

Revised 9/7/05

## An Update on Hoarding:

Abstracts from the peer-reviewed medical literature

This monograph contains abstracts obtained from PubMed, the electronic version of the National Library of Medicine, available on-line at: <http://www.ncbi.nlm.nih.gov/PubMed/>

They provide an overview of what is being discussed in the medical, and particularly the psychiatric, literature about hoarding and related behavior. This is a relatively new area of medical inquiry, with very little published prior to 1985.

In order to obtain copies of these papers, you must either go to a medical school library, or sometimes the full-text versions are available on-line directly from the publisher's web site. (This is usually quite expensive – and can range from ~ \$10 - \$30 each). Some articles published by HARC specifically on animal hoarding are not listed here but are available in full-text under "PUBLICATIONS" on the [Hoarding of Animals Research Consortium](#) website.

### **Age of onset of compulsive hoarding.**

*J Anxiety Disord.* 2005 Aug 18; [Epub ahead of print]

Grisham JR, Frost RO, Steketee G, Kim HJ, Hood S.

Although compulsive hoarding appears to be a chronic, progressive disorder, little is known about its onset and course. The current study employed retrospective assessment of 51 individuals with compulsive hoarding difficulties to determine onset of various hoarding symptoms (clutter, acquisition, difficulty discarding), as well as the individual's degree of recognition of the problem at various times throughout his or her life. Participants were asked to describe life events from each decade that occurred at the time hoarding symptoms were developing. Symptoms of clutter and difficulty discarding appeared to begin at approximately the same age, whereas acquiring problems began slightly later. Recognition of the problem developed significantly later than any of the symptoms themselves. A portion of participants reported that their hoarding symptoms were reduced at some point in their lives, but few reported full remission of hoarding at any point. Survival analysis of age of onset of hoarding symptoms indicated that individuals who reported a stressful event when saving behavior started had a significantly later age of onset than those who reported no events at the age of onset. Perhaps for some individuals compulsive hoarding is a lifelong characterological phenomenon, whereas for others hoarding behavior develops later as a reaction to stress or loss.

### **Hoarding and its relation to obsessive-compulsive disorder.**

*Behav Res Ther.* 2005 Jul;43(7):897-921.

Wu KD, Watson D.

Although hoarding is observed in some patients with obsessive-compulsive disorder (OCD), it has not been shown to share a specific relation with OCD. Across two studies, we found that (a) whereas the classic OCD symptoms of checking, rituals, and contamination intercorrelated consistently strongly with one another, hoarding related only moderately to both these OCD symptoms and to depression; (b) OCD patients were distinguished from both other patients and non-patients by classic OCD symptoms, but not by hoarding; and (c) whereas OCD symptoms showed consistent relations with Negative Affect, hoarding largely was uncorrelated with this dimension. These results do not support a specific OCD-hoarding relation but rather call into question the trend of considering it a specific symptom of OCD.

### **Relationships among compulsive hoarding, trauma, and attention-deficit/hyperactivity disorder.**

*Behav Res Ther.* 2005 Feb;43(2):269-76.

Hartl TL, Duffany SR, Allen GJ, Steketee G, Frost RO.

The current study investigated aspects of post-traumatic stress disorder and attention deficit/hyperactivity disorder (ADHD) among hoarders. Compared to a sample of 36 controls, hoarders (n=26) reported a significantly greater number of different types of trauma, more frequent traumatic experiences, more symptoms of inattention, hyperactivity, and greater comfort derived from possessions. These findings are consistent with previous reports of extensive comorbidity associated with hoarding behaviors, and may reflect the potential usefulness of assessing PTSD and ADHD symptoms at the outset of hoarding treatments, as well as considering alternative pharmacological interventions.

### **A neural basis for collecting behaviour in humans.**

*Brain.* 2005 Jan;128:201-212. Epub 2004 Nov 17.

### Anderson SW, Damasio H, Damasio AR.

Collecting behaviour is commonplace in the normal population, but there has been little investigation of its neural basis in humans. The observation that collecting behaviour can assume pathological proportions in patients with certain patterns of brain damage led us to hypothesize that dysfunction in a system encompassing mesial prefrontal cortices accounts for abnormal collecting and may guide normal collecting. We tested the hypothesis in 86 subjects with focal lesions of the telencephalon, by relating the neuroanatomical placement of the lesions to the presence of repetitive and indiscriminate acquisition behaviour and impaired discard behaviour. The subjects had no history of psychiatric disease or abnormal collecting behaviour prior to lesion onset. Lesions were analysed with high-resolution three-dimensional MRI. Collecting behaviour was evaluated with a standardized questionnaire completed by a close relative of each subject. Thirteen subjects exhibited abnormal collecting, characterized by massive and disruptive accumulation of useless objects. In all cases, the abnormality of collecting behaviour was severe and persisted despite attempted interventions and obvious negative consequences. There were no differences between pathological collectors and non-collectors on tests of executive functions or anterograde memory. All subjects with pathological collecting behaviour had damage to the mesial frontal region (including the right polar sector and the anterior cingulate), but there was no damage to most of the subcortical structures that, in species such as rodents, are known to drive the acquisition and retention of objects. The evidence suggests that damage to the mesial frontal region disrupts a mechanism which normally modulates subcortically driven predispositions to acquire and collect, and adjusts these predispositions to environmental context.

### Comorbidity in compulsive hoarding: a case report.

*CNS Spectr.* 2004;9:71-73.

Kaplan A, Hollander E.

A 56-year-old male presented with compulsive hoarding along with attention-deficit/hyperactivity disorder and schizotypal personality disorder. Hoarding has been described as difficult to treat both pharmacologically and behaviorally, and this patient's comorbid conditions also contributed to his overall impairment. The patient's treatment regimen of fluvoxamine, amphetamine salts, and risperidone, along with behavioral therapy, has helped with hoarding behaviors, motivation, procrastination, and increased socialization. Hoarding may be a unique subtype of obsessive-compulsive disorder with poorer prognosis and distinct neuroanatomic dysfunction. Augmentation with stimulants may provide benefits in aspects of hoarding such as procrastination, especially in patients with comorbid attention-deficit hyperactivity disorder.

### On phenomenology and classification of hoarding: a review.

*Acta Psychiatr Scand.* 2004;110:323-337.

Maier T.

**OBJECTIVE:** Hoarding is a behavioural abnormality characterized by the excessive collection of poorly usable objects. It is described mainly in association with obsessive-compulsive disorders (OCDs) and in geriatric populations. Yet the literature on the phenomenon is heterogeneous and the notion obviously lacks a consistent definition. This review attempts to describe the psychopathological and clinical spectrum of hoarding and may contribute to clarify its classification. **METHOD:** Systematic review and discussion of the literature on hoarding. **RESULTS:** Hoarding is a complex behavioural phenomenon associated with different mental disorders. The psychopathological structure is variously composed of elements of OCDs, impulse-control disorders, and ritualistic behaviour. Severe self-neglect is a possible consequence of hoarding. **CONCLUSION:** Without further specifications the term hoarding is of limited heuristic value and cannot guide therapeutic interventions satisfactorily. The condition

needs to be evaluated carefully in every particular case in relation to the aforementioned psychopathological concepts.

