Journal of Obsessive-Compulsive and Related Disorders 1 (2012) 1–7

Contents lists available at SciVerse ScienceDirect

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd

Symptoms and history of hoarding in older adults ☆

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ARTICLE INFO

Article history:
Received 1 August 2011
Received in revised form
12 October 2011
Accepted 19 October 2011
Available online 9 November 2011

Keywords:
Obsessive compulsive disorder
Collecting
Clutter
Mental health
Aging

ABSTRACT

Elderly participants with clinically significant hoarding ($n=25$) and a comparison sample without hoarding ($n=28$) completed in-home interviews and questionnaires about saving behaviors and beliefs, daily activities, and depression. The hoarding sample had a bimodal onset age and scored significantly higher than non-hoarding participants on measures of clutter, difficulty discarding and acquiring, and on beliefs about responsibility and emotional attachment to possessions. They did not show significantly more depression or concern about memory but reported more problems with personal hygiene, although these were mild. Friends and family were rated significantly more concerned about the hoarding than were the participants. This somewhat less severe sample of older adults showed milder emotional, cognitive, and behavioral effects and limited problems with insight compared to prior studies.

1. Introduction

Hoarding has gained considerable media and research attention in recent years because of the extensive and highly visible clutter and the impairment in functioning that often results. This problem is characterized by the presence of a large number of items kept in a disorganized fashion so they clutter living areas, making it difficult to use furniture and floor spaces (Steketee & Frost, 2007). The disorder impairs normal functioning and causes distress to the person who hoards and/or to others in the environment (Frost, Steketee, Williams, & Warren, 2000). Lack of insight into the problem is common, perhaps especially among elderly people (Damecour & Charron, 1998; Kim, Steketee, & Frost, 2001; Thomas, 1997), and reduces motivation to resolve clutter unless family members or authorities such as public health departments or social service agencies intervene.

A model explaining difficulty discarding, excessive acquiring/buying, and clutter points to several factors that influence why people hoard. Hypothesized vulnerability factors include genetic predisposition to hoarding; core beliefs about the self that reflect concerns about identity, adequacy, and lovability; and information processing problems (e.g., deficits in attention focusing, decision-making, organizing). In addition, people who hoard exhibit strong emotional attachments to possessions, and beliefs that reinforce acquiring and keeping items (Steketee & Frost, 2007). These beliefs include unrealistic assumptions about the need to remember important information, avoid wasting objects, responsibility for possessions, and anthropomorphizing objects (magical thinking that possessions have feelings). According to this model, keeping possessions prevents negative emotions (regret, guilt, anxiety), whereas discarding possessions increases these feelings. At the same time, acquiring produces positive emotions (pleasure, joy, satisfaction, excitement) whereas not acquiring leads to negative emotions (regret, fear of mistakes, even guilt). This model has been supported in several empirical studies of students, community and clinical samples (see recent reviews by Frost & Tolin, 2008; Pertusa et al., 2010).

Although hoarding generally begins in childhood or adolescence, it does not become a serious problem until the early 30s, and many lack insight that the behavior is problematic until their early 40s (Grisham, Frost, Steketee, Kim, & Hood, 2006). It is not surprising, therefore, that the average age of hoarding study participants in most studies is approximately 50, substantially older than participants in studies of mood and anxiety disorders who are typically in their early to mid-30s. Thus, serious hoarding commonly occurs among adults who are middle aged and older. Frost, Steketee, and Williams (2000) noted that more than 40% of hoarding complaints to the local health departments involved elder service agencies. That hoarding occurs among elderly

☆ This study was partially supported by a grant from the International Obsessive Compulsive Disorder Foundation (www.ocfoundation.org) to the first author.
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doi:10.1016/j.jocrd.2011.10.001

patients with dementia is evident in the 23% rate found in a geropsychiatric ward (Hwang, Tsai, Yang, Liu, & Ling, 1998). Marx and Cohen-Mansfield (2003) found high rates of acquiring and hiding behaviors among elders in nursing homes (15%) and day-care centers (25%), though the inclusion criteria for hoarding behavior was very broad and appeared to include cases that would not be considered clinically significant.

Hoarding is of special concern to social workers when its severity provokes concern about health and safety risks such as falling, respiratory problems, insect and rodent infestations, and fire. These hoarding consequences may require involvement of social service agencies and community organizations, including public health and housing and protective services for children, elder, and disabled home dwellers.

Examination of hoarding among elderly clients has appeared mainly in the form of case reports and clinical commentary (e.g., Cermele, Melendez-Pallitto, & Pandina, 2001; Hogstel, 1993; Thomas, 1997). For example, Valente (2009) reported on the clinical presentation and intervention to reduce safety risks for two women in their early 80s whose hoarding was identified during the course of their health care evaluation by registered nursing staff. One study conducted by our group (Kim et al., 2001) used structured telephone interviews with elder service providers to investigate hoarding behaviors among 62 elderly clients. Most elderly hoarding participants were female, unmarried, and lived alone. Extensive clutter rated by the service worker was associated with significant impairment, poor hygiene, and serious physical danger (e.g., falling, fire, loss of medications, lack of emergency medical access) for many elderly clients. Clients often lacked insight into their problem and standard interventions were generally ineffective. Service workers suspected comorbid mental health problems (especially depression and paranoid personality features) in the majority of clients. Clients who were not married had more severe clutter and greater impairment. This study provided important information about elders who hoard, but it did not include direct interviews with clients or a control group of non-hoarding elders.

