Available online at www.sciencedirect.com
ScienceDirect
Journal of Psychiatric Research 41 (2007) 481–487
JOURNAL OF PSYCHIATRIC RESEARCH
www.elsevier.com/locate/jpsychires

Paroxetine treatment of compulsive hoarding

Sanjaya Saxena [a,*], Arthur L. Brody [b], Karron M. Maidment [b], Lewis R. Baxter Jr. [c]

[a] UCSD Department of Psychiatry, VA San Diego Healthcare System, 3350 La Jolla Village Drive, San Diego, CA 92161, United States
[b] UCLA Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA, United States
[c] University of Florida, Department of Psychiatry, Gainesville, FL, United States

Received 12 January 2006; received in revised form 2 May 2006; accepted 3 May 2006

Abstract

Objective: Compulsive hoarding, found in many patients with obsessive-compulsive disorder (OCD), has been associated with poor response to serotonin reuptake inhibitor (SRI) medications in some reports. However, no prior study has quantitatively measured response to standardized pharmacotherapy in compulsive hoarders. We sought to determine whether compulsive hoarders would respond as well as non-hoarding OCD patients to the SRI, paroxetine.
Methods: Seventy-nine patients with OCD (32 patients with the compulsive hoarding syndrome and 47 patients without prominent hoarding symptoms) were treated openly with paroxetine (mean dose 41.6 ± 12.8 mg/day; mean duration 80.4 ± 23.5 days) according to a standardized protocol, from 3/1993 to 7/2005. All subjects were free of psychotropic medication for at least four weeks prior to study entry. No psychotherapy or psychotropic medications except paroxetine were allowed during the study period. Subjects were assessed before and after treatment with the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Scale (Ham-A), Global Assessment Scale (GAS), and Clinical Global Impression/Improvement (CGI) scale.
Results: Both compulsive hoarders and non-hoarding OCD patients improved significantly with treatment ($p < 0.001$), with nearly identical changes in Y-BOCS, HDRS, Ham-A, and GAS scores. There were no significant differences between groups in the proportions of patients who completed or responded to treatment. Hoarding symptoms improved as much as other OCD symptoms.
Conclusions: Compulsive hoarders responded as well to paroxetine treatment as non-hoarding OCD patients, suggesting that SRI medications are effective for compulsive hoarding. Controlled trials of SRI medications for compulsive hoarding are now warranted.

Keywords: Compulsive hoarding; Obsessive-compulsive disorder (OCD); Paroxetine; Treatment; Serotonin reuptake inhibitors

1. Introduction

Although standard diagnostic classifications consider obsessive-compulsive disorder (OCD) to be a single diagnostic entity, factor analytic studies of OCD symptoms have identified four principal symptom factors: (1) aggressive, sexual, and religious obsessions with checking compulsions; (2) symmetry obsessions with ordering, arranging, and repeating compulsions; (3) contamination obsessions with washing and cleaning compulsions; and (4) hoarding, saving, and collecting symptoms (Leckman et al., 1997; Summerfeldt et al., 1999; Cavallini et al., 2002). These symptom factors appear to be relatively stable over time (Mataix-Cols et al., 2002a) and show different patterns of genetic inheritance (Leckman et al., 2003), comorbidity (Samuels et al., 2002), and treatment response (Mataix-Cols et al., 1999, 2002b; Alonso et al., 2001; Denys et al., 2003).

Hoarding is defined as the acquisition of, and inability to discard items even though they appear (to others) to have no value (Frost and Gross, 1993). Compulsive hoarding and saving symptoms, found in 18–42% of OCD patients (Rasmussen and Eisen, 1992; Hanna, 1995; Frost et al., 1996; Samuels et al., 2002), are part of a discrete clinical syndrome that also includes indecisiveness,

* Corresponding author. Tel.: +1 858 642 3472; fax: +1 858 642 6442.
E-mail address: ssaxena@ucsd.edu (S. Saxena).

0022-3956/$ - see front matter © 2006 Elsevier Ltd. All rights reserved.
doi:10.1016/j.jpsychires.2006.05.001

perfectionism, procrastination, difficulty organizing tasks, and avoidance (Frost et al., 1996). Compulsive hoarding is driven by obsessional fears of losing important items that the patient believes might be needed later (Stein et al., 1999) and excessive emotional attachments to possessions (Frost and Gross, 1993). Living spaces become sufficiently cluttered so as to preclude the activities for which they were designed, causing significant impairment in social and/or occupational functioning (Frost et al., 2000; Saxena et al., 2002). OCD patients who have hoarding and saving as their most prominent and distressing symptom dimension of OCD and show the other associated symptoms listed above are thus considered to have the "compulsive hoarding syndrome" (Saxena et al., 2002; Steketee and Frost, 2003).