### **High sensitivity to punishment and low impulsivity in obsessive-compulsive patients with hoarding symptoms.**

*Psychiatry Res. 2004;129:21-27.*

Fullana MA, Mataix-Cols D, Caseras X, Alonso P, Manuel Menchon J, Vallejo J, Torrubia R.

Recent factor-analytic studies involving over 2000 patients have reduced the symptoms of obsessive-compulsive disorder (OCD) into a few dimensions or potentially overlapping syndromes. Hoarding consistently emerged as a separate factor in all these studies. This study investigated the relationship between OCD symptom dimensions and normal personality traits in a sample of 56 OCD patients. They were administered the Sensitivity to Punishment and Sensitivity to Reward Questionnaire and the Eysenck Personality Questionnaire, derived from Gray's and Eysenck's personality models, respectively. The personality scores were correlated with previously identified symptom dimensions from the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist (Y-BOCS-SC), controlling for overall illness severity. High scores on the hoarding dimension of the Y-BOCS-SC were positively correlated with scores on the Sensitivity to Punishment scale and negatively with Eysenck's Psychoticism scale. While high sensitivity to punishment is a personality feature common to many OCD patients, it is more strongly pronounced in patients with hoarding symptoms. These patients also appear to be less impulsive or novelty seeking as reflected by low scores on Eysenck's Psychoticism scale. High sensitivity to punishment and low novelty seeking in OCD hoarders might explain their poor compliance and response to conventional treatments, but this question needs to be explored further in a prospective treatment study.

### **Treatment of compulsive hoarding.**

*J Clin Psychol. 2004 Nov;60(11):1143-54.*

Saxena S, Maidment KM.

Compulsive hoarding and saving symptoms, found in many patients who have obsessive-compulsive disorder (OCD), are part of a clinical syndrome that has been associated with poor response to antiobsessional medications and cognitive-behavioral therapy (CBT). Specific CBT strategies targeting the characteristic features of the compulsive hoarding syndrome have had better results. This article provides an overview of the compulsive hoarding syndrome, a review of treatment approaches and their efficacy, a case presentation, and a detailed discussion of intensive, multimodal CBT for compulsive hoarding. New insights into the neurobiological characteristics of compulsive hoarding that might direct future treatment development are also presented.

### **Cerebral glucose metabolism in obsessive-compulsive hoarding.**

*Am J Psychiatry. 2004;161:1038-48.*

Saxena S, Brody AL, Maidment KM, Smith EC, Zohrabi N, Katz E, Baker SK, Baxter LR

**OBJECTIVE:** Compulsive hoarding and saving symptoms, found in many patients with obsessive-compulsive disorder (OCD), are part of a discrete clinical syndrome that includes indecisiveness, disorganization, perfectionism, procrastination, and avoidance and has been associated with poor response to medications and cognitive behavior therapy. The authors sought to identify cerebral metabolic patterns specifically associated with the compulsive hoarding syndrome using positron emission tomography (PET). **METHOD:** [(18)F]Fluorodeoxyglucose PET scans were obtained for

45 adult subjects who met DSM-IV criteria for OCD (12 of whom had compulsive hoarding as their most prominent OCD symptom factor) and 17 normal comparison subjects. All subjects had been free of psychotropic medication for at least 4 weeks. Regional cerebral glucose metabolism was compared between the groups. **RESULTS:** In relation to the comparison subjects, the patients with compulsive hoarding syndrome had significantly lower glucose metabolism in the posterior cingulate gyrus and cuneus, whereas the nonhoarding OCD patients had significantly higher glucose metabolism in the bilateral thalamus and caudate. In relation to nonhoarding OCD patients, compulsive hoarders had significantly lower metabolism in the dorsal anterior cingulate gyrus. Across all OCD patients, hoarding severity was negatively correlated with glucose metabolism in the dorsal anterior cingulate gyrus. **CONCLUSIONS:** OCD patients with the compulsive hoarding syndrome had a different pattern of cerebral glucose metabolism than nonhoarding OCD patients and comparison subjects. Obsessive-compulsive hoarding may be a neurobiologically distinct subgroup or variant of OCD whose symptoms and poor response to anti-obsessional treatment are mediated by lower activity in the cingulate cortex.

### **Measurement of compulsive hoarding: saving inventory-revised.**

*Behav Res Ther.* 2004 Oct;42(10):1163-82.

Frost RO, Steketee G, Grisham J.

Four studies examined a new measure of compulsive hoarding (Saving Inventory-Revised; SI-R). Factor analysis using 139 hoarding participants identified 3 factors: difficulty discarding, excessive clutter, and excessive acquisition. Additional studies were conducted with hoarding participants, OCD participants without hoarding, community controls and an elderly sample exhibiting a range of hoarding behavior. Internal consistencies and test-retest reliabilities were good. The SI-R distinguished hoarding participants from all other non-hoarding comparison groups. The SI-R showed strong correlations with other indices and methods of measuring hoarding (beliefs, activity dysfunction from clutter, observer ratings of clutter in the home) and relatively weaker correlations with non-hoarding measures (positive and negative affect and OCD symptoms). The SI-R appears to be an appropriate instrument for assessing symptoms of compulsive hoarding in clinical and non-clinical samples.

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### **Hoarding behavior in the elderly: a comparison between community-dwelling persons and nursing home residents.**

*Int Psychogeriatr.* 2003 Sep;15(3):289-306.

Marx MS, Cohen-Mansfield J.

**OBJECTIVE:** To determine correlates of hoarding behavior in frail elderly persons. **METHODS:** Information about nursing home residents (n = 408) and community-dwelling senior day-care participants (n = 177) was gathered through interviews with family and professional caregivers, medical chart review, and physician examinations, and included the following areas of assessment: hoarding behavior, demographic and health information, level of cognitive functioning, activities of daily living (ADL) performance, depressed affect, social functioning, manifestations of agitated behaviors, and previous stressful life experiences. **RESULTS:** We found that 15% of the nursing home residents and 25% of the community-dwelling senior day-care participants manifested hoarding behavior at a rate of several times a week or higher. For nursing home residents, hoarding behavior was significantly related to a larger appetite, taking fewer medications, higher social functioning, comparatively less ADL impairment, and manifestations of physically nonaggressive agitated behaviors. For senior day-care participants, hoarding behavior was significantly associated with being female, a larger appetite, comparatively less gait impairment, fewer medical diagnoses, more involvement in activities, a positive diagnosis of dementia, hallucinations, the delusion of infidelity, and manifestations of three syndromes of agitated behaviors. **CONCLUSION:** While hoarding behavior in our samples presents differently from compulsive hoarding described in the literature, we obtained robust findings that show that despite differences in living conditions, the elderly persons who manifested hoarding behavior were those with relatively fewer health and functional disabilities. In addition, those who exhibited hoarding behavior also manifested agitated behaviors. We suggest that future researchers develop alternative measures of hoarding behavior so as to further clarify the phenomenon of hoarding behavior in the elderly.