The purpose of the present descriptive study was to better characterize the symptoms and consequences of hoarding in older adults. We sought to follow-up on our earlier study described above to examine demographic characteristics, impairment in functioning and features of hoarding (e.g., comorbid conditions) that might bear on Frost and colleagues' model. Direct interviews in the home were used to compare older adults with and without clinically significant hoarding problems. We hypothesized that participants selected for significant hoarding symptoms would score higher on all measures of hoarding (acquiring, clutter difficulty discarding, hoarding beliefs) and would show more impairment in daily activities, living conditions, and personal hygiene than the comparison community sample. We also expected that the hoarding sample would show less awareness of clutter and problems in daily living, evident in lower self-ratings than observer ratings of these variables. We explored potential group differences in comorbid conditions, childhood and family history, and reasons for saving.

2. Methods

2.1. Participants

Participants were referred by social service agencies or contacted the researchers directly through flyers soliciting "pack rats, neatniks or somewhere in between" which were posted at several senior centers in the Boston area. Potential participants were screened by phone and invited to participate if they met study criteria. All participants signed an informed consent form at the outset of the home interview which lasted 1.5–2 h and included a walk through the home to determine the amount and type of clutter and condition of the home. All participants received a small payment for participating.

Table 1
Biographical information for hoarding ($n=25$) and non-hoarding ($n=28$) participants.

	Hoarding	Non-hoarding	Statistics	p-Value
Age	71.7 (58–87)	77.2 (65–90)	$t(51)=2.70$	0.004
Education in years	15.4 (9–21)	14.4 (8–20)	$t(50)=2.11$	>0.10
% Female	72	79	$\chi^2(1)=0.31$	>0.10
% Never married	32	11	$\chi^2(1)=3.64$	0.056
% Living in single family home	45	25	$\chi^2(1)=3.04$	0.081

Ranges are given in parentheses.

Classification as a hoarding participant required an interviewer rating of at least moderate clutter (a score of 2 or higher on a scale ranging from 0 to 4) in one or more of the main living areas (kitchen, living room, bedroom) and a Saving Inventory-Revised (SI-R) score (see below) of at least 30 (the lower bound in a previous study of adult hoarding; Frost, Steketee, & Grisham, 2004). Comparison participants were rated as having none to mild clutter in all home areas. One participant with an SI-R score of 25 was included among the hoarding sample because interviewer ratings and photographs taken during the home visit confirmed the classification as a hoarding participant.

Fifty-five individuals were recruited for the study.[1] Two were excluded because their scores (>8) on the Orientation–Memory–Concentration test (OMC, Katzman et al., 1983) of the Mental Status Questionnaire indicated impaired cognitive functioning that might decrease the reliability of their self-report information. Of the remaining 53 participants, 25 scored in the clinically significant range for hoarding problems and 28 were community members with no significant clutter based on a home visit (see below).

Demographic data for the two samples are presented in Table 1. The mean age of participants was 74.6 years (range 58–90); hoarding participants were significantly younger than the comparison group by an average of 5–6 years. Women predominated in both groups, with no gender differences between groups. According to recent census data, the proportion of women in the entire sample (75%) is somewhat higher than for the general population in which approximately 55% of people in their mid-70s are women (U.S. Bureau of Census, 2000). The samples did not differ in education, most having some college education. Nor did they differ in cognitive functioning according to the OMC; the overall mean for both samples was 1.81 indicating none to minimal impairment. More hoarding than comparison participants appeared to have never married, but differences were not significant. Nearly twice as many hoarding participants lived in single family homes compared to the comparison group, but this difference was also not significant. Ten of the 25 hoarding participants lived with others—five with partners, two with roommates, two with adult children, and one with other relatives. Only four of the comparison group lived with other people, all of whom were partners. All study participants were living independently and were not in protective care.

2.2. Measures

Measures for this study were chosen to address areas of interest that emerged from previous studies of hoarding in elders and from theoretical writings. Accordingly, the following instruments assessed hoarding severity and functioning, as well as vulnerability factors and mechanisms such as depressed mood and beliefs associated with hoarding.

2.3. Hoarding interview

To provide detailed information about the experience of hoarding, interviews were conducted in participants' homes and included questions about current and past hoarding and related experiences, biographical information, history of hoarding behaviors, family history of saving and clutter, current and past socializing, life events, deprivation experiences, and relationship to parents. Diagnostic information about the presence of OCD was obtained using questions taken from the Anxiety Disorders Interview Schedule (ADIS-IV-L, Di Nardo, Brown, & Barlow, 1994). Interviewers were experienced masters' level clinicians trained by the first author who verified the appropriateness of interviewers' style and content by listening to audiotapes of the first few interviews. The interviewers asked all questions in the Hoarding Interview using probes where appropriate to make required ratings.

Two sets of Hoarding Interview questions provided information about hoarding participants' awareness of their hoarding problem (insight). In the first set, the participant was asked to describe and rate the extent and type of clutter in various

[1] Findings for Saving Inventory-Revised scores for 25 of these participants (47%) were reported in Frost et al. (2004) as part of the validation of this measure.