Some, but not all, studies investigating the influence of OCD symptom factors on treatment response have found that hoarding and saving symptoms were associated with poor response to pharmacotherapy with serotonin reuptake inhibitors (SRIs) and cognitive-behavioral therapy (CBT). A small study of treatment with paroxetine, placebo, or CBT for 38 OCD patients found that non-responders were significantly more likely to have hoarding/saving symptoms than responders (Black et al., 1998). Hoarding/saving symptoms were present in three of the 17 responders (17.6%) but in 14 of the 21 non-responders (66.7%). However, seven of the 21 non-responders were in the placebo group, and the number of these that had hoarding symptoms was not reported. In a retrospective case series, Winsberg et al. (1999) found that only one of 18 compulsive hoarders treated openly with a variety of SRIs had an adequate response, and nine had no response In an analysis of large-scale, controlled trials of SRI treatment for patients with OCD, higher scores on the hoarding symptom dimension predicted poorer response to SRI treatment, after controlling for baseline severity (Mataix-Cols et al., 1999).

However, three subsequent studies that examined OCD symptom factors and treatment response did not confirm this association. Alonso et al. (2001) found instead that sexual/religious obsessions uniquely predicted poorer long-term outcome after SRI treatment of 60 OCD patients, 37 of whom also received CBT. Erzegovesi et al. (2001) found that poor insight and somatic obsessions predicted poor response to treatment with various SRIs in 159 OCD patients. Shetti et al. (2005) found that sexual obsessions, washing compulsions, and miscellaneous compulsions predicted non-response to SRIs. These three studies each found that hoarding/saving symptoms had no significant effect on response to treatment. Thus, it has remained unclear whether compulsive hoarding is a consistent predictor of poor response to standard anti-obsessional medications.

No prior pharmacotherapeutic study has specifically targeted the compulsive hoarding syndrome a priori, quantified symptom improvement with medication treatment in compulsive hoarders, or prospectively compared response in compulsive hoarders versus non-hoarding OCD patients. Moreover, the total number of compulsive hoarders in the prior studies of predictors of response to pharmacotherapy for OCD discussed above is quite small. CBT studies have suggested that poor outcome in hoarders may be due to premature dropout from treatment (Mataix-Cols et al., 2002b; Abramowitz et al., 2003). Therefore, we sought to determine prospectively whether a larger sample of compulsive hoarders would respond as well as non-hoarding OCD patients to the SRI, paroxetine, whether they would have different dropout rates that influenced outcome, and whether the severity of hoarding symptoms would be related to treatment response.

2. Materials and methods

This study was approved by the UCLA Medical Institutional Review Board. Subjects were 79 consecutive adult patients, enrolled in a brain imaging study (Saxena et al., 2004) from March, 1993 to July, 2005, who met DSM-III-R or DSM-IV criteria for OCD. Compulsive hoarders were recruited through flyers and newspaper advertisements that specifically targeted "packrats, hoarders, and clutterers," while non-hoarding OCD patients were recruited with advertisements describing other common OCD symptoms. The study was approved by the UCLA Medical Institutional Review Board. All subjects gave informed consent after the procedures and possible side effects were explained by a study physician (S.S. or A.L.B.). Diagnoses were made by clinical interview using first DSM-III-R, and then DSM-IV criteria, and confirmed with the Schedule for Affective Disorders and Schizophrenia – Lifetime (Spitzer and Endicott, 1978). The presence or absence of all types of OCD symptoms was assessed for each subject at study entry with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS – Goodman et al., 1989) and its symptom checklist. To be enrolled, patients had to have a Y-BOCS score $\geqslant 16$.

For each subject, the severity of hoarding/saving symptoms was rated on a 0–4 scale (0 = none, 1 = mild, 2 = moderate, 3 = severe, 4 = extreme), using Rauch et al's (1998) method of rating severity of OCD symptom factors. Patients were diagnosed prospectively with the compulsive hoarding syndrome only if: (a) compulsive hoarding/saving was their most prominent, distressing, and impairing OCD symptom factor, (b) they met the clinical criteria for compulsive hoarding developed by Frost et al. (1996) requiring clutter that precludes use of living spaces and significant functional impairment due to hoarding, and, (c) they had hoarding severity scores $\geqslant 3$. Of the 79 patients, 32 met these criteria. Subjects with major medical conditions or concurrent Axis I diagnoses other than major depression, dysthymia, and minor tic disorders were excluded. All subjects were free from psychoactive medications for at least four weeks prior to entering the study, and from fluoxetine for at least five weeks.