South West London and St George's NHS
Mental Health NHS Trust

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A Guide to

Hoarding Disorder



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What is Hoarding Disorder?

People with hoarding usually acquire a large number of items which they then have difficulty in discarding. 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. This can result in problems with health due to difficulties in maintaining hygiene; risk of fire; risk of falling or being crushed by objects and structural damage to the property. In these severe situations, there is often also financial hardship and self-neglect as the individual may pay for storage of items rather than basic self-care.

Although by far the most common type of hoarding disorder features inanimate objects which can be bought, acquired for free or in some cases, stolen, there are also other types of hoarding. Animal hoarding is a little researched distressing problem seen by veterinary surgeons and animal charities when individuals have huge numbers of animals which they often believe they are "rescuing" but, due to the numbers are kept in poor conditions and often suffering or even close to death. Another recent description is data hoarding whereby individuals store huge amounts of electronic data and e-mails which they are extremely reluctant to delete.

Who gets it?

Hoarding can occur as part of another disorder or as a standalone condition. People with Obsessive-Compulsive Disorder frequently also have problems with hoarding.

In general people with hoarding disorder are more likely to live alone; less likely to have been married and more likely to be in middle or old age when they are seen by the psychiatric services. The sex incidence is approximately equal.

"...His house, when eventually cleared, was found to be structurally unsound due to the weight of the papers..."

It has been estimated that as many as 6% of the population of Europe has significant problems with hoarding.

One of the striking features of hoarding is the extreme emotional attachment people feel to these objects which, to the outside world, appear to be a pile of rubbish. The routes of this emotional attachment may often stem from early life. Some people with hoarding disorder give histories of either an emotionally deprived childhood where they formed attachment to objects rather than people or childhoods where money was extremely scarce and no item was wasted. Not everyone who hoards has such a history, however.

Many people have large collections of items. For example some people collect books, CDs or DVDs. The distinguishing feature between whether this is a "collection" or a hoarding problem can be whether these objects are accessible and utilizable. In other words whether or not there is any organisation in the collection. For example, a man was very interested in West End plays. He thus bought 7-8 newspapers a day as he wished to check and then keep the reviews for these plays. However, he found he lacked time to "properly" read these and to check the entire paper and so he kept the entire newspaper. By the time he was seen by mental health services, he had filled his 5 bedroomed house from ceiling to floor and had a small pathway to enable him to access his kitchen, bathroom and sofa. His upstairs was completely inaccessible, his bath was full of papers and all but one ring of his gas cooker was covered with papers. He thus was in a state of extreme self-neglect and was living with constant risk of fire or being injured by falling papers. His house, when eventually cleared, was found to be structurally unsound due to the weight of the papers.

What can be done about it?

It used to be believed that patients who had hoarding responded less favourably to treatment than those without hoarding problems. However, recent research has demonstrated this is not the case and have shown that even with severe hoarding, the prognosis is good if the individual agrees to engage in therapy

There are 2 main approaches to treatment, drug therapy and psychological treatment known as Cognitive Behaviour Therapy (CBT).

Cognitive Behaviour Treatment of hoarding disorder

The most difficult and problematic part of treating hoarding disorder is trying to get the hoarder to accept treatment. Most people with hoarding are intensely ashamed and embarrassed about the way in which they live. They feel desperately inadequate if anyone comes to their home and often live a life of a recluse to avoid such humiliation. In addition to this feeling of inadequacy and guilt, there is also often intense attachment to the horded items.

Anyone who is trying to help a hoarder should be aware that what, on the surface appears to be a pile of rubbish, is often the hoarders most prized possessions. One hoarder described the experience of a family member trying to clear the house as feeling as if they were being raped. It is therefore a slow process to gain the hoarders trust and to help them to discard items. Complete clearance of a home could take a year and is very unlikely to be achieved in a few days or weeks.

It is important to note that this treatment is quite different from pure "decluttering" as the hoarder is taught how to deal with the problem and to gain skills to prevent recurrence. The stages of treatment are:

Gaining trust and a relationship between the hoarder and the therapist.

