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# ELDER CARE

## A Resource for Interprofessional Providers

### Hoarding Disorder

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**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.

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**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](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](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](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](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

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