### **Compulsive hoarding: current status of the research.**

*Clin Psychol Rev.* 2003 Dec;23(7):905-27.

Steketee G, Frost R.

This article reviews the literature on compulsive hoarding, including the definition and manifestations of the problem and a conceptual model for understanding hoarding behavior. This model addresses information processing deficits (e.g., attention, organization, memory, decision-making), beliefs about and emotional attachments to possessions, and distress and avoidance. Research regarding the diagnostic categorization of hoarding, its course and phenomenology, and evidence to support the model is presented. The limited research on treatment provides evidence that current serotonergic medications for OCD are largely ineffective for treating hoarding, but cognitive and behavioral treatments, especially those focused on deficits identified in the model, have some utility. Recommendations for further research on the psychopathology and treatment of hoarding are provided.

### **Health implications of animal hoarding.**

*Health Soc Work.* 2002 May;27(2):125-36.

Hoarding of Animals Research Consortium (HARC)

Animal hoarding is a poorly understood phenomenon, the public health implications of which are not well documented. In this study, professionals dealing with hoarding cases submitted 71 case report forms. The hoarders' residences were characterized by extreme clutter and poor sanitation that impaired ability to maintain functional households. Appliances and utilities were frequently nonfunctional, and animal excrement sometimes accumulated to the extent that the homes were unfit for human habitation. The majority of cases satisfied criteria for adult self-neglect, and dependent elderly people, children, or disabled individuals were present in many of the residences. Animal hoarding may be a sentinel for a range of medical, social, and economic problems. More research addressing the causes and features of animal hoarding is needed to shed light on appropriate interventions.

### **Hoarding in obsessive compulsive disorder: results from a case-control study.**

*Behav Res Ther.* 2002 May;40(5):517-28.

Samuels J, Bienvenu OJ 3rd, Riddle MA, Cullen BA, Grados MA, Liang KY, Hoehn-Saric R, Nestadt G.

Hoarding occurs relatively frequently in obsessive-compulsive disorder (OCD), and there is evidence that patients with hoarding symptoms have more severe OCD and are less responsive to treatment. In the present study, we investigated hoarding symptoms in 126 subjects with OCD. Nearly 30% of the subjects had hoarding symptoms; hoarding was twice as prevalent in males than females. Compared to the 90 non-hoarding subjects, the 36 hoarding individuals had an earlier age at onset of, and more severe, obsessive-compulsive symptoms. Hoarders had greater prevalences of symmetry obsessions, counting compulsions, and ordering compulsions. Hoarders also had greater prevalences of social phobia, personality disorders, and pathological grooming behaviors (skin picking, nail biting, and trichotillomania). Hoarding and tics were more frequent in first-degree relatives of hoarding than non-hoarding probands. The findings suggest that the treatment of OCD patients with hoarding symptoms may be complicated by more severe OCD and the presence of co-occurring disorders. Hoarding appears to be transmitted in some OCD families and may differentiate a clinical subgroup of OCD.

### **Hoarding in obsessive-compulsive disorder and related disorders: a preliminary report of 15 cases.**

*Psychiatry Clin Neurosci.* 2002 Feb;56(1):17-23.

Seedat S, Stein DJ.

Hoarding, the repetitive collection of excessive quantities of poorly useable items of little or no value with failure to discard these items over time, is characterized in DSM-IV as a symptom of obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD) but has, until recently, received scant empirical investigation. We describe the demographics, phenomenology, associated psychopathology and family history in 15 subjects presenting with hoarding behavior. Fifteen subjects were recruited from an OCD clinic and newspaper advertisement and assessed with the comprehensive Structured Clinical Interview for DSM-IV (SCID I and II), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), and a hoarding questionnaire (devised by the authors). The sample comprised 11 women and four men who hoarded a mean of seven item types, with a mean duration of 13.2 +/- 3.9 years (range 2-15 years). Their mean age was 41.8 +/- 14.3 years (range 20-65 years). The most common motive for hoarding was the fear of discarding items of practical value. Nine subjects met DSM-IV criteria for OCD, 9 met criteria for OCPD, for symptoms and behaviors other than hoarding, while six subjects met criteria for a putative OCD spectrum disorder (Tourette's, body dysmorphic disorder, trichotillomania). Six subjects reported little or no control over their hoarding, but only one subject saw her symptoms as an 'illness' warranting treatment. Pathological hoarding is usually a covert and chronic behavior causing distress and/or impairment, and may be related to OCD and OCPD. Hoarding may meet the criterion for a compulsion in DSM-IV, yet there is evidence to suggest that hoarding may manifest in a variety of other psychiatric conditions. While a range of pharmacologic and behavioral treatments have been tried, their effectiveness in managing hoarding behaviors requires additional research

### **Obsessive-compulsive hoarding: symptom severity and response to multimodal treatment.**

*J Clin Psychiatry.* 2002 Jan;63(1):21-7.

Saxena S, Maidment KM, Vapnik T, Golden G, Rishwain T, Rosen RM, Tarlow G, Bystritsky A.

**BACKGROUND:** Compulsive hoarding and saving symptoms, found in many patients with obsessive-compulsive disorder (OCD), are part of a clinical syndrome that has been associated with poor response to medications and cognitive-behavioral therapy (CBT). We sought to determine whether patients with the compulsive hoarding syndrome had more severe symptoms and functional impairment than nonhoarding OCD patients and whether they would respond to intensive, multimodal treatment previously found to be effective for treatment-refractory OCD. **METHOD:** We studied 190 consecutive patients with DSM-IV OCD treated openly for approximately 6 weeks with intensive CBT, medication, and psychosocial rehabilitation in a partial hospitalization program for severely ill OCD patients. Twenty of the 190 patients (11%) were identified as having the compulsive hoarding syndrome. All patients were assessed before and after treatment with the Yale-Brown Obsessive Compulsive Scale (YBOCS), Hamilton Rating Scale for Depression (HAM-D), Hamilton Rating Scale for Anxiety (HAM-A), and Global Assessment Scale (GAS). We compared the symptom severity and response to treatment of compulsive hoarders versus nonhoarding OCD patients. **RESULTS:** Compulsive hoarders were significantly older than nonhoarders ( $p < .001$ ). Hoarders had significantly lower GAS scores and higher HAM-A scores than nonhoarders both before ( $p = .04$ ) and after ( $p = .002$ ) treatment, but had similar pretreatment YBOCS scores. Both groups improved significantly with treatment as assessed by YBOCS score ( $p < .001$ ), but nonhoarders had significantly greater decreases in YBOCS scores than hoarders ( $p = .02$ ). **CONCLUSION:** While the compulsive hoarding syndrome appears to be a distinct, more disabling, variant of OCD that does not respond as robustly to treatment, it may still improve significantly with intensive, multimodal treatment tailored to its specific features and associated deficits.

### **Hoarding: a community health problem.**

*Health Soc Care Community. 2000 Jul;8(4):229-234.*

Frost RO, Steketee G, Williams L.