As already stated this can take a few weeks and cannot be rushed. A patient can feel violated by any heavy handed intrusion.

Obtaining agreement that no further potential hoarded items will be obtained and brought into the house throughout the course of therapy

On occasions where hoarders have their houses cleared against their will, the problem will tend to develop again very quickly as they have not learned how to prevent the new acquisition of items.

Teaching how to discard items

The hoarder needs to experience the fact that the longer they hold onto items, the more difficult it can be to discard. The first decision made quickly is usually the best. It is also advisable to discard items so that they cannot be easily retrieved if the will falters later. Voiding items when the rubbish collection will occur shortly is one good way. However if progress is to be made in a reasonable time, it may be possible to enlist the help of relatives and friends to clear items and take them to the Local Authority Recycling plant on a daily basis.

Examining thoughts associated with the items and ideas of self-worth

Many hoarders have low self-esteem and distorted views of self-worth. Examining the thoughts and emotions with the therapist can be useful if correcting these.

Allowing the hoarder to continue with discarding items

Once the hoarder has seen how to discard items effectively then they usually need time to proceed with this process.

Relapse prevention

The therapist and hoarder need to indentify strategies that will help the hoarder if they find themselves tempted to start hoarding items again.

Drug treatment of hoarding disorder

Almost all of the studies on hoarding disorder have involved patients who also suffer from obsessive-compulsive disorder.

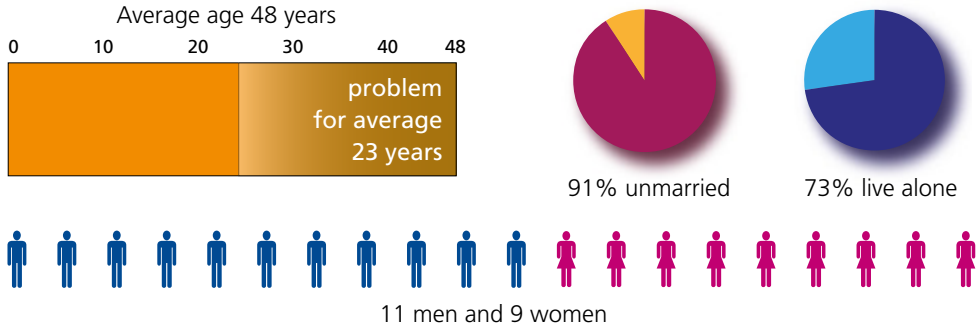
A group of drugs known as serotonin reuptake inhibitors (SRIs) can be useful for people with hoarding. These include clomipramine (a rather old-fashioned drug which some patients prefer) and more modern selective serotonin reuptake inhibitors (SSRIs) with fewer side effects (sertraline; paroxetine; fluvoxamine; fluoxetine; citalopram and escitalopram). The dose of the drug needed to have a beneficial effect is higher than the doses used to treat anxiety and depression. So, for example, a dose of 200mg sertraline is likely to be required as opposed to 100mg which may suffice for depression.

As well as SSRIs, some patients are prescribed dopamine blocking drugs. These drugs are sometimes known as "antipsychotics". However the dose used, in conjunction with the SSRIs, is much lower than that required in the treatment of psychotic disorders and the risk of side-effects is much lower. On their own, these drugs are probably not useful for hoarding but may have a role as an adjunct to the SRIs.

Does treatment work?

Increasingly it is being reported that people with hoarding disorder, if handled sensitively and if willing to address the disorder, can be helped. The studies have involved both drug treatment and the use of Cognitive Behaviour Therapy as described earlier.

In our National Specialist Centre for Obsessive-Compulsive and Body Dysmorphic Disorder, we examined the outcome of 20 hoarders referred to us. The hoarders consisted of 11 men and 9 women. They all had profound problems and had received a long list of previous treatments. They had an average age of 48 years and had had the problem for an average of 23 years. 91% were unmarried and 73% lived alone. After 6 months, they improved by an average 31% on clinical measures.



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