
**Background:**
- Hoarding: an individual’s acquisition of, and failure to discard, objects that most would deem useless or of limited value (Frost & Gross, 1993) seen in a variety of psychiatric and physical conditions – schizophrenia, depression, anorexia, dementia, OCD.
- Impact on daily life – safety, health risks, exposure to contaminants
- 18-33% of OCD cases, worse treatment response
- More problematic the behaviors, more likely to lack insight into need to change; severity of symptoms of OCD w/hoarding are greater than those with OCD w/out hoarding; hoarding may appear w/out classic OCD symptoms
- More impairment in life (academic, family, work etc) than other ways in which OCD presents
- Greater lifetime comorbidity with MDD, dysthymic d/o, GAD, OCPD
- 15% of NH residents, 25% of day-care participants
- Greater rate of hoarding in OA – dementia, childhood deprivation, other psychiatric symptoms
- Differences between gender varies by study
- CB model for hoarding – information processing deficits , erroneous beliefs about the nature of possessions, behavioral avoidance, hyperbolic emotional attachment w/ objects
- Hoarding beliefs, OCS, anxiety sensitivity, social anxiety, depressive symptoms

**Research Goals**

**Hypothesis 1** – Age and Gender: Age directly related to hoarding behaviors or cognitions. Gender related but not hypothesized in which direction.

**Hypothesis 2** – Comparison groups: Similar rates of hoarding behaviors to a comparable study and higher rates in their older group when compared to a community sample which is on average, younger.

**Hypothesis 3** – Cognitions: Rates of hoarding behaviors will relate directly to hoarding cognitions and other domains of psychopathology – social anxiety, pathological worry, depressive symptoms.

**Hypothesis 4** – OCS and hoarding type directly correlated with hoarding behaviors. Considering associations to hoarding behaviors

No hypotheses regarding hoarding and five other types of OCD (ordering, obsessing, neutralizing, washing and checking).

Finally – could hoarding be predicted from hoarding cognitions, OCS, measures of general psychopathology with hoarding cognitions contributing the most.

**Method:**

**Participants**
- 269 participants recruited from senior centers and events
- 56-93 years (M = 72.49 years), 69% female
- Compared to community control sample (M=44.4 years) and a non-hoarding elderly sample (M=75.0 years)

**Measures**
- Saving Inventory – Revised (SI-R) – extent of acquisition, difficulty discarding, excessive clutter
- Savings Cognition Inventory – Revised – thoughts and beliefs with hoarding behaviors (emotional attachment, memory, control, responsibility)
- Obsessive Compulsive Inventory – Revised – symptoms – hoarding, ordering, obsessing, neutralizing, washing and checking
- Social Interaction Anxiety Scale – about social interaction
- Penn State Worry Questionnaire – pathological worry
- Beck Depression Inventory – 21-item self-report

**Data Analysis**
- Descriptive statistics
- t-tests – gender differences; hoarding behaviors compared to community control and nonclinical elderly sample
- zero-order correlations to determine potential relationships between age and both hoarding behaviors and cognitions; univariate relationship between each psychometric measure
- partial correlations used to control for variance associated with measures of OCD and depressive symptoms
- Cronbach’s alpha internal consistency
- Hierarchical regression – independent predictors of hoarding behaviors (SI-R total score)

Results

Descriptives: females endorsed more items than males on clutter subscale of SI-R, age did not correlate with SI-R or SCI-R

Subjective severity:
Compared to community control sample: greater difficulty discarding, clutter due to hoarding, difficulty with acquisition, greater overall symptoms
Compared to elderly group: more clutter due to hoarding, difficulty with acquisition, overall hoarding, not difficulty discarding

Hoarding behavior and cognition:
- moderate correlations between SI-R total score, SI-R subscale scores, SCI-R total score
- obsessive compulsive and depression symptoms impact the relationship between saving cognitions and behaviors

Hoarding and obsessive-compulsive behaviors:
Strong relationship between OCS and hoarding behaviors and cognitions (SCI-R). Strongest relationship with OCI-R hoarding subscale, modest with washing and checking.

Hoarding and anxiety/depression symptoms:
Moderate correlations except with clutter which had a lower correlation with the SIAS and PSWQ

Regression on hoarding behaviors
Hoarding thoughts significant predictor of hoarding behaviors, explaining 27% of the variance, additional 11% when adding OCS, and an additional 13% anxiety/depressive symptoms

Discussion
- Purpose of article is to add to literature information about older adults to what was established with younger adults suggesting a relationship between hoarding behaviors, OCS, social anxiety depressive symptoms and generalized anxiety.
- Important b/c of incidence of hoarding behaviors in older adults and the particular danger faced by this age group
- Found greater severity of hoarding behaviors than younger sample
- Greater severity than an elderly sample that excluded individuals with known hoarding behaviors
- Implication: assessment of mental and physical health should include investigation of hoarding
- Unlike previous research, increased age was not a factor, but this may be due to truncated age group. Everyone who was going to be in the pool already is by 33-42 years of age.
- Some support for cognitive-behavioral theory of hoarding – negative cycle in which beliefs about hoarding precipitate negative emotions which leads to more hoarding behaviors in order to reduce distress.
- However; this study suggests that some of that might be accounted for by other forms of psychopathology – obsessive compulsive and depressive symptoms.
- Relationship between OCS (total and each domain) and hoarding behaviors and hoarding cognitions were strong – overlap between the two concepts – shared pathology.
- Depression contributed greatly – social isolation, lack of social support.

Limitations
- self report measures, shared method variance, cross-sectional, fatigue
- MGL: not sure that the point the authors are trying to make is supported by the measures used herein.

Implications
- confirm prevalence of hoarding in community dwelling older adults
- assess for additional types of psychopathology which may be contributing
- implications for revisions of diagnostic criteria
Hoarding Disorder

The work group is recommending that this be included in DSM-5 but is still examining the evidence as to whether inclusion is merited in the main manual or in an Appendix for Further Research.

A. Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions. *

B. This difficulty is due to strong urges to save items and/or distress associated with discarding

C. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

D. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

E. The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

F. The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autism Spectrum Disorder, food storing in Prader-Willi Syndrome).

Specify if:

With Excessive Acquisition: If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space.

Specify whether hoarding beliefs and behaviors are currently characterized by:

Good or fair insight: Recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

Poor insight: Mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

Absent insight: Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

* The Work Group is considering alternative wording: “Persistent difficulty discarding or parting with possessions, regardless of their actual value.”

1. Epidemiological studies suggest that hoarding occurs in 2-5% of the population and can lead to substantial distress and disability, as well as serious public health consequences that warrant consideration as a mental disorder. Most cases do not meet criteria for OCD or OCPD. Accumulating data challenge the current view of a specific relationship between hoarding and OCD/OCPD, and whether these diagnoses cover all the severe hoarding cases.

2. The creation of a new diagnosis in DSM-5 would likely increase public awareness, improve identification of cases, and stimulate both research and the development of specific treatments for Hoarding Disorder.

3. Criteria A-E: The proposed criteria are very similar to previously published criteria, which were based on research and clinical experience and that have been widely adopted by the field since 1996.

4. Specifiers:

   a. The majority of people with hoarding disorder excessively acquire things either through buying or obtaining free things. However, not everyone with hoarding problems reports excessive acquisition, so including it as a diagnostic criterion would exclude people with true hoarding problems. Since recognition of and intervention for excessive acquisition is crucial for successful treatment of hoarding disorder, it is included as a specifier.

   b. Available data suggest that a range of insight can characterize hoarding disorder. The proposed specifiers are similar to those proposed for other disorders, and they appear applicable to hoarding disorder.