Novel Treatment for Geriatric Hoarding Disorder: An Open Trial of Cognitive Rehabilitation Paired with Behavior Therapy

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Objectives: *To investigate the feasibility of an age-adapted, manualized behavioral treatment for geriatric hoarding.* **Methods:** *Participants were 11 older adults (mean age: 66 years) with hoarding disorder. Treatment encompassed 24 individual sessions of psychotherapy that included both cognitive rehabilitation targeting executive functioning and exposure to discarding/not acquiring. Hoarding severity was assessed at baseline, mid-treatment, and posttreatment.* **Results:** *Results demonstrated clinically and statistically significant changes in hoarding severity at posttreatment. No participants dropped out of treatment. Eight participants were classified as treatment responders, and three as partial responders. Partial responders reported severe/extreme hoarding and psychiatric comorbidities at baseline.* **Conclusions:** *The combination of cognitive rehabilitation and exposure therapy is a promising approach in the treatment of geriatric hoarding. Targeting neurocognitive deficits in behavioral therapy for these geriatric patients with hoarding disorder doubled response rates relative to our previous trial of cognitive behavior therapy alone.* (Am J Geriatr Psychiatry 2014; 22:248–252)

Key Words: CBT, cognitive remediation, hoarding, older adults, OCD

Hoarding disorder (HD) in older adulthood is a potentially debilitating psychiatric condition with significant health implications.[1] Clinically significant hoarding is defined as: 1) the acquisition of and failure to discard a large number of possessions that appear (to others) to be useless or of limited value; 2) living or work spaces sufficiently cluttered that they preclude activities for which those spaces were designed; and 3) significant distress or impairment in functioning caused by the hoarding behavior or clutter.[2] HD is common, with prevalence estimates at approximately 5.3%.[3] It is unclear if the prevalence rates increase with age; one study found that hoarding symptoms were three times more

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prevalent in older adults compared with younger adults,[3] but this finding has not been substantiated by other investigations.[4–6] Furthermore, it is uncertain if the hoarding symptoms are progressive in older adulthood[7] or stabilize in midlife.[8] Given age-related physical and cognitive changes, hoarding is particularly dangerous in late life due to increased risk of falls, fire hazards, poor nutrition, and health/medication mismanagement.[1] To date, standard cognitive behavioral treatments for late-life hoarding have not proven to be effective.[9,10] The current report presents the results of an open trial of a novel treatment approach targeting the neurocognitive deficits and geriatric-specific aspects of late-life HD, as well as its core symptoms.

There are a small number of late-life HD case studies and series in the literature[11] and one open trial.[9] In the open trial, Ayers et al. found considerably low response rates (18%–20%) for individual cognitive behavior therapy (CBT) in geriatric HD participants. Of 12 geriatric participants treated with manualized CBT for hoarding, only 3 of the 12 were categorized as treatment responders at posttreatment, and none met criteria for treatment response at the 6-month follow-up. In a qualitative exploration of therapist and patient perspectives on treatment using the same sample,[10] the therapist observed that executive functioning deficits (planning, problem solving, cognitive flexibility, and prospective memory) negatively affected treatment response. Participants also reported that cognitive restructuring strategies, which may place greater demands on executive functioning, had limited utility. These findings are supported by evidence that poor executive functioning (e.g., planning, categorization, decision making, working memory, cognitive flexibility) are characteristic of HD across the lifespan.[12–15] Neurocognitive impairment is associated with poorer response to CBT in other geriatric psychiatric populations,[16] which may explain the poor outcomes seen with CBT in geriatric hoarding participants.[9,10]

Taken together, these findings suggest that adding cognitive rehabilitation interventions to CBT for HD in older adults may enhance treatment response. We developed a novel intervention designed to compensate for cognitive deficits or weaknesses, particularly executive dysfunction. In this investigation, cognitive rehabilitation was combined with behavioral therapy, which promotes habituation to distress caused by discarding or not acquiring possessions. We hypothesized that older adults with HD would show clinically and statistically significant decreases in hoarding severity after this novel treatment.

METHODS

This study was approved by the institutional review board at VA San Diego Healthcare System and the University of California, San Diego.

Participants

Participants were recruited from posted flyers throughout San Diego County. Inclusion criteria were: 1) age 60 years or older; 2) an HD diagnosis according to the proposed *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*, diagnostic criteria,[2] confirmed at a consensus conference including at least two licensed professionals with expertise in hoarding; 3) a score ≥20 on the UCLA Hoarding Severity Scale[17] (UHSS); and 4) a score ≥40 on the Savings Inventory–Revised (SI-R).[18] Exclusion criteria included a score ≤24 on the Montreal Cognitive Assessment,[19] active substance use disorders, psychotic disorders, bipolar I or II disorder, and current participation in other psychotherapy. Participants were required to remain on stable doses of any psychiatric medications, with no changes for at least 3 months before the baseline assessment and throughout the course of treatment.

Measures

The following measures were used: 1) the Montreal Cognitive Assessment as a gross screen of cognitive abilities; 2) the Hoarding Rating Scale[20] as a screening tool for hoarding symptoms when presenting for evaluation; 3) the Mini–International Neuropsychiatric Interview[21] as a brief diagnostic interview; 4) the SI-R as a self-report measure used to assess hoarding severity; 5) the UHSS as a clinician-administered scale that measures the severity of hoarding; 6) the Clutter Image Rating Scale[22] (CIR) as a self-report measure of level of clutter in the home; 7) the Clinical Global Impression[23] (CGI) severity and improvement scales to judge overall severity of illness and global response to treatment; and (8) the Hospital Anxiety and Depression Scale[24] to measure

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