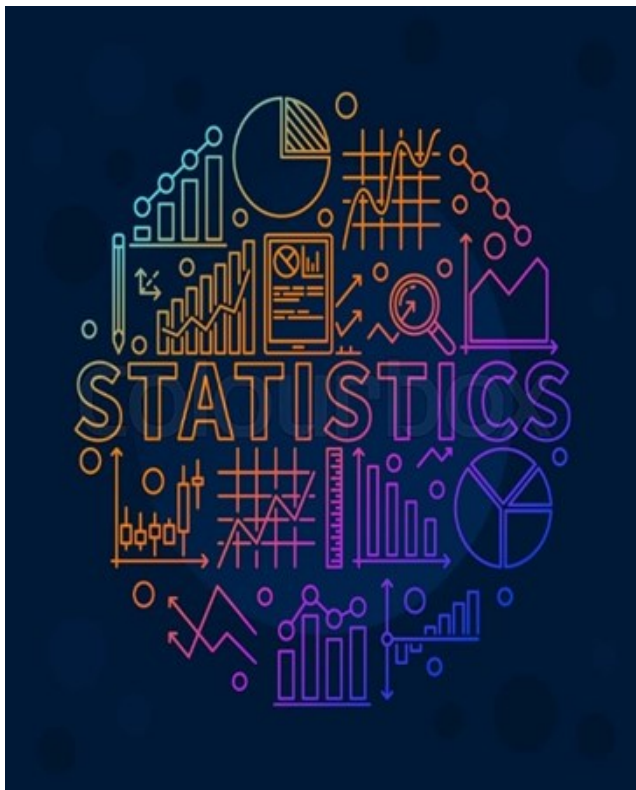


Hoarding Response Service

Hoarding Disorder Overview

Hoarding disorder is characterized by persistent difficulty in discarding or parting with possessions that appear to be useless or of limited value to others. This difficulty results in the accumulation of possessions congest and clutter living areas that they cannot be used for their intended purpose. This causes significant distress or impairment in functioning to the individual with hoarding behaviours.



1 in 20 people (4-5 % of the population) have significant hoarding behaviours

Approx. 1.5 % among adult males and females

Behaviours can manifest as early as age 13

Average age in treatment is 50

Family history is common

Low marriage/high divorce rate

Tend to live alone

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Cost of Hoarding

Personal

- Fire hazard due to combustibles near stove, vents, etc.
- Increased Falls due to cluttered pathways (particularly risky for individuals using canes and walkers)
- Health risks due to excessive dust, mold, infestation and unsanitary conditions
- Inability to prepare and store nutritious food
- Social Isolation due to interpersonal challenges with family members, neighbours and landlord
- Risk of eviction and homelessness

Financial

- Accumulation of debt due to compulsive buying
- Renting storage units in order to avoid having to discard wanted items.
- Money necessary to meet needs is reallocated to satisfying wants.
- Structural damage to home due to excessive load
- Hard earned money spent on expensive cleanouts
- Loss of property value of self and neighbours

Community

- In a multi residential building, extreme hoarding causes fire hazards, plumbing problems, and infestation due to the build-up of “trash” which poses a threat to all residents.
- Results in increased involvement from the first responders (Fire Dept., EMS, etc.) and mental health services.

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DSM Criteria



Source: American Psychiatric Association.
Diagnostic and Statistical Manual of
Mental Disorders, Fifth Edition (DSM-5).6

1. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
2. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
3. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, or the authorities).
4. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining an environment safe for oneself or others).
5. The hoarding is not attributable to another medical condition.
6. The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, etc.).

Specifiers

- With excessive acquisition
- With good or fair insight
- With poor insight
- With absent insight/delusional beliefs