

Hoarding Disorder (HD) is a mental health disorder where people have difficulty getting rid of possessions, and trying to do so causes them to feel significant distress. This then causes living spaces to become so cluttered that they are unusable.

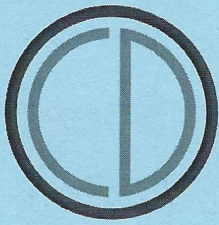
How is HD diagnosed?

A diagnosis of HD requires all three of the following:

1. A person collects and keeps a lot of items, even things that appear useless or of little value to most people.
2. These items clutter the living spaces and keep the person from using the rooms as intended.
3. These items cause distress or problems in day-to-day activities.

Is it Hoarding vs. Clutter, Collecting or Squalor?

	<i>Types of Items</i>	<i>Method of Acquiring</i>	<i>Appearance of Home</i>	<i>Life Impact</i>
Hoarding	Items do not have a specific theme, usually many different types of items.	Items are not acquired in a planned fashion. Acquisition is often excessive. Items may be free (e.g., from the side of the road, giveaways, etc.) and/or purchased.	Disorganized clutter, taking over living spaces (bedroom, living room, kitchen, etc.) and preventing them from being used as intended.	Efforts to get rid of the items and not acquire items causes distress. Spending may be excessive, causing financial distress. Can cause conflict in social/family relationships, in addition to general withdrawal from society. State of home may have a broader impact on surrounding homes.
Normal Clutter	Items may or may not have a specific theme.	Items are not acquired in a planned fashion; acquisition is not excessive.	Disorganized clutter, generally located in storage spaces (e.g. attic, basement, etc.). May also occur in living spaces, but does not prevent them from being used.	Items may cause mild distress, but generally do not have broad or lasting impact on finances, work, social life, etc. The thought of getting rid of items/ not acquiring any more does not cause distress.
Collecting	Items center around a specific theme, e.g. stamps, models, figurines, etc.	Items are acquired through planned searches. Items are mainly purchased and are limited in number.	Items are arranged, stored, and/or displayed in an organized fashion. Items do not take over living spaces.	Items usually have a positive or pleasurable impact. Collecting usually does not cause financial distress, nor impairment in work, social life, etc.
Squalor	No intentional saving of items.	No intentional saving or acquiring of items. Build-up is instead due to neglect or inability to remove them.	Home is generally in a state of disrepair, may look unclean or unkempt.	State of home may or may not cause distress. State of home has a negative impact on the health and wellbeing of inhabitants, and may have a broader impact on surrounding homes.



What are the signs of HD?

- Difficulty getting rid of items.
- A large amount of clutter in the office, at home, in the car, and/or in other spaces (i.e. storage units) that makes it difficult to use the space and/or move around easily.
- Losing important items, like money or bills, in the excessive clutter.
- Feeling overwhelmed by the volume of possessions that have “taken over” the living/working space(s).
- Difficulty resisting acquisition of items, such as advertising flyers or sugar packets from restaurants.
- Buying things because they are a “bargain” or to “stock up.”
- Avoiding inviting family or friends into the home due to shame or embarrassment.
- Refusing to let people into the home to make repairs.

Who gets HD?

- 2%-6% of the population are estimated to have HD, affecting both men and women.
- HD appears to occur in all races, ethnicities, and cultures around the world.
- HD symptoms are almost three times more common in older adults (aged 55-94) compared to younger adults (aged 34-44), although symptoms commonly begin in teenage and early adult years.
- Around 75% of individuals with HD have a co-occurring mental health condition, and around 20% of people with HD also have OCD.

How is HD treated?

- **Cognitive Behavioral Therapy (CBT):** CBT helps individuals examine the way they think and behave, and helps change the thought processes or behaviors that may be problematic.
- **Skills Training:** Skills training for HD focuses on helping people learn **(1)** how to organize their belongings within their homes, **(2)** how to use problem solving methods to address common problems that arise in working on their clutter, and **(3)** how to make decisions about what to keep and what to discard to meet their own personal goals.
- **Motivational Interviewing (MI):** MI seeks to increase the individual’s motivation by helping them connect their values and goals with their behaviors, and brainstorming ways to change behaviors that are not in line with their values and goals.
- **Medication:** Very few psychiatric medications have been tested specifically for treatment of HD. Venlafaxine and paroxetine have shown beneficial effects.
- **Support Groups:** Support groups can either be professionally-led (e.g. by a therapist) or peer-led. For both, the groups will consist of other people who live with hoarding issues who meet on a regular basis to give and receive support.

Can HD problems be solved by simply cleaning out the home?

It is important to remember that cleanouts do not address the reasons that a person accumulates things, so they may reduce the clutter temporarily, but the behaviors and beliefs that contribute to HD are still there. Accordingly, the clutter will accumulate and the HD problem will return in the near term. Unfortunately, cleanouts often lead to frustration, hopelessness, and anger among family members.

For more information about hoarding disorder, including how to help a family member or friend with HD, visit helpforhoarding.org.