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Hoarding in obsessive–compulsive disorder: Results from the OCD Collaborative Genetics Study

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Abstract

Hoarding behavior occurs frequently in obsessive–compulsive disorder (OCD). Results from previous studies suggest that individuals with OCD who have hoarding symptoms are clinically different than non-hoarders and may represent a distinct clinical group. In the present study, we compared 235 hoarding to 389 non-hoarding participants, all of whom had OCD, collected in the course of the OCD Collaborative Genetics Study. We found that, compared to non-hoarding individuals, hoarders were more likely to have symmetry obsessions and repeating, counting, and ordering compulsions; poorer insight; more severe illness; difficulty initiating or completing tasks; and indecision. Hoarders had a greater prevalence of social phobia and generalized anxiety disorder. Hoarders also had a greater prevalence of obsessive–compulsive and dependent personality disorders. Five personality traits were independently associated with hoarding: miserliness, preoccupation with details, difficulty making decisions, odd behavior or appearance, and magical thinking. Hoarding and indecision were more prevalent in the relatives of hoarding than of non-hoarding probands.

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Hoarding in relatives was associated with indecision in probands, independently of proband hoarding status. The findings suggest that hoarding behavior may help differentiate a distinct clinical subgroup of people with OCD and may aggregate in some OCD families. Indecision may be a risk factor for hoarding in these families.

Keywords: Hoarding; Obsessive–compulsive disorder; Comorbidity; Personality

Introduction

Obsessive–compulsive disorder (OCD) is a clinically heterogeneous disorder, and there is considerable variation among patients in the types of obsessions and compulsions with which they present. There is currently great interest in grouping individuals with OCD according to the categories of obsessions and compulsions they exhibit or, alternatively, in measuring scores on symptom factors or dimensions that vary between individuals with the disorder (Hasler et al., 2005; Mataix-Cols, Rosario-Campos, & Leckman, 2005). Clinical features may correlate with course, prognosis, and treatment responsiveness, and it has been hypothesized that different clinical subgroups may result from different etiology and pathogenesis (Miguel et al., 2005).

Hoarding behavior, which has been called "pathological collecting" (Greenberg, Witztum, & Levy, 1990), involves the acquisition and saving of a large number of objects that seem useless or of little value to others (Frost & Gross, 1993). Although hoarding can occur in a variety of psychiatric disorders, including eating disorders (Frankenburg, 1984), schizophrenia (Lysaker et al., 2000), dementia (Hwang, Tsai, Yang, Liu, & Lirng, 1998), and mental retardation (Dykens & Shah, 2003), it appears most frequently in individuals with OCD, presenting in about 30% of cases (Frost, Krause, & Steketee, 1996; Rasmussen & Eisen, 1992; Samuels et al., 2002). Factor and cluster analyses of the Yale–Brown Obsessive Compulsive Scale (YBOCS) (Goodman et al., 1989) in OCD patients have found four or five factors, one of which is a distinct hoarding factor or cluster consisting of hoarding obsessions and compulsions (Calamari, Wiegartz, & Janeck, 1998; Hasler et al., 2005; Leckman et al., 1997; Mataix-Cols et al., 2005; Summerfeldt, Richter, Antony, & Swinson, 1999).

Results from several prior studies suggest that OCD-affected individuals with hoarding symptoms are clinically different from those without hoarding symptoms. First, individuals with hoarding behavior have been reported to have more severe obsessions and compulsions, as measured by the YBOCS (Goodman et al., 1989), and higher levels of general psychopathology, higher scores on self-reported anxiety and depression inventories, and higher scores on family and social disability scales (Frost & Gross, 1993; Frost et al., 1996). Second, OCD-affected individuals with hoarding behavior have a higher prevalence of personality disorders than do non-hoarding OCD individuals (Frost, Steketee, Williams, & Warren, 2000; Mataix-Cols, Baer, Rauch, & Jenike, 2000; Samuels et al., 2002). Third, observations from clinical series suggest that OCD patients with hoarding symptoms, or with higher scores on a hoarding factor dimension, are less responsive to treatment with serotonin-reuptake inhibitors or cognitive–behavioral therapy than other OCD patients (Black et al., 1998; Mataix-Cols, Rauch, Manzo, & Jenike, 1999; Saxena et al., 2002; Winsberg, Cassic, & Koran, 1999), although a recent controlled treatment study found that hoarding and non-hoarding OCD patients responded equally well to paroxetine treatment (Saxena, Maidment, Brody, & Baxter, 2005). Fourth, results from neuroimaging studies suggest that OCD-affected individuals with compulsive hoarding, or with higher scores on a hoarding dimension, have significantly different levels of activity in specific brain regions, as measured by functional imaging methods (Mataix-Cols et al., 2004; Saxena et al., 2004).

In a prior study of 126 individuals with OCD, collected as part of the Hopkins OCD Family Study, Samuels et al. (2002) found that OCD-affected individuals with hoarding obsessions and/or compulsions differed from non-hoarders in having an earlier age at onset of obsessive–compulsive symptoms, more difficulty in making decisions, greater prevalence of symmetry obsessions, counting compulsions and ordering compulsions, and greater prevalence of social phobia, pathological grooming behaviors, and personality disorders. Furthermore, the first-degree relatives of hoarding probands had a greater prevalence of hoarding behavior and tics than did the relatives of non-hoarding probands.