Hoarding behaviour has been defined as the accumulation of possessions that are useless and that interfere with the ability to function. Severe hoarding may endanger not only the health and safety of the individual, but also their surrounding community. However, little information exists regarding the frequency and seriousness of this problem. This study represents the first attempt to determine the frequency of complaints about hoarding behaviour to responding health departments in one state (Massachusetts) and to explore the nature of these complaints. Eighty-eight health officers, serving a population of 1.79 million people, responded to a survey of complaints to local boards of health about hoarding behaviour. Sixty-four percent of the health officers reported at least one hoarding complaint during the five years under study; 471 case complaints were reported. In-depth information on the nature and circumstances of complaints was collected for 58 cases. Complaints typically involved multiple community agencies and occasionally resulted in significant cost to the community. Only half of the hoarders recognized the lack of sanitation in their home, and fewer than one third of complainants willingly co-operated to resolve the complaint against them. Hoarding behaviours were judged to seriously jeopardize the health of the individual and those around them. Hoarding behaviour that involved collecting animals was more serious and difficult to deal with than non-animal hoarding.

### **Hoarding by elderly people.**

*Health Soc Work. 2001 Aug;26(3):176-84. Erratum in: Health Soc Work 2001 Nov;26(4):234*

Kim HJ, Steketee G, Frost RO.

Although hoarding has been studied in adults, little is known about problems of hoarding by elderly people. This study used a structured telephone interview with elder services providers to investigate hoarding behaviors in relation to functional impairment, cognitive deficits, and physical and psychological conditions in 62 elderly clients. Most elderly hoarders were female, unmarried,

and lived alone. Extensive clutter was associated with significant impairment, interfering with basic hygiene, and posing a serious physical threat for many elderly clients. Clients were rarely insightful about their collecting and often resisted change, rendering interventions generally ineffective. Never-married status was associated with more severe hoarding and greater impairment and possibly with worse outcomes of intervention efforts. Health and mental health implications of hoarding by elderly people and implications for treatment are discussed.

### **Intervention in compulsive hoarding. A case study.**

*Behav Modif. 2001 Apr;25(2):214-32.*

Cermele JA, Melendez-Pallitto L, Pandina GJ.

Historically, the compulsive hoarding of possessions has been examined in the context of other obsessive-compulsive disorders. More recently, researchers have begun to explore compulsive hoarding as a separate and distinct syndrome. The cognitive behavioral model proposed by Frost and Hartl suggests that deficits in information processing, emotional attachment problems, behavioral avoidance, and beliefs about the nature of possessions are important components in understanding compulsive hoarding. This article presents a case study of a successful intervention with a compulsive hoarder that addresses each of the components proposed in the model. Implications for future interventions are discussed.

### **Mood, personality disorder symptoms and disability in obsessive compulsive hoarders: a comparison with clinical and nonclinical controls.**

*Behav Res Ther. 2000 Nov;38(11):1071-81.*

Frost RO, Steketee G, Williams LF, Warren R.

Hoarding is a symptom of obsessive compulsive disorder (OCD), as well as a diagnostic criterion for obsessive compulsive personality disorder (OCPD). One recent study suggests that people who suffer from compulsive hoarding report more general psychopathology than people who do not [Frost, R.O., Krause, M.S., & Steketee, G. (1996). Hoarding and obsessive compulsive symptoms. *Behavior Modification*, 20, 116-132]. The present study addressed whether persons with OCD hoarding exhibit more depression, anxiety, OCD and personality disorders symptoms than community controls, OCD nonhoarders, or other anxiety disorder patients. Disability was also examined. Hoarding subjects were older than the other three groups, but age did not account for any of the differences observed among the groups. Compared to controls, OCD hoarding, nonhoarding OCD and anxiety disorder patients showed elevated YBOCS scores, as well as higher scores on depression, anxiety, family and social disability. Compared to nonhoarding OCD and anxiety disorder patients, OCD hoarding patients scored higher on anxiety, depression, family and social disability. Hoarding subjects had greater personality disorder symptoms than controls. However, OCD hoarding subjects differed from OCD nonhoarding and anxiety disorder subjects only on dependent and schizotypal personality disorder symptoms. The findings suggest that hoarding is associated with significant comorbidity and impairment compared to nonhoarding OCD and other anxiety disorders.

### **Refuse hoarding syndrome [Article in German]**

*Psychiatr Prax. 2000 Jan;27(1):42-6.*

Jurgens A.

OBJECTIVE: The "litter hoarding syndrome" is described only occasionally during the past decades. It seems to be rather unknown in the psychiatric literature. In the course of the syndrome the patients gather more and more litter in their homes until it becomes uninhabitable. Physicians and social psychiatric services are often confronted with this manifestation of a

psychiatric illness. **METHODS:** Because of the dramatic development, the extent and the specific circumstances this paper reports case of a young female patient with the litter hoarding syndrome. **RESULTS:** The term "litter hoarding syndrome" was first coined by Dettmering [3] during a lecture on 25.1.1984 in the Psychiatric Clinic of the Eppendorf University Hospital in Hamburg. In 1985 Klosterkotter et al. [7] described the "diogenes syndrome" which offered some nosological similarities. With the exception of this publications and the PhD thesis by Pastenaci [11] only a few reports have been published during the last 28 years throughout the world and no epidemiological data about the syndrome can be found. **CONCLUSION:** Based on this case some ideas about differential diagnosis and syndrome classification shall be presented.

### **Hoarding: a review.**

*Isr J Psychiatry Relat Sci. 1999;36(1):35-46.*

Stein DJ, Seedat S, Potocnik F.

**BACKGROUND:** Hoarding is currently categorized as a symptom of both obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder. However, hoarding has also been documented in association with other psychiatric disorders, raising questions about the classification, psychobiology and treatment of these symptoms. This paper reviews the literature on hoarding. **METHOD:** A computerized literature search was done using the MEDLINE database. Relevant references were collated and were used to obtain additional literature on hoarding behavior. **RESULTS:** Although hoarding may meet DSM-IV diagnostic criteria for a compulsion, this symptom is also seen in a range of other disorders. Nevertheless, the phenomenology of hoarding remains under-researched. In addition, the psychobiology and treatment of hoarding remains relatively poorly understood, although in certain aspects there may be some overlap with the symptoms of OCD. **CONCLUSIONS:** Further research on the phenomenology, psychobiology and treatment of hoarding is clearly needed. A neuro-ethological view of hoarding as a spectrum symptom seen not only in OCD, but also in other disorders, may provide a useful heuristic for current clinical practice and for future empirical research.

### **Hoarding of animals: an under-recognized public health problem in a difficult-to-study population.**

*Public Health Rep. 1999 Jan-Feb;114(1):81-7.*

Patronek GJ.

**OBJECTIVE:** The objective of this study was to better characterize the problem of hoarding, or pathological collecting, of animals. **METHODS:** The author summarized data from a convenience sample of 54 case reports from 10 animal control agencies and humane societies across the country. **RESULTS:** The majority (76%) of hoarders were female, and 46% were 60 years of age or older. About half of the hoarders lived in single-person households. The animals most frequently involved were cats, dogs, farm animals, and birds. The median number of animals per case was 39, but there were four cases of more than 100 animals in a household. In 80% of cases animals were reportedly found dead or in poor condition. Prevalence estimates extrapolated from these data range from 700 to 2000 U.S. cases annually. **CONCLUSIONS:** Public health authorities should recognize that animal hoarding may be a sentinel for mental health problems or dementia, which merit serious assessment and prompt intervention. Improved cooperation between humane societies and public health authorities could facilitate the resolution of animal hoarding cases.

