Hoarding Disorder (HD) in Children and Adolescents

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Abstract

Hoarding disorder (HD) is a mental health disorder in which individuals have persistent difficulty discarding or parting with possessions, regardless of their actual value, as a result of a strong perceived need to save the items and distress associated with discarding them.[1] Consequently, there are five levels of hoarding, with each stage differing in the severity of an individual's hoarding tendencies. Approximately 2.6 percent of the United States population has HD, showing higher prevalence rates in elderly people and individuals with co-occurring mental health disorders. Although this disorder often emerges in childhood and adolescence, few research studies have addressed this phenomenon. Therefore, the focus of this literature review is to provide an overview of empirical findings with regard to HD in children and adolescents.

Keywords: Hoarding disorder, children, adolescents

DSM-5-TR Criteria

DSM-5-TR Diagnostic Criteria for Hoarding Disorder
(A) Persistent difficulty discarding or parting with possessions, regardless of their actual value.
(B) This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
(C) The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
(D) The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
(E) The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).
(F) The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).
Specify if:
With excessive acquisition: If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.
Specify if:
With good or fair insight: The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.
With poor insight: The individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
With absent insight/delusional beliefs: The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

Table 1: DSM-5-TR criteria for diagnosing an individual with HD.[1]

Introduction

- Normative collecting behavior differs from HD in that the former does not impede active living areas.[2]
- Children will gather and hoard items that have no perceived value due to their limited ability to purchase items under parental control.
- Children and adolescents will also hoard items that are connected to pleasant memories that hold sentimental value.
- Compared to collectors, children with HD often become anxious or distressed if their items are discarded by others (e.g., parents, siblings, teachers, etc.).

Figure 1: The five stages of hoarding with criteria for each stage.[3]

Prevalence Rate

- In the United States, the prevalence rate of HD in children and adolescents is unknown.
- Researchers in Turkey found that approximately 0.98% of children have HD.[4]
- They also discovered that HD is three times more prevalent in adolescent females compared to males.
- A comorbid psychiatric disorder was found in 56.2% of children diagnosed with HD.

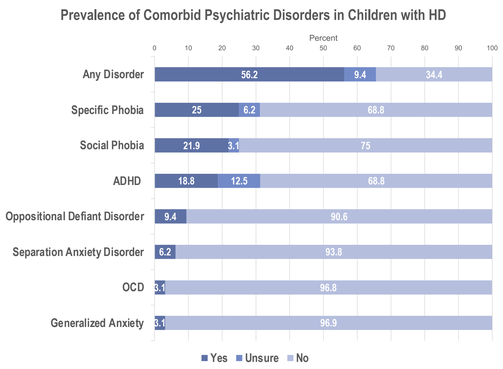

Figure 2: Percentage of children with HD who are diagnosed with a comorbid psychiatric disorder.[4]

Case Study

Participants:

- 11-year-old Caucasian male (pseudonym Sam) with HD, OCD, and a language-based learning disorder.[5]

Recruitment:

- Sam's mother brought him for assessment and treatment at a university-based anxiety disorders clinic due to his difficulty discarding unneeded items.

Case Conceptualization:

- Most commonly hoarded items included old newspapers, candy wrappers, pencils, trash, food items, twigs, and other miscellaneous items he found on the ground.
- Sam did not report other medical or mental health concerns.
- No familial history of HD.

Treatment Methods:

- Sam and his mother participated in 11 sessions of developmentally sensitive CBT with a predominantly behavioral focus.

Treatment levels:

- Psychoeducation, cognitive restructuring, creation of a personalized fear and avoidance hierarchy, implementation of problem-solving skills, in-session and out-of-session exposures, and contingent reinforcement.

Assessments:

- A saving and discarding log, the Children's Saving Inventory (CSI), and the Anxiety Disorders Interview Schedule-Child and Parent Versions (ADIS-IV-C/P).

Results:

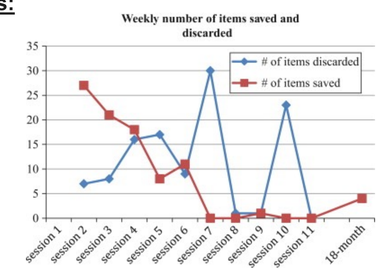

Figure 3: Child-reported weekly number of items saved and discarded throughout a period of 18 months.[4]

- Saving and discarding log: Numbers of items saved shifted from 27 to 0, number of items discarded increased from seven to 23, and average anxiety about discarding items shifted from 5 to 0.
- CSI: Scores shifted from 52 to 2 over the course of treatment.

Risk Factors

- **Temperamental:** Indecisiveness is a prominent feature of individuals with hoarding disorder and their first-degree relatives.[1]
- **Environmental:** Individuals with hoarding disorder often retrospectively report stressful and traumatic life events preceding the onset of the disorder or causing an exacerbation.
- **Genetic and physiological:** Hoarding behavior is familial; more than 50% of individuals who hoard report having a relative who also hoards. Twin studies indicate that approximately 50% of the variability in hoarding behavior is attributable to additive genetic factors and the rest to nonshared environmental factors.

Treatment Options

- **Exposure and response prevention (ERP)** is the golden standard for treating HD in children and adolescents.
- **Definition:** A therapy for Obsessive-Compulsive Disorder (OCD) that provokes a patient's obsessive thoughts in a controlled environment to gradually decrease their power without performing compulsions.[2]
- Studies show that ERP has a success rate of 65 to 80 percent in children, adolescents and adults diagnosed with OCD.[6]

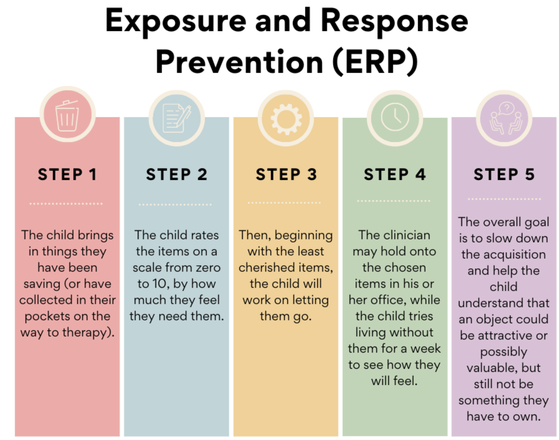

Figure 4: The 5 steps of exposure and response prevention therapy for children with HD.[2]

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