Hoarding Among A Sample Of Patients Attending The General Psychiatry Outpatient Clinics

Thesis
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بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

قَالُوا

سُبْحَانَكَ لَا عِلْمَ لَنَا

إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ

الْعَلِيمُ الْحَكِيمُ

صَدَقَ اللَّهُ الْعَظِيمُ

سورة البقرة الآية: ٣٢

List of Contents

List of Abbreviations

Abb.	Full term
ACC	Anterior cingulate cortex
ADHD	Attention deficit hyperactivity disorder
APA	American psychiatric association
CBT	Cognitive behavioral therapy
CIR	Clutter image rating scale
dACC	Dorsal anterior cingulate cortex
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
ERP	Exposure response prevention
fMRI	Functional magnetic resonance imaging
GAD	Generalized anxiety disorder
HD	Hoarding disorder
HRS-I	Hoarding rating scale interview
ICD10	International statistical classification of diseases
MINI	Mini international Neuropsychiatric Interview
MRI	Magnetic resonance imaging
MDD	Major depressive disorder
OCD	Obsessive compulsive disorder
OCPD	Obsessive compulsive personality disorder
OFC	Orbito frontal cortex
PCC	Posterior cingulate cortex
PFC	Prefrontal cortex
PHP	Partial Hospitalization Program
SCI	Saving cognitions inventory
SI-R	Saving inventory revised
SRI	Serotonin reuptake inhibitor
UK	United Kingdom

List of Abbreviations cont...

Abb.	Full term
FDG- PET	Fluorodeoxyglucose positron emission tomography
Y-BOCS	Yale–Brown Obsessive– Compulsive Scale
OCI-R	Obsessive–Compulsive Inventory-Revised
Q-LES-Q	Quality of life enjoyment and satisfaction questionnaire
UCLA	University of California at Los Angles

List of Tables

Table No.	Title	Page No.

List of Figures

Abstract

Introduction:

Hoarding disorder (HD) is characterized by persistent difficulty discarding or parting with possessions, resulting in clutter that precludes the use of active living spaces for their intended purposes. It is included in the DSM-5.Hoarding symptoms and their associated clutter cause significant distress and impairment in functioning, compromising individuals' ability to maintain a safe environment for themselves and those around them. The presence of hoarding in other disorders warrants clinical concern, given the unique impairment associated with such symptoms. Historically, hoarding has been considered a subtype of OCD, although recent evidence suggests that there are more differences than similarities.

Methods

We recruited 175 psychiatric patients from the psychiatric OPC (psychotic disorders, OCD, GAD, mood with psychotic features and finally MDD) being diagnosed by MINI. Also we did SI-R , SCI and HRS scales to assess hoarding severity and subtypes , SI-R and SCI were translated back translated into Arabic.

Results

The main findings in our study were that the prevalence of hoarding among our sample was **(n=61; 34.9%)** with the majority of them were males **(53.7%)** with statistical correlation **(P=0.031)** which was going in line with the study conducted in Singapore in 2016 on patients seeking psychiatric treatment in a psychiatric hospital in Singapore. Moreover we found that the majority of the hoarding group had store in their homes (**31.1%**) with statistical correlation **(p=0.007)** and hoarding was more in patients who were not working a **(60.7%)** with also a statistical correlation **(p=0.023).** As regards the correlation of hoarding and different psychiatric disorders, we found that it is high among patients who received the diagnosis of MDD with statistical correlation **(p=0.012).**

Conclusion

Hoarding is considered now a separate entity in DSM-5 and distinct to OCD. Patients were seeking treatment for their psychiatric disorders other than hoarding, so all of them were insightless to this problem.

There is many cultural determinants of hoarding, so it is a poorly understood disorder which needs further researches. The hoarding was present in different psychiatric disorders and was statistically correlated with MDD. Hoarding was present in high percentage in GAD and OCD yet with no statistical correlations.

Key words hoarding disorder, Saving inventory revised, Saving cognitions scale, Major depressive disorder , OCD.

INTRODUCTION

Hoarding disorder (HD) is characterized by persistent difficulty discarding or parting with possessions, resulting in clutter that precludes the use of active living spaces for their intended purposes. It is included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as an independent disorder, and is accompanied by an excessive acquisition specifier *(American Psychiatric Association (APA)., 2013).*

It is a recent addition to DSM-5, is characterized primarily by difficulty in discarding current possessions, urges to save items, and excessive clutter in the home. DSM-5 criteria for HD necessitate that the hoarding behaviors cause clinically significant impairment in the patient's ability to function and that the symptoms are not the result of either a medical condition or other psychiatric disorder. In addition to HD, hoarding behaviors may result from obsessive-compulsive disorder (OCD), schizophrenia, depression, and even some eating disorders.

