



# Comparing clinical characteristics and treatment outcomes between Veterans and non-Veterans with hoarding disorder<sup>☆,☆☆</sup>

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## ABSTRACT

**Background:** Because Veterans have higher rates of mental health conditions and both physical and mental health comorbidities are known to affect treatment outcomes, the purpose of this investigation was to compare the rates of risk factors for poor hoarding treatment outcomes between Veterans and non-Veterans with hoarding disorder (HD). This is the first study to investigate differences between Veterans and non-Veterans with HD.

**Material and methods:** Baseline data were used from three different treatment studies of adults with hoarding disorder ( $n = 159$ ). Demographic characteristics, baseline hoarding symptom severity, baseline medical and psychiatric comorbidities, and treatment attrition and response were compared between Veterans and non-Veterans.

**Results:** Veterans were significantly less likely to be employed than non-Veterans. Veterans did not report significantly more severe hoarding symptoms at baseline when compared to non-Veterans. Veterans reported having a greater mean number of overall medical and psychiatric comorbidities. Veterans were more likely than non-Veterans to meet criteria for major depressive disorder and post-traumatic stress disorder. There was no significant difference in the rate of attrition between Veterans and non-Veterans and Veterans were not significantly more likely to be classified as treatment responders.

**Conclusion:** Many similarities were observed between the two groups, including demographic characteristics, hoarding symptom severity, and rates of treatment response. Given that Veterans with HD may suffer from greater medical and psychiatric comorbidities, clinicians should ensure that their clients are receiving adequate medical care and that any other psychiatric comorbidities should be addressed in conjunction for treatment with HD.

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## 1. Introduction

Hoarding disorder (HD) is a chronic and progressive obsessive-compulsive spectrum disorder characterized by persistent difficulty discarding possessions, urges to save items, and distress associated with discarding objects regardless of their value [1]. Between 2 and 6%

of the general population have HD [2–4], and HD has been linked with multiple negative outcomes, including health problems, functional impairment, diminished quality of life, and safety hazards [5–9]. Hoarding is associated with increased rates of comorbid anxiety and depression, social, occupational, and family problems, falls and fire within the home, and poor nutrition [8,10]. Thus, HD represents a noteworthy public health concern that is costly to both individuals and society [11].

There are approximately 18.5 million Veterans in the US making up 7.4% of the population [12]. Evidence has shown an association between military service and negative physical [13] and mental health outcomes [14]. In a sample of 211 Veteran and 554 non-Veteran community college students, Veterans had a significantly higher prevalence of positive screens for depression (33.1% versus 19.5%), post-traumatic stress disorder (PTSD) (25.7% versus 12.6%) and suicidal ideation (19.2% versus 10.6%) [15]. Even when controlling for demographic factors, including age, gender and race/ethnicity, Veterans were

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significantly more likely than non-Veterans to screen positive for depression and suicidal ideation [15].

Because Veterans have higher rates of mental health conditions [15] and both physical and mental health comorbidities are known to affect treatment outcomes [16], Veterans may be less likely to respond to treatment for HD. Furthermore, given the deleterious effects of HD observed in community-dwelling samples [5–9], Veterans with HD may be particularly susceptible to the psychosocial and functional impairments associated with hoarding. The main purpose of this investigation was to compare the rates of treatment barriers between Veterans and non-Veterans with HD. We further sought to compare treatment outcomes and examine associations between the number of comorbidities and treatment outcomes between Veterans and non-Veterans with HD. This is the first study to investigate differences between Veterans and non-Veterans with HD. Given the established association between HD and negative psychosocial outcomes, investigating these questions in individuals with HD may provide additional insights into differences between Veterans and non-Veterans. We hypothesized that Veterans would have 1) more severe hoarding symptoms, 2) more psychiatric and mental health conditions, and 3) higher attrition from hoarding treatment than would their non-Veteran counterparts. Due to these factors, we further hypothesized that Veterans would not respond as well to treatment compared to non-Veterans with HD.