### **Diogenes syndrome and hoarding in the elderly: case reports.**

*Isr J Psychiatry Relat Sci. 1999;36(1):29-34.*

Rosenthal M, Stelian J, Wagner J, Berkman P.

Presented here are two case reports of elderly persons with Diogenes syndrome (variously known as senile breakdown, social breakdown and senile squalor syndrome). Diogenes syndrome is often (but not always) characterized by a tendency to hoard excessively (sylllogomania). The first patient was diagnosed as having both a schizotypal personality disorder and obsessive-compulsive disorders (OCD) while the second was diagnosed as having a schizoid personality disorder. Only the former demonstrated the tendency to hoard rubbish. The Diogenes syndrome in both cases can be hypothesized to be a reaction to stress in elderly people with certain personality characteristics or as the end stage of a personality disorder. The hoarding behavior that was manifested only in the first case can probably be the result of the presence of an OCD. The authors raise the possibility that OCD may be the cause of hoarding rubbish in those cases of Diogenes syndrome in which hoarding exists and cannot be explained by psychotic disorders, dementia or any other mental disorders due to a general medical condition (GMC) or substance-related disorders.

### **Hoarding--what does it mean?**

*Compr Psychiatry. 1998 Nov-Dec;39(6):400-2.*

Melamed Y, Szor H, Barak Y, Elizur A.

Collecting is a normal phenomenon, in contrast with pathological collecting, or hoarding. Is hoarding a different phenomenon, or an extreme aspect existing on the same spectrum of behavior? How may these phenomena be understood when they are part of everyone's repertoire on one hand, but may be symptomatic of a grave disturbance on the other hand. An overview and a discussion of hoarding are presented.

### **Hoarding behavior in dementia. A preliminary report.**

*Am J Geriatr Psychiatry. 1998 Fall;6(4):285-9.*

Hwang JP, Tsai SJ, Yang CH, Liu KM, Lirng JF.

Hoarding behavior has been reported in several mental disorders and is occasionally reported by the caregivers of dementia patients. Such behavior may have adverse effects on the patients and increase the burden of the caregivers. This study was conducted to investigate the prevalence of hoarding behavior in patients with dementia and identify the characteristics and psychiatric symptoms associated with it. The sample was 133 dementia patients admitted to a geropsychiatric ward. Of the 133 dementia patients, 30 (22.6%) showed hoarding. Hoarding was found in various types of dementia. Patients with hoarding had a higher prevalence of repetitive behaviors, hyperphagia, and pilfering. Results suggested that hoarding behavior is a common symptom in dementia patients and a complex phenomenon. Better understanding of the underlying pathogenesis may highlight specific pharmacological or behavioral methods for treatment of the behavior.

### **Hoarding and treatment response in 38 nondepressed subjects with obsessive-compulsive disorder.**

*J Clin Psychiatry. 1998 Aug;59(8):420-5.*

Black DW, Monahan P, Gable J, Blum N, Clancy G, Baker P.

**OBJECTIVE:** The authors studied factors associated with short-term treatment response in 38 nondepressed subjects with DSM-III-R obsessive-compulsive disorder (OCD). **METHOD:** The subjects completed 12 weeks of treatment with paroxetine (N = 20), placebo (N = 8), or cognitive-behavioral therapy (N = 10). Clinician and self-rated measures were gathered at baseline, during

treatment, and after treatment. RESULTS: Seventeen (45%) subjects had "much" or "very much" improvement and achieved at least a 40% decrease in their total Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score. Responders had lower obsessive-compulsive scores on the Symptom Checklist 90-Revised, had a lower checking score on the Maudsley Obsessive-Compulsive Inventory, were less likely to have had prior drug therapy, and in general suffered more obsessive-compulsive symptoms. They were significantly less likely to have hoarding obsessions and corresponding compulsions. The latter finding was confirmed using multiple regression analysis. CONCLUSION: Hoarding is an important symptom that predicts poor treatment response in patients with OCD.

### **Hoarding, compulsive buying and reasons for saving.**

*Behav Res Ther.* 1998 Jul-Aug;36(7-8):657-64.

Frost RO, Kim HJ, Morris C, Bloss C, Murray-Close M, Steketee G.

Comment on: [Behav Res Ther.](#) 1996 Apr;34(4):341-50.

Two studies examined hypotheses about compulsive hoarding, compulsive buying and beliefs about saving and discarding derived from the cognitive-behavioral model of compulsive hoarding [Frost, R. O. and Hartl, T. (1996). A cognitive behavioral model of compulsive hoarding. *Behaviour Research and Therapy*, 34, 341-350.]. Study 1 examined the hypotheses in a college student population, while study 2 compared members of a support group for hoarding and clutter-related problems with a nonclinical control. Across studies the hypotheses were supported. Compulsive hoarding was associated with compulsive buying and the frequency of acquisition of possessions discarded by others, suggesting that compulsive acquisition may be a broader construct than compulsive buying among people with hoarding problems. Regarding its association with OCD symptoms, hoarding was most closely associated with the impaired mental control features of OCD. Finally, on a hoarding-related task, hoarding was associated with a greater frequency of reasons to save, but was not associated with fewer reasons to discard a target possession.

### **Hoarding: a symptom, not a syndrome.**

*J Clin Psychiatry.* 1998 May;59(5):267-72; quiz 273.

Damecour CL, Charron M.

BACKGROUND: Hoarding behavior in humans spans a continuum from normal collecting to pathological self-neglect and can be associated with a variety of psychiatric disorders. METHOD: The authors summarize research in the past 15 years characterizing hoarding behavior in groups of college students, in nonclinical populations of self-named "pack rats," in outpatients treated for obsessive-compulsive disorder (OCD), and in individual pathological hoarders presented in psychiatric case reports. Two new case reports of pathological hoarding are presented here. RESULTS: The literature suggests, as do the 2 case reports presented, that certain factors may be common to all groups of hoarders, as they all show poor insight, lack of resistance to the compulsion to hoard, and poor treatment motivation. CONCLUSION: Possible biological and psychosocial determinants of pathological hoarding include association with schizophrenia, OCD, and tic disorders, as well as a possible link through the neurotransmitter dopamine. Management issues range from psychopharmacologic treatment with antipsychotic medication to behavioral therapy and environmental manipulation.

### **Hoarding symptoms in patients on a geriatric psychiatry inpatient unit.**

*S Afr Med J.* 1997 Sep;87(9):1138-40.

Stein DJ, Laszlo B, Marais E, Seedat S, Potocnik F.