In severe hoarding cases, clutter poses a safety hazard, increasing the risk of falling, fire, poor sanitation, and medical problems, especially among the elderly.

When dealing with an older adult in whom HD is suspected, it is important to assess for other psychiatric disorders

that may affect the presentation and treatment of symptoms. The most common co morbid disorders in geriatric patients with HD are Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), OCD and dysthymia. There is a more robust relationship between hoarding and depression than between hoarding and anxiety *(Frost et al., 2011b)*.

Hoarding symptoms and their associated clutter cause significant distress and/or impairment in functioning, compromising individuals' ability to maintain a safe environment for themselves and those around them *(APA 2013)*. Beyond its impact on family members and neighbors, hoarding poses a substantial public health burden in terms of occupational impairment and social service intervention *(Tolin et al., 2008b)*.

Prevalence estimates of hoarding in the general population range from 2% to 6% *(Nordsletten et al., 2013)* and though figures may be higher among clinical samples due to the significant psychiatric co morbidity associated with HD *(Frost et al., 2011b)*. For example **Tolin and his colleagues** found that 12–25% of their sample of patients with anxiety disorders had significant hoarding symptoms *(Tolin et al., 2011b)*.

In addition, more than 75% of patients with HD were found to have a co- occurring anxiety and/or mood disorder, with the most common diagnoses being (MDD; 50.7%), (GAD;

24.4%), and social phobia (23.5%; *(Frost et al., 2011b)*, Chiu also found that 46.7% of their hoarding sample had received a formal diagnosis of schizophrenia *(Chiu et al., 2003).*

The presence of hoarding in other disorders warrants clinical concern, given the unique impairment associated with such symptoms. Research has found that (OCD) patients who hoard experience higher levels of psychopathology (e.g., anxiety symptoms, lifetime suicidal attempts), worse functioning, and greater disability than patients with only OCD symptoms *(Chakraborty et al., 2012).*

Furthermore, among patients with anxiety disorders, hoarding symptoms were significantly correlated with family impairment, above and beyond the effects of depression *(Tolin et al., 2011).* Hoarding/collecting compulsions also predicted worse psychotic symptoms (e.g., bizarre delusions, disorganization) in patients with schizophrenia *(Guillem et al., 2009).*

Historically, hoarding has been considered a subtype of OCD, although recent evidence suggests that there are more differences than similarities *(Pertusa et al., 2010).* Mean while, Another studies that support this finding were derived from measures that do not adequately assess the presence or severity of hoarding (ie, Yale-Brown Obsessive Compulsive Scale30) *(Muroff et al., 2010).*

Most research on the treatment of hoarding has been predicated, explicitly or implicitly, on the assumption that hoarding is a subtype or dimension of (OCD), and therefore will respond to treatments that have proven effective for OCD. This assumption makes some sense based on findings that 18–33% of OCD patients report some degree of hoarding symptoms *(Frost et al., 1996).*

However, treatments based on the assumption of a strong hoarding–OCD connection have yielded limited results. In many OCD trials, those with hoarding show diminished response to serotonergic anti depressants. In one exception, hoarding and non-hoarding OCD patients fared equally well in response to paroxetine *(Saxena et al., 2007a).*

AIM OF THE WORK

A) To determine the rate of clinically significant hoarding symptoms among a heterogeneous sample of different psychiatric disorders.

B) To identify different subtypes of hoarding symptoms among patients with different psychiatric disorders.

C) To identify the severity of different hoarding symptoms among patients with different psychiatric disorders.

Chapter One

HOARDING DISORDER: A NEW DSM-5 DIAGNOSIS

▪ Introduction

The term ''hoarding'' is of limited heuristic value because it can be a symptom of multiple organic and psychiatric disorders, and thus cannot be conceptualized as a single nosological entity or effectively guide therapeutic interventions. *Bolman and Katz in 1966* reportedly used the term ''compulsive hoarding'' for the first time to describe pathological or excessive collecting behavior in humans *(Mataix-Cols et al., 2010).*

Thus, the term ''compulsive'' was originally used in order to differentiate normal saving and collecting from excessive, impulsive, and/or pathological hoarding. More recently, the term ''compulsive'' has been used to describe primary hoarding behavior (i.e., hoarding due to exaggerated fears of losing items that could be important or valuable or because of excessive emotional attachment) and distinguish it from hoarding that is secondary to other developmental, neurological, or psychiatric conditions *(Maier, 2004).*