



August 2012 (updated May 2015)

ELDER CARE

A Resource for Interprofessional Providers



A program of the Hartford
Geriatric Nursing Initiative

Hoarding Disorder

Teri Kennedy, PhD, MSW, Director, Office of Gerontological Social Work Initiatives, School of Social Work, Arizona State University
Lisa O'Neill, MPH, Arizona Center on Aging, University of Arizona

Hoarding Disorder is the accumulation of and failure to discard a large number of possessions that would be deemed of limited or no value to others with significant distress and/or indecision associated with discarding; excessive clutter that prevents normal activities for which rooms were designed; and significant distress or impairment in functioning as a result of this accumulation. Factors that may explain hoarding are shown in Table 1.

Hoarding Disorder is in the DSM-5 as a stand alone diagnosis. Six criteria are listed to evaluate the presence of Hoarding Disorder and all six must be endorsed for diagnosis. Animal hoarding is not incorporated in Hoarding Disorder. At this time, there is not enough research and prevalence data for full inclusion.

Hoarding Disorder and Older Adults

Hoarding Disorder affects approximately 5% of the American population, roughly 16 million people. Average age of onset is between 11-20, however, the average age of patients in treatment is 50. It is estimated that up to 84% of those with Hoarding Disorder have a first degree family member who exhibit hoarding behavior. Hoarding Disorder occurs in all cultures and socioeconomic levels. It is more common in men than in women, though women are more likely to seek treatment. Squalor (filth or degradation from neglect) only occurs in a small percentage of object hoarding situations, but occurs in almost 100% of animal hoarding situations.

Depending on its severity, hoarding can present serious health and safety risks for older adults. These include higher rates of falls, infections and respiratory problems; limited ability to move around in, or access parts of, the home; and a higher risk of fire with decreased ability to escape if fire occurs. Deaths have been reported as a

Table 1. Factors That May Influence Why People Hoard

- Beliefs that reinforce acquiring and keeping items
- Core beliefs about identity, adequacy, and lovability
- Genetic predisposition
- Information-processing problems including deficits in attention focusing, decision-making, and organizing
- Strong emotional attachments to possessions

result of these problems. Furthermore, hoarding can result in eviction and homelessness. Adult protective service agencies can intervene when individuals demonstrating hoarding behaviors lack decision making capacity.

Clinical Presentation

Even though many older adults with hoarding behaviors suffer from serious comorbidities, they rarely seek medical attention. If they do, they often present with signs of self-neglect: overall poor hygiene (smell, itchy skin, lice, etc.), dehydration, malnutrition, fecal impaction and incontinence. Due to mandatory reporting requirements, questions related to personal and environmental safety should be asked. Health care professionals are often the first to begin a dialogue about a hoarding situation and possible interventions. Motivational interviewing is recommended to avoid aggressive or judgmental language.

Assessing Hoarding

Several tools are available to assess the presence, nature, and severity of hoarding behaviors, as well as living conditions, safety considerations, and distress and impairment related to hoarding (Table 2).

TIPS ABOUT HOARDING IN OLDER ADULTS

- Use standard assessment instruments (Table 2) to determine the nature and severity of hoarding.
- Involve community agencies to help and assist with individuals with hoarding behaviors, with a focus on safety.
- When patients have good cognitive function, provide or refer for treatment with cognitive behavioral therapy.
- When patients have impaired cognitive or executive function, provide or refer for treatment with cognitive behavioral therapy paired with exposure therapy.
- Consider a psychiatric evaluation to identify and treat co-existing mental health problems.

