Compulsive Hoarding and OCD: Two Distinct Disorders?

TO THE EDITOR: The editorial by Sanjaya Saxena, M.D. (1), in the March 2007 issue of the *Journal,* implicates that there is enough research-based evidence to justify that compulsive hoarding constitutes a discrete entity, apart from obsessive-compulsive disorder (OCD) as such, to be placed separately in the future DSM-V classification system. The important article by Jack Samuels, Ph.D., et al. (2), also published in the March 2007 issue of the *Journal*, contains several results that cast doubts on this conclusion. First, all but six of the hoarding individuals in the cohort assessed by Dr. Samuels et al. (2) had additional obsessions and compulsions, especially symmetry and somatic obsessions, as well as repeating, counting, and ordering compulsions (3), indicating substantial symptom overlap with other perhaps intuitively more "typical" OCD symptom dimensions. We therefore do not agree with the authors that many of the hoarders do not have other OCD symptoms. Second, as also mentioned by Samuels et al. (2), hoarding in itself seems to be heterogeneous. In our opinion, the "hoarding" criterion of obsessive-compulsive personality disorder, characterized by thrift, differs from the three core symptoms of clinically significant compulsive hoarding. Moreover, within groups of patients with significant compulsive hoarding, we observe clinical heterogeneity. Furthermore, hoarding can arise as a secondary condition from other disorders, such as schizophrenia, dementia, and Prader-Willi syndrome. Third, the linkage study conducted by Samuels et al. (2) was done so on the presence of any hoarding symptom in a potentially heterogeneous group of hoarding individuals instead of a group with clinically significant compulsive hoarding. We therefore feel that their results do not add evidence with respect to the hypothesis that compulsive hoarding is an etiologically discrete phenotype from OCD. In addition, Samuels et al. (2) noted that they found linkage peaks at a chromosome different from that reported in a previous linkage study on hoarding. Replication of these findings is needed before we can conclude that there is a special susceptibility locus for hoarding.

In summary, the points mentioned in the article by Samuels et al. (2) suggest that evidence for hoarding as a distinctive syndrome is not very sound, since hoarding seems both phenomenologically and genetically heterogeneous, possibly with subtypes related and subtypes unrelated to OCD. Therefore, much more research on hoarding is needed *before* implications for a new diagnostic classification can be made.

References

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Dr. Saxena Replies

TO THE EDITOR: Drs. van Grootheest and Cath raise important issues about compulsive hoarding but are mistaken on a few points that deserve clarification.

First, they state that they do not agree that many hoarding individuals do not have other OCD symptoms, based on the cohort examined by Dr. Samuels et al., in which all but six hoarding patients had other OCD symptoms. However, subjects in that study were recruited from families with OCD and were excluded if they did not meet DSM-IV criteria for OCD. Studies that specifically recruited compulsive hoarding patients have found that many of them do not have other OCD symptoms. Grisham et al. (1) reported that 43% of the compulsive hoarding patients they examined had no other OCD symptoms at all. Wincze et al. (2) found that only two of the 21 compulsive hoarding patients in their cohort had any non-hoarding OCD symptom. Moreover, hoarding symptoms do not correlate strongly with other OCD symptom factors (3), suggesting that compulsive hoarding may be a separate disorder that is not always comorbid with non-hoarding OCD.

Drs. van Grootheest and Cath point out that hoarding in itself is heterogeneous. This is why it is important to distinguish compulsive hoarding from non-compulsive hoarding behaviors observed in other disorders, such as schizophrenia, dementia, and Prader-Willi syndrome. Unlike compulsive hoarding, these other types of hoarding behaviors are not driven by obsessional fears of losing valuable or important items, but rather are related to delusions, an inability to clean because of cognitive impairment, or are stereotypic rituals. Clarke et al. (4) made a clear distinction between the ritualistic and stereotypic behaviors—including hoarding—which they commonly observed in Prader-Willi patients, and obsessive-compulsive symptoms, which they almost never found.

In contrast, clinical compulsive hoarders are remarkably similar to one another. The vast majority of these individuals display the same constellation of symptoms and features: urges to save items; fears of losing items that might be valuable or meaningful; avoidance of discarding; indecisiveness; perfectionism; procrastination; disorganization of possessions and activities; and circumstantial, overinclusive language. These similarities among individuals with compulsive hoarding syndrome, their differences from non-hoarding OCD patients, and their markedly different brain activity (5),