While hoarding disorder may be seen in adolescence, its presentation among people over age 55 is both more frequent and more severe (American Psychiatric Association, 2015, p. 100). The consequences of hoarding – including unsanitary living conditions, contaminated food, and house fires – are especially dangerous for older people (Sorrell, 2012, p. 18). SSRIs and cognitive behavior therapy (CBT) are typical treatments (APA, 2015, pp. 96, 102). Frost and Steketee (2008) recommend that treatment be delivered partially in the home or wherever the hoarding behavior is in evidence (p. 88). Compulsive hoarding may develop in response to generalized anxiety (Svoboda, 2009, p.36). Raines, Oglesby, Short, Albanese, and Schmidt (2014) also found a correlation between severe hoarding and panic attacks.

![Figure 1. Aftermath of house fire with hoarding a factor (Springfield Fire Department, 2014)](image)

Cosgrove and Suppes (2014) describe a woman who, though experiencing recurrent depressive episodes, delayed seeking treatment because her depression was mitigated by periods of elation and high energy. Ultimately, this patient was diagnosed with bipolar II, which is characterized by a combination of depressive and hypomanic states (pp. 53-55). Although hypomania is less severe than mania, the National Institute of Mental Health (NIMH, 2016) cautions that, "without proper treatment, people with hypomania may develop severe mania or depression" ("Signs and Symptoms," para. 3). A recent study from the Columbia University Medical Center (2016) suggests that, following manic episodes, people diagnosed with bipolar disorder are as likely to develop anxiety as they are to experience a depressive state.
References