ELDER CARE

Continued from front page

Table 2. Assessment Instruments for Hoarding

- **Clutter Hoarding Scale** Evaluates five levels of household clutter or hoarding for professional organizers and related professional team members. http://www.naswv.org/dmgt_files/E%203%20-%20Who%20Gets%20Buried%20HoardingICD_CHS_Final_Release_062911%20-%20Hamrick.pdf
- **Clutter Image Rating (CIR)** Selection of an image representing stages in the level of clutter in various rooms in one's home. <http://www.ocfoundation.org/hoarding/cir.pdf>
- **Structured Interview for Hoarding Disorder (SIHD)** Questions relate to each of the six criteria listed in the DSM 5. [http://www.ocfoundation.org/uploadedFiles/Hoarding/Research/The%20Structured%20Interview%20for%20Hoarding%20Disorder%20\(SIHD\)%20Version%202.0.%20April%202013%20.pdf](http://www.ocfoundation.org/uploadedFiles/Hoarding/Research/The%20Structured%20Interview%20for%20Hoarding%20Disorder%20(SIHD)%20Version%202.0.%20April%202013%20.pdf)
- **Hoarding Assessment Tool** Includes a telephone screening interview, an assessment of the condition of the dwelling to be conducted on-site, an assessment of activities of daily living, and a client assessment. http://www.cornellaging.org/gem/pdf/assessment_tool.pdf
- **Hoarding Rating Scale (HRS)** Measures clutter, difficulty discarding, excessive acquisition, distress caused by and impairment resulting from hoarding. <http://www.ocfoundation.org/uploadedFiles/Hoarding/Resources/Hoarding%20Rating%20Scale%20with%20interpret.pdf>
- **HOMES Multidisciplinary Hoarding Risk Assessment** Measures health, obstacles, mental health, endangerment, structure, and safety. http://www.tufts.edu/vet/hoarding/pubs/HOMES_SCALE.pdf
- **Saving Inventory-Revised (SIR)** Measures excessive acquisition, difficulty discarding, and clutter http://www.caleblack.com/psy5960_files/SI-R.pdf

Treatment Options

Counseling must occur. Forced clean-ups cause serious anxiety and the patient will re-acquire items at a rapid pace to fill the void. Typically within 6 months, they will have re-acquired the same or a greater number of possessions.

For patients with good cognitive and executive function, cognitive-behavioral therapy (CBT) can be an effective treatment for hoarding problems. CBT focuses upon creating a different relationship with one's possessions, by learning how to sort, discard, and control the urge to acquire them. Although individual treatment leads to better outcomes, group treatment has the advantage of social interaction and group motivation. Group treatment is not recommended for patients with social anxiety or personality problems.

For patients who have deficits in executive function, the best treatment option is often CBT paired with exposure therapy - i.e., exposing the patient to the distress they feel when discarding items, and helping them build a tolerance to that distress overtime.

Treatment should also address any co-occurring mental

illness including: Major Depressive Disorder, Generalized Anxiety Disorder, social phobias, OCD, Attention-deficit Hyperactivity Disorder, kleptomania and dementia.

Medication has little effect on hoarding behaviors, however, consultation with a psychiatrist may identify medication options to address co-occurring conditions that interfere with information processing and organization of thoughts.

Interprofessional Approaches to Hoarding

Given the complexity, time, and resources required to address hoarding, and its intersection with public health and safety, hoarding is a challenge best addressed with an interprofessional and interagency approach, such as a taskforce. Disciplines may include representatives from housing, public and environmental health, medicine, behavioral health, child and adult protective services, aging, legal and fiduciary services, fire and police, animal welfare, and related agencies. Depending on the mission and goals of the taskforce, some services that can be provided are public education, agency/community resource information, staff trainings and family support.

References and Resources

- Bratotiis C., et al . The Hoarding Handbook: A Guide for Human Service Professionals. New York, NY: Oxford University Press., 2011.
- Hoarding of Animals Research Consortium (HARC). <http://vet.tufts.edu/hoarding/harc.htm>
- International ODC Foundation. Tests for Hoarding. <http://www.ocfoundation.org/hoarding/tests.aspx>
- Mental Health Association of Orange County. International Exchange on Hoarding. <http://www.hoardingtaskforce.com>
- Steketee G, et al. Compulsive hoarding and acquiring: Therapist guide. New York, NY: Oxford University Press., 2007.
- Steketee G. et al Symptoms and history of hoarding in older adults. *Journal Obsessive-Compulsive and Related Disorders.* 2007;1:1-7.
- Tolin DF, et al. Buried in treasure: Help for compulsive acquiring, saving, and hoarding. New York, NY: Oxford University Press. 2007.

Interprofessional care improves the outcomes of older adults with complex health problems

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD

Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Jeannie Lee, PharmD, BCPS;

Lisa O'Neill, MPH; Floribella Redondo; Laura Vitkus, BA

The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | <http://aging.medicine.arizona.edu>

Supported by: Donald W. Reynolds Foundation, Arizona Geriatric Education Center and Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB4HP19047, Arizona Geriatric Education Center. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.