HOARDING vs. COLLECTING
WHERE’S THE LINE?

As television shows and media popularize this subject, the general public is hearing more about this condition. As a result, we are better able to define and address the issues surrounding hoarders. The medical definition of hoarding, as first defined by Frost and Hartl in 1996, is the acquisition of, and failure to discard, possessions that appear to be of useless or of limited value. Living spaces are sufficiently cluttered so as to disrupt or preclude use of areas for which they are designed. It is important to note that hoarding is not the same as collecting: collectors look for specific items, such as model cars, dolls, plates, or stamps, to name a few.

Hoarding disorder can impair social, occupational, and other important areas of functioning. Potential consequences of serious hoarding include health and safety concerns, such as fire hazards, tripping hazards, and health code violations. It can also lead to family strain and conflicts, isolation and loneliness, unwillingness to have anyone else enter the home, and an inability to perform daily tasks such as cooking and bathing in the home.

Research on hoarding behavior began in the early 1990s. Hoarding was once considered a type of obsessive compulsive disorder (O.C.D.), but recent studies have revealed that only 20 percent of people who hoard also have O.C.D. Some 50 percent of hoarders, however, suffer from major depression. (Frost et al., 2011) In the newly published Diagnostic and Statistical Manual of Mental Disorders-5, Hoarding Disorder is now defined as a distinct disorder.

A recent study found that the onset of hoarding behavior is most common in adolescence, but that severity increases with each decade of life (Ayers et al., 2009) resulting in a higher percentage of older adult referrals for treatment. As our aging population increases, so will the volume of older adults referred for whom hoarding is a problem.

It is not known what causes hoarding disorder, but researchers have identified a number of risk factors. Depression, anxiety disorders, attention deficit disorder, or alcohol use disorder can become more common as a person ages, especially when triggered by a stressful life event, such as the death of a loved one, declining physical conditions, or financial worries. A trained clinician can help determine some of the root causes and rule out other medical conditions that may contribute to behaviors that result in hoarding.

Hoarding
Defined as the acquisition of, and inability to discard worthless items though they appear to others to have no value

2 types of saving have been identified:
1. **Instrumental saving**: in which possessions fulfill a specific desire or purpose
2. **Sentimental saving**: in which possessions represent extensions of the self

Most commonly saved items:
- Newspapers
- Magazines
- Old clothing
- Bags
- Books
- Mail
- Noted
- Lists
An assessment for hoarding may include questions such as:

- Do you avoid throwing things away because you believe you might need them later, or because they have emotional significance?
- How would it make you feel if you had to discard some of your things?
- Does the clutter in your home keep you from using rooms for their intended purpose, such as cooking, washing dishes or taking a bath?
- Does clutter prevent you from inviting people to visit your home?
- How does clutter in your home affect your family members?
- Have others encouraged you to seek professional help?
- Are you currently being treated for any other medical conditions, including mental illness?

Excerpt from MayoClinic.com/health/hoarding preparing-for-your-appointment

Many health professionals may also ask permission to speak with friends and family to help make a diagnosis and/or to suggest treatments and resources. If you or someone you know is experiencing symptoms of hoarding disorder, contact your doctor or mental health professional. In some communities, public health agencies can also help address problems of hoarding and make proper referrals.

References