**BACKGROUND:** While collecting may be a normal behaviour, hoarding is a symptom of various psychiatric disorders, including obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD). Although anecdotal reports suggest that hoarding is not uncommon in geriatric psychiatry populations, its psychopathological correlates in such samples have not been well characterised. **METHODS:** The presence of clinically significant hoarding symptoms was screened for in 100 consecutive patients in a geriatric psychiatry inpatient unit. Both patient and collateral histories were obtained. When hoarding symptoms were present, a detailed history of their phenomenology was obtained by means of a structured questionnaire and the response of hoarding symptoms to treatment during hospitalisation was monitored. **RESULTS:** Clinically significant hoarding was found in 5/100 subjects. Four of these 5 patients met DSM-IV criteria for schizophrenia (paranoid subtype), with onset of symptoms coinciding with increased symptoms of dementia. The fifth patient met criteria for bipolar disorder (manic episode), also had symptoms of dementia, and had a lifelong history of hoarding. Hoarding behaviours responded to antipsychotic treatment in 3 of the 5 patients. **CONCLUSIONS:** A history of hoarding may be useful in many psychiatric patients, but psychopathological correlates of this symptom are likely to vary with age. In a geriatric psychiatry inpatient population hoarding was associated not with OCD or OCPD, but rather with paranoid schizophrenia and increasing symptoms of dementia. Dopamine blockers appeared useful in decreasing hoarding in some patients, raising interesting questions about the neurobiology of this symptom.

**'The bowerbird symptom': a case of severe hoarding of possessions.**

*Aust N Z J Psychiatry.* 1997 Aug;31(4):597-600.

Comment in: [Aust N Z J Psychiatry.](#) 1998 Feb;32(1):141.

Fitzgerald PB.

**OBJECTIVE:** To describe a severe case of hoarding of possessions in a patient with obsessive-compulsive disorder. **CLINICAL PICTURE:** A 22-year-old male presented with a history from early childhood of persistent collecting of valueless objects and the inability to give up possessions. He had significant insight but ambivalent feelings about changing his behaviour, despite the degree of disruption it produced in his environment. **TREATMENT AND OUTCOME:** Attempts to engage the patient in treatment were unsuccessful because of the patient's ambivalence towards change. **CONCLUSIONS:** The symptom of hoarding behaviour may be a severe and disruptive expression of psychiatric distress, and in obsessive-compulsive disorder it is likely to indicate a poor prognosis due to the difficulties of engaging the patient in treatment.

**A cognitive-behavioral model of compulsive hoarding.**

*Behav Res Ther.* 1996 Apr;34(4):341-50.

Comment in: [Behav Res Ther.](#) 1998 Jul-Aug;36(7-8):657-64.

Frost RO, Hartl TL.

Compulsive hoarding is a little studied phenomenon within the research literature. The information available on compulsive hoarding is diverse and not well integrated. In the present article we propose a tentative cognitive-behavioral model of compulsive hoarding. The purpose of such a model is to provide a framework for the development and testing of hypotheses about compulsive hoarding. In this model hoarding is conceptualized as a multifaceted problem stemming from: (1) information processing deficits; (2) problems in forming emotional attachments; (3) behavioral avoidance; and (4) erroneous beliefs about the nature of possessions. Specific hypotheses about each of these are discussed.

### **Hoarding and obsessive-compulsive symptoms.**

*Behav Modif.* 1996 Jan;20(1):116-32.

Frost RO, Krause MS, Steketee G.

The present study attempts to extend recent research on the relation between hoarding and obsessive-compulsive experiences. In both college student and community samples, hoarding was associated with higher scores on the Yale-Brown Obsessive-Compulsive Scale (YBOCS). The relationship was stronger among the community sample, in which there was a greater range of compulsive symptoms and hoarding behavior. Hoarding was also associated with higher levels of general psychopathology as measured by the Brief Symptom Inventory but not by the Obsessive-Compulsive Personality Disorder subscale from the Millon Clinical Multiaxial Inventory-II or by a measure of ordinary risk taking. Among a sample of patients with obsessive-compulsive disorder (OCD), 31% reported hoarding obsessions and 26% reported hoarding compulsions on the YBOCS symptom checklist. These frequencies are similar to those found elsewhere and suggest that, although not as frequent as the classical symptoms of OCD, hoarding is a common symptom among OCD patients.

### **The hoarding of possessions.**

*Behav Res Ther.* 1993 May;31(4):367-81.

Frost RO, Gross RC.

Three studies of nonfood hoarding are reported. Findings support the reliability and validity of a Hoarding Scale. Furthermore, the findings indicate a number of features of hoarding behavior. Hoarding was associated with indecisiveness, perfectionism (especially maladaptive evaluative concern) and obsessive compulsive symptoms among college students and community volunteers. Hoarders tended to buy extra things in order not to be caught without a needed item, and they carried more 'just-in-case' items in purses, pockets and cars. Onset of hoarding was childhood and adolescence. Hoarders had more first degree relatives who engaged in excessive saving than nonhoarders, and hoarders were less likely to be married. There was no evidence to suggest that hoarding was related to material deprivation. A model was suggested which conceptualizes hoarding as an avoidance behavior tied to indecisiveness and perfectionism. Saving allows the hoarder to avoid the decision required to throw something away, and the worry which accompanies that decision (worry that a mistake has been made). Also, it allows hoarders to avoid emotional reactions which accompany parting with cherished possessions, and results in increased perception of control.

### **Self-neglect in adult life.**

*Br J Psychiatry.* 1992 Aug;161:265-7. Comment in: [Br J Psychiatry.](#) 1992 Dec;161:865. ,

[Br J Psychiatry.](#) 1993 Jan;162:129.

Vostanis P, Dean C.

Two cases of self-neglect in adult patients with no psychiatric diagnosis are reported. The presentation included domestic squalor and hoarding of rubbish, with the patients living alone and having a history of schizoid and paranoid personality traits. Both refused all recommended help. A move to more protected accommodation was the only practical measure that led to a degree of improvement.

### **Hoarding as a psychiatric symptom.**

*J Clin Psychiatry.* 1990 Oct;51(10):417-21.

Greenberg D, Witzum E, Levy A.

Collecting is a normal behavior in childhood and adulthood, while hoarding--the gathering, ordering, and disposal of articles without clear conscious motivation or control--is characterized as the pathologic counterpart of collecting. The literature describing the characteristics of collecting and the theories concerning its underlying mechanisms is presented along with eight case studies of adults who exhibited hoarding as a prominent symptom. It is apparent that hoarding is the final common pathway for a variety of processes: compulsive hoarding in obsessive compulsive disorder, fears of theft and poisoning in paranoid delusions, and the deterioration of habits in organic mental disorder.

### **Compulsive hoarding.**

*Am J Psychother.* 1987 Jul;41(3):409-16.

Greenberg D.

Four cases of compulsive hoarding are described, all sharing the following characteristics: (1) onset in the twenties, (2) preoccupation with hoarding to the exclusion of work and family, (3) diminished insight, (4) little interest in receiving treatment, (5) no attempt to curb their compulsion. They do not show clear psychotic features. The implications of these characteristics for the diagnosis of hoarding are discussed.

## Diogenes Syndrome

### **Diogenes syndrome: a transnosographic approach**

*Encephale.* 2004 Jul-Aug;30(4):315-22.

