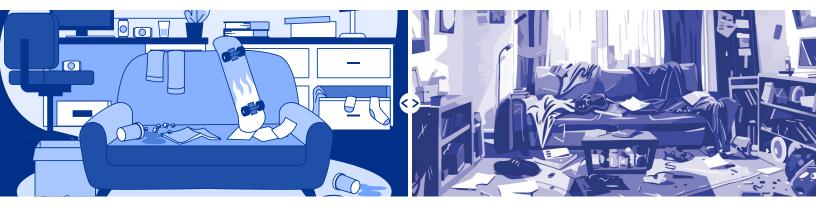


What is Hoarding Disorder?

Hoarding disorder is a mental health condition characterized by persistent difficulty throwing away or parting with possessions. Attempts to let go of items cause significant stress. Commonly hoarded items include newspapers, bags, receipts, clothing and mail. Over time, the accumulation of these items creates clutter, making it difficult to use rooms or living spaces.1



Related Conditions

Hoarding disorder often coexists with other mental health conditions, the most common include: 1



- Anxiety disorder
- Major depressive disorder
- Obsessive compulsive disorder

Signs and Symptoms

The hoarding behaviors likely existed before admission to the nursing home. Some may be unaware that their actions could be classified as hoarding. Signs and symptoms include: 1



Keeping random items despite limited storage



Strong reluctance to get rid of items, regardless of



Anxiety about needing items for the future



value



Cluttered, unsafe living spaces



Feeling the need to save items and becoming upset if someone suggests throwing items away

Causes and Risk Factors

The exact cause of hoarding disorder is unclear, but genetics, stressful life events and personality are being studied as possible factors. Hoarding tendencies often run in families and can begin in adolescence or early adulthood, gradually worsening over time. It is commonly observed in individuals aged 60 and older. ¹



How Hoarding Manifests in Nursing Facilities

Family members bringing in excessive belongings



Compulsive online shopping for unneeded items with limited storage





Negative Consequences of Hoarding in Nursing Facilities

Fire hazard	Isolation and loneliness
Fall risk	Financial problems
Unsanitary living space	Hazards for staff entering to provide care
Infection risk	Pest and rodent problems
Roommate problems	

Treatment Options

Cognitive Behavioral Therapy (CBT) has proven effective in helping to develop strategies for decluttering and coping with the distress of parting with belongings.²

Consulting a primary care provider or mental health professional is essential for evaluation and treatment. Family involvement can help limit excessive accumulation and support progress.



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Approaching Hoarding Behaviors with Compassion

Involve the care team: Engage staff,

ombudsmen and family.

Respecting residents' rights is crucial in these situations. Removing items without consent can cause emotional distress and violate their rights. Effective strategies include:

Collaborate: Let the resident decide what to remove. Do not make decisions without the resident.	Listen: Take time to listen and understand the resident's attachment the items.
Start small: Begin with a single drawer or a table.	Avoid pressure: Do not pressure the resident to get rid of things if they are not ready.
Use respectful language: Refrain from using negative or judgmental words about the resident's belongings, such as "junk," "messy," or "disgusting."	Discuss safety: Address tripping hazards, overcrowded desktops, or pest concerns.
Set goals: Develop a plan with the resident using SMART (specific, measurable, achievable, realistic, and time-specific) goals.	Encourage peer support: Connect the resident with a support group.

Self-Help Strategies for Residents

Residents with hoarding disorder have strong emotional attachment to their items and excessive worries about potentially needing them in the future. Reframing their perspective and managing worries can be helpful. Encourage residents to replace negative thoughts with empowering affirmations such as:

- I am ready and willing to change my relationship with my possessions.
- I will be OK without this item.
- ☐ As I declutter my space, I am making room for what I truly need.
- I deserve to be surrounded with beauty and order.
- With every item I release, I create space for more joy.



References

- 1. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Text Revision (DSM-5-TR™)
- 2. American Psychiatric Association. What is Hoarding Disorder?

