# CONVERSATION STARTER

## HOARDING DISORDER

An estimated 1 in every 40 adults has lived experience of problematic hoarding, with an even higher frequency among older adults – increasing linearly by 20% with every 5 years of age. In populations aged over 55, clinically impairing hoarding is significantly higher at over 6%. (Steketee & Bratiotis, 2020)

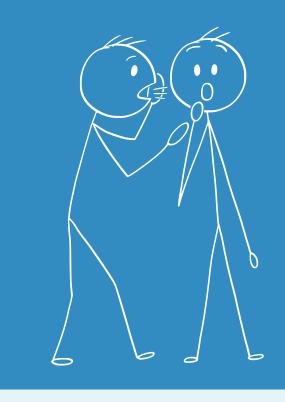
Symptoms start to emerge in early adolescence - 68% before aged twenty, and the condition has a very high comorbidity rate.

Cognitive functions that result in specific behaviours associated with problematic clutter are acquiring and saving, decision-making, memory, categorising and organising (Frost & Hartl, 1996), and perfectionism (Frost et al., 1990).

### HELP & SUPPORT

I would like to explore how I might be able to access practical help and therapeutic support from specialist practitioners who understand problematic clutter and hoarding situations.





#### INTERVENTION

Clutter is a defining feature of hoarding; it is a consequence of excessive acquiring, saving and chronic disorganisation rather than the cause. Hence, BPS (2024) recommend that treatment for people with lived experience of hoarding should be behaviourally defined.

#### ICD-11 DEFINITION 6B24 HOARDING DISORDER

Hoarding disorder is characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value.

Excessive acquisition is characterised by repetitive urges or behaviours related to amassing or buying items.

Difficulty discarding possessions is characterised by a perceived need to save items and distress associated with discarding them. Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised.

The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.