[Article in French]

Hanon C, Pinquier C, Gaddour N, Said S, Mathis D, Pellerin J.

Diogenes syndrome is a behavioural disorder of the elderly. Symptoms include living in extreme squalor, a neglected physical state and unhygienic conditions. This is accompanied by a self-imposed isolation, the refusal of external help and a tendency to accumulate heteroclite objects. This particular geriatric syndrome has been described for the first time only quite recently, as the 2 primary descriptions by geriatricians and psychiatrists date from 1966 and 1975 respectively. Its rare occurrence contrasts with the fact that it is well-known, partly due to it being named after the Greek philosopher "Diogene de Sinope", who taught cynicism philosophy and a return to a natural way of life, and partly because of its rare characteristics. The Diogenes syndrome is a fascinating object of study for the clinician who takes care of patients living in uncommon conditions, on the edge of society and unaware of the particularity of their lifestyles. Patients suffering from Diogenes syndrome are usually discovered by chance, either because of a somatic illness, or as a result of social intervention related to their behavioural problems. Management of the syndrome is difficult and ethically challenging, as the patient does not seek help. Moreover, 46% of patients have a 5 year mortality rate. Hospitalisation has to be avoided whenever possible and ambulatory treatment and social measures should be favoured. Psychotropic treatment prescription may be necessary, depending on clinical features and the possible underlying psychiatric disease. Although several clinical hypotheses have been suggested, the true ethiopathogeny of the syndrome remains unclear. Most authors agree that this behaviour does not reflect free will and has consequently no theoretical relationship to the Greek philosopher. There is no true consensus about diagnostic criteria. They include the main features of the syndrome and exclude known psychiatric syndromes. Clark and Mankikar, who named this syndrome, reckon it may represent stress-related defence mechanisms of the elderly or may be related to natural ageing process. However, psychiatric pathologies as paranoid and paranoiac psychoses, mood disorders and obsessive and compulsive disorders have been described to be

associated with it in the literature. Dementia, in particular temporo-frontal dementia, should be looked for and excluded clinically. Alcohol abuse seems to be an aggravating rather than a precipitating factor. Finally, the link between these pathologies and Diogenes syndrome is not yet determined: are they triggering, co-morbid or etiological factors? Should this syndrome be considered as a true illness or as a symptom? This paper presents Diogenes syndrome as a behavioural disorder and distinguishes 2 types: the "active type"--patients who collect from outside to clutter inside--and the "passive type"--patients who passively become invaded by their rubbish. Active type patients fill their home to fill in the vacuum of their life, as it deteriorates and loses its narcissical appeal. Passive type patients accumulate by default and emptiness. A psychopathological understanding is presented here, referring to psychoanalytical theories of the *Moi-peau* (ego-skin) described by Anzieu. The *Moi-peau* represents a structure of the psyche founded on the following principle: any psychic function develops itself according to a bodily function from which it transposes its functioning at a mental level. The skin has three functions: the containing shell, the protective barrier of the psyche, and a medium of exchange. The *Moi-peau* is organised as a double-wall acting both as a defence mechanism and as a filter between the psyche and the external world. It preserves the relationship and the cohesion "container-content". As a result of a narcissical wound, the *Moi-peau* is damaged and loses its function of a container. In the case of Diogenes Syndrome, the accumulated items repair the *Moi-peau* and the home becomes an "exterior-proof", thus playing the role of the *Moi-peau*. This behaviour therefore plays a repairing role for psychic functioning, allowing psychic survival.

### **Is collectionism a diagnostic clue for Diogenes syndrome?**

*Int J Geriatr Psychiatry. 2005 Aug;20(8):709-11.*

Montero-Odasso M, Schapira M, Duque G, Chercovsky M, Fernandez-Otero L, Kaplan R, Camera LA.

**BACKGROUND:** Diogenes syndrome (DS) is characterized by extreme self-neglect, domestic squalor, and social withdrawal. Despite having been described decades ago, it is still difficult to pursue a correct diagnosis in primary care clinics. **METHODS:** This paper reports a case of an elderly man with extreme self neglect and an abnormal collecting pattern whose condition remained undetected for many years. His collectionism was manifested with a tendency to store items in an organized manner but without a clear purpose. **CONCLUSION:** The authors suggest that the presence of collectionism could be a helpful clue towards diagnosis of DS in similar cases. (c) 2005 John Wiley & Sons, Ltd.

### **Messy house syndrome [Article in German]**

*MMW Fortschr Med. 2004;146:36-39.*

Barocka A, Seehuber D, Schone D.

The messy house syndrome (Diogenes syndrome) is present when, owing to a disordering of the personality structure, a person is unable to keep order, for example, in the household or his finances. Such persons are also referred to as "messies". Useless objects are hoarded in such quantities that the apartment can no longer be lived in. In many cases, the disorder is due to an underlying mental problem such as dementia, schizophrenia, ADHS or obsessive-compulsive disorders. The Prader-Willi syndrome is also associated with an unusual compulsion to hoard things or food. In the first instance, treatment is aimed at the underlying condition (neuroleptic agents, SSRI). New studies appear to suggest that the particular concomitant cognitive and emotional disturbances associated with hoarding respond to cognitive behavioral therapy.

### **Diogenes syndrome in the elderly: clinical form of frontal dysfunction? Report of 4 cases**

*Rev Med Interne. 2002 Feb;23(2):122-31 [Article in French]*

Beauchet O, Imler D, Cadet L, Blanc P, Ramboa P, Girtanner C, Gonthier R.

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**PURPOSE:** Diogenes syndrome is characterised by self-neglect and domestic squalor which leads to unhealthy living conditions. It seems that no single model satisfactorily explains the development of Diogenes syndrome. **METHODS:** We report four cases of Diogenes syndrome discovered during a short-stay geriatric hospitalization. We were able to analyse them as regards social, physical, psychiatric and cognitive aspects. **RESULTS:** The results showed absence of socioeconomic precariousness, psychiatric and physical pathologies which generate handicaps. A dementia characterised by a frontal dysfunction was constantly found. **CONCLUSION:** Diogenes syndrome seems to be a particular behavioural demonstration of a frontal lobe dementia. It does not correspond to a lucid life choice, which must encourage a medico-social assumption.

### **Diogenes syndrome: the self-neglect elderly.**

*Compr Ther. 2001 Summer;27(2):117-21.*

Reyes-Ortiz CA.

Diogenes syndrome (DS) is characterized by severe self-neglect, domestic squalor, social withdrawal, sylogomania, and refusal of help that may be precipitated by stressful events. Secondary DS is related to mental disorders. Its management includes day care center and community care.

### **Community study of people who live in squalor.**

*Lancet. 2000 Mar 11;355(9207):882-6. Comment in: [Lancet. 2000 May 6;355\(9215\):1650.](#)*

Halliday G, Banerjee S, Philpot M, Macdonald A.