## 2. Material and methods

### 2.1. Participants

Baseline data were used from three different treatment studies of adults with hoarding disorder ( $n = 159$ ). The outcome results of two of these studies, which recruited from the community and included both Veterans ( $n = 76$ ) and non-Veterans ( $n = 83$ ), have previously been published [17,18]. The third study is an ongoing treatment study for Veterans with hoarding disorder. Post-treatment assessment scores from the two completed studies were also used in the current investigation to examine the impact of Veteran status on study attrition and treatment outcomes. There were four treatment conditions across the two completed studies: individual care management, individual Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST), group CREST, and group exposure therapy only. More details about treatment conditions can be found in the original articles [17,18]. Within each

study, participants received only one type of intervention (e.g., individual care management **OR** individual CREST).

Twelve individuals participated in multiple studies; only the participants' data from their first instance of participation was included. All participants provided written informed consent and all studies were approved by the local Institutional Review Board. All participants were required to meet the HD criteria from the fifth edition of the *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM-5) [1] as determined by clinical interview.

### 2.2. Measures

Hoarding severity was assessed using the Saving Inventory Revised (SI-R) [19] and the Clutter Image Rating (CIR) [20]. The SI-R is a 23-item Likert-type scale that can be summed to create a total score in which higher scores indicate more severe hoarding symptom severity. Total scores on the SI-R range from 0 to 92. The SI-R also has three subscales which reflect the three core symptoms of hoarding disorder: acquisition, difficulty discarding, and excessive clutter. The SI-R demonstrated adequate internal consistency in the current sample ( $\alpha = 0.89$ ). The CIR is a three-item pictorial assessment of clutter volume in the participant's home. The participant's ratings (from 1 to 9) of the clutter volume in their living room, bedroom, and kitchen are averaged together to create a mean score in which higher scores indicate increased clutter volume. The CIR demonstrated adequate internal consistency in the current sample ( $\alpha = 0.84$ ).

Psychiatric comorbidities were determined using the Mini International Neuropsychiatric Interview (M.I.N.I.) [21,22]. The M.I.N.I. for the DSM-IV was used to determine the psychiatric comorbidities for the participants in the two previously published studies. The M.I.N.I. for the DSM-5 was used to determine the psychiatric comorbidities for the participants in the ongoing treatment study. Medical comorbidities were self-reported by the participants.

### 2.3. Data analysis

All analyses were performed using Stata version 13.0 [23]. The distribution of all continuous variables was examined for normality and homogeneity of variance. All variables met the assumptions of normality. Pairwise deletion was used to handle missing data. Demographic characteristics, baseline hoarding symptom severity, and baseline medical and psychiatric comorbidities were compared between

**Table 1**  
Descriptive statistics for the demographic characteristics of Veterans and non-Veterans with hoarding disorder.

	Veterans ( $n = 76$ )	Non-Veterans ( $n = 83$ )	$\chi^2$	$df$	$p$
Age, mean ( $SD$ )	61.09 (10.93)	62.36 (8.97)	$t = 0.80$	157	0.212
Education, mean ( $SD$ )	15.5 (3.06)	15.96 (2.12)	$t = 1.07$	148	0.144
Women, $n$ (%)	23 (30.26%)	74 (89.16%)	57.84	1	<0.001
Race, $n$ (%)			1.52	1	217
White	53 (69.74%)	65 (78.31%)			
Black	5 (6.58%)	3 (3.61%)			
Asian	4 (5.26%)	5 (6.02%)			
Hispanic	3 (3.95%)	5 (6.02%)			
Native American	2 (2.63%)	0 (0.00%)			
Biracial	7 (9.21%)	4 (4.82%)			
Other	2 (2.63%)	1 (1.20%)			
Marital status, $n$ (%)			0.019	1	0.891
Married or living with someone	23 (30.26%)	24 (29.27%)			
Never married	24 (31.58%)	25 (30.49%)			
Separated/divorced	25 (32.90%)	28 (34.15%)			
Widowed	4 (5.26%)	5 (6.10%)			
Employment status, $n$ (%)			13.65	1	<0.001
Employed full- or part-time	12 (15.79%)	35 (42.68%)			
Retired	40 (52.63%)	36 (43.90%)			
Not working; receiving disability income	11 (14.47%)	3 (3.66%)			
Unemployed	13 (17.11%)	8 (9.76%)			

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