He goes to garage sales and tells people he will take whatever is left over. ‘Maybe I can do something with it’, he says. There are piles on the floor in every room in our house, broken washing machines in our front yard...I am so embarrassed...it has been six years since I have had anyone visit our home...it’s so lonely.

Don won’t consider seeking professional help. I suppose I could divorce him, but we have been married for 50 years. I don’t know what else to do.”

~ Wife of a hoarder

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