**BACKGROUND:** The reasons why people live in squalor have been the subject of much debate but little systematic research other than reports of case series from secondary health-care services. We did a study in the community using standardised instruments to investigate the relation between squalor and mental and physical disorders. **METHODS:** We did a cross-sectional study of the clients of a local-authority special cleaning service. Levels of domestic squalor and self neglect were measured with the living conditions rating scale, and diagnoses of mental disorder were made by use of WHO's schedules for clinical assessment in neuropsychiatry (SCAN). **FINDINGS:** 91 individuals were eligible for inclusion; 81 from 76 households consented and were interviewed (a response rate of 89%). 41 (51%) were younger than 65 years of age. 57 individuals (70%) were diagnosed as having a mental disorder at interview, as defined by the SCAN, and 21 participants (26%) had a physical health problem which contributed significantly to the unclean state of their living environment. Those with a contributory physical disorder had a lower severity of domestic squalor. People older than 65 years were less likely to have a mental disorder than those younger than 65 years, but a contributory physical disorder was not associated with the presence of active mental disorder. Only 30 (53%) of the 57 individuals with active mental disorder had had any contact with mental-health services in the previous year. **INTERPRETATION:** People who live in squalor and who receive special cleaning services have high rates of mental disorder, and squalor affects younger as well as older people. Living in squalid conditions in the group was generally associated with a mental or physical disorder, and there were possible deficits in the health care received. The

extent to which these disorders might respond to more assertive treatment from health services requires further study, but questions are raised about the adequacy of their current health care.

### **Adult service refusers in the greater Dublin area.**

*Ir Med J. 2000 Oct;93(7):208-11.*

Hurley M, Scallan E, Johnson H, De La Harpe D.

The reclusive behaviour and living conditions of people living in the community can be a source of concern to others, especially when statutory and voluntary support are refused. A cross-sectional observational study of service providers was carried out to profile 'service refusers' in the greater Dublin area and to describe the support offered. Two hundred and thirty three subjects were identified. Most were female (127, 54.5%) and 65 years of age or older (162, 69.5%). Approximately 50% (117, 50.2%) were living in private accommodation. The majority of subjects were considered to exhibit traits of poor personal hygiene (171, 73.4%), suspiciousness (160, 68.7%), secrecy (144, 61.8%) or hoarding (126, 54.1%). Forty-seven per cent of subjects (110) identified met the criteria for 'Diogenes Syndrome'. A wide variety supports had been offered including meals-on-wheels, home-helps and house cleaning. Respondents considered that 51.9% (121) of subjects had not been offered a service which proved successful. Despite the best efforts of agencies, service refusers can remain steadfast in not availing of the help that is on offer.

### **Diogenes syndrome. A clinical study of gross neglect in old age.**

*Lancet. 1975 Feb 15;1(7903):366-8.*

Clark AN, Mankikar GD, Gray I.

A study of elderly patients (fourteen men, sixteen women) who were admitted to hospital with acute illness and extreme self-neglect revealed common features which might be called Diogenes syndrome. All had dirty, untidy homes and a filthy personal appearance about which they showed no shame. Hoarding of rubbish (sylllogomania) was sometimes seen. All except two lived alone, but poverty and poor housing standards were not a serious problem. All were known to the social-services departments and a third had persistently refused offers of help. An acute presentation with falls or collapse was common, and several physical diagnoses could be made. Multiple deficiency states were found--including iron, folate, vitamin B12, vitamin C, calcium and vitamin D, serum proteins and albumin, water, and potassium. The mortality, especially for women, was high (46%); most of the survivors responded well and were discharged. Half showed no evidence of psychiatric disorder and possessed higher than average intelligence. Many had led successful professional and business lives, with good family backgrounds and upbringing. Personality characteristics showed them to tend to be aloof, suspicious, emotionally labile, aggressive, group-dependent, and reality-distorting individuals. It is suggested that this syndrome may be a reaction late in life to stress in a certain type of personality.

### **Diogenes' syndrome. A geriatric entity [Article in French]**

*Can Fam Physician. 1998 Apr;44:812-7.*

Roberge RF.

**OBJECTIVES:** To familiarize physicians with this relatively rare syndrome; to review the signs and symptoms, with special emphasis on its nature and the terminology used; and to help physicians choose an appropriate course of action. **DATA SOURCES:** MEDLINE (1966 to 1997) and Psychlit (1990 to 1996), references from articles, reference texts on geriatrics and psychiatry. **STUDY SELECTION:** All of the articles reviewed involved case studies. **SYNTHESIS:** Descriptive articles enabled us to define this syndrome more clearly. The dissimilarity of the case studies

indicates that the condition is not clearly defined, and the reference to the Greek philosopher Diogenes is misleading. **CONCLUSION:** The various features described to make up a geriatric syndrome characterized by extreme self-neglect, squalid living conditions, and social withdrawal. This complex geriatric problem poses clinical, social and ethical challenges.

### **Diogenes' syndrome in patients with intellectual disability: 'a rose by any other name'?**

*J Intellect Disabil Res.* 1998 Aug;42 ( Pt 4):316-20.  
Williams H, Clarke R, Fashola Y, Holt G.

Diogenes' syndrome is characterized by marked self-neglect, domestic squalor, social withdrawal and hoarding of rubbish (sylllogomania). The syndrome has been reported to occur in association with a wide variety of conditions, but the present authors were unable to find any previous reports of Diogenes' syndrome in patients with intellectual disability

### **Self-neglect in the elderly--the homeless and the Diogenes syndrome**

*Tijdschr Gerontol Geriatr.* 1991 Oct;22(5):167-71. [Article in Dutch]  
Robben PB.

In the health service we sometimes have to deal with patients, who have neglected themselves seriously. It is necessary to know the complex psychological and social background of self-neglect in diagnosing and treating these patients. Psychiatric disorders occur frequently. Self-neglect can cause severe bodily damage. Two situations, characterized by self-neglect, are discussed: the homeless and the Diogenes-syndrome or house-filthiness. These patients may deny their bad health and resist treatment.

### **Diogenes syndrome**

*Fortschr Neurol Psychiatr.* 1985 Nov;53(11):427-34.[Article in German]  
Klosterkotter J, Peters UH.

Endogenous or physically conditioned psychoses are usually considered to be the underlying cause of signs of extreme self-neglect and social retreat if these occur suddenly in persons who had been socially successful up to that time. However, in recent years several independent researchers have found extreme sociocultural refusal attitudes even in patients not displaying any psychotic disturbances. This unexpected result led to a new syndrome concept which has since been accepted internationally under the designation "Diogenes syndrome". Hence, the Diogenes syndrome comprises shameless neglect of body and personal environment, associated with collectionism, social retreat and rejection of any well-meant help. It has been reported that this constellation of signs allegedly occurs with enhanced frequency in women over 60 years of age with self-isolation tendencies in their previous life history. The following article reviews the literature published so far on the Diogenes syndrome and presents two cases treated by the authors, as a suitable means to re-examine and to define the new syndrome concept more precisely. The following conclusions can be drawn from the cases already reported in the literature and the two cases newly presented here: The socioculturally complete rejection associated with the Diogenes syndrome is the final result of a personality-based abnormal emotional reaction development. Marked seclusion tendencies in the previous life history, as well as organic brain diseases, are relevant. Medical treatment can be successful mainly by means of behaviour therapy techniques.

