



## **Hoarding Disorder in Older Adults during the COVID-19 Pandemic: A Case Report**

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### **Abstract**

Hoarding disorder is a widely recognized age-related mental health disorder. Its implications adversely impact the full spectrum of individuals' interpersonal, physiological, mental, vocational, and environmental health. The 2019 Coronavirus disease (COVID-19) began affecting North America in January 2020, and its lockdown measures (social distancing and stay-at-home orders) directly interfered with social interactions and daily life functioning. This particularly affected older adults with hoarding disorder, who often resort to maladaptive behaviours (excessive acquisition of items) to buffer against psychological distress. To address this problem, the current case report details a 66-year-old woman, Evelyn Sakash, who died in connection with compulsive hoarding behaviour during the COVID-19 pandemic. Findings suggest that social isolation, ineffective coping skills, childhood poverty aftermath, and interpersonal relationship disruptions were significant factors contributing to Evelyn's undue object attachment during the COVID-19 outbreak. Drawing on Evelyn's tragic accident during the COVID-19 pandemic, it is imperative to increase awareness of the risks and seriousness of older adults' complications when living with hoarding disorder among healthcare professionals. This case report highlights the importance of early detection and early intervention of hoarding disorder in older adults, including routinely assessing their physical and mental health statuses, social support systems, and coping mechanisms, especially during indefinite pandemic-induced lockdowns.

**Keywords:** Hoarding disorder, older adults, healthcare providers, COVID-19

## Background

Hoarding Disorder (HD) was first classified as a discreet mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM)'s fifth edition (American Psychiatric Association [APA], 2013). HD is the accumulation of and failure to discard a large number of unnecessary possessions, resulting in cluttering, impairing essential domestic activities (e.g., sleeping, showering, ambulating, and cooking), and leading to a greater risk from housefires, avalanches, rodent infestations, poor sanitation, and falls (APA, 2013; Murphy, 2014).

The literature attests that HD symptoms begin at an early age and intensify with aging (Dozier et al., 2016). Roane et al. (2017) estimate that 6.2% of adults aged 55-94 experience hoarding behaviour (HB), compared to under 3% in younger adults. A lower rate of HB among younger adults was positively associated with family support and a busy lifestyle that helps manage the impulses (Steketee et al., 2011). However, after age 50, stressful life events such as retirement, empty nest syndrome, death of loved ones, and declined social networks perpetuate HD symptoms (Lee et al., 2020; Roane et al., 2017). Several risk factors have been identified, including having first-degree relatives with HB, the female gender, and being single (Dozier et al., 2016; Roane et al., 2017).

In addition, Thomas (2016) indicates that HD is more common in people with cognitive deficits, including inattentiveness, indecisiveness, and problem-solving difficulties. Magnetic resonance imaging shows that individuals with HD lack neural activity in the cingulate gyrus, a gateway between the limbic (controlling emotions) and neocortex (controlling thought-processing) systems (Stevens et al., 2020). If fewer impulses reach the neocortex/limbic system, individuals with HD would experience impaired emotional regulation, clutter categorization, and decision-making problems (e.g., on savaging/discarding items), creating distorted beliefs over items' value (Murphy, 2014).

After the World Health Organization declared the 2019 Coronavirus disease (COVID-19) a pandemic, restrictions including social distancing and stay-at-home orders were implemented to prevent the spread of the virus, which has been particularly effective among vulnerable populations such as older adults since pandemic-associated mortality for adults over age 65 was 80% before the COVID-19 vaccine was available (Van Jaarsveld, 2020). However, these safety measures have created new challenges, including reduced access to healthcare services, increased emotional tension (e.g., anxiety, loneliness, fear), and worsened pre-existing mental health conditions, including HD (David et al., 2021). For example, non-essential medical service shutdowns interrupted follow-up care, prescription refills, and treatment plans (Banerjee, 2020). Over 40% of individuals with pre-existing HD experienced exacerbation in hoarding symptoms, 57% felt loneliness, and 46% did not seek mental disorder help during the pandemic (Bailey et al., 2021). Thus, COVID-19 has had a profound impact on both physical and mental health among vulnerable populations, including older adults with HD.

This case report describes a 66-year-old woman, Evelyn Sakash, who struggled with HD and suffocated to death under an avalanche of household items during the pandemic (Gioino, 2021). The purpose of this case report is to: (a) understand the progression of HD from early childhood to older adulthood, (b) contribute toward the body of knowledge on HD in older adults, (c) aid healthcare professionals (HCPs) in understanding how the pandemic interacts with HD, and (d) prepare HCPs to facilitate individuals with HD in managing their symptoms during future calamitous events.

### Case Description

Evelyn Sakash was a globally renowned set designer and art director (Burke, 2021). Despite her wealth, social status, and fame, she had a hazardous secret: the excessive need to acquire items and difficulty discarding them. Various media outlets reported her HD behaviour and premature death in March 2021 at age 66 (Mansfield & Gioino, 2021). Evelyn grew up in poverty and was raised by her grandmother, who had HD symptoms (ThatHoarder, 2020-present). As a young child, her grandmother taught her never to discard items and praised her for her consequent small collections (ThatHoarder, 2020-present). Her close friend described Evelyn as kind, indecisive, and a perfectionist (Weinberg, 2021).

At her career outset, Evelyn's grandmother passed away and she moved to her mother and sister's townhouse in Queens, New York City (Moses, 2019-present). After being honoured in 2003 with a prestigious Emmy award, Evelyn sought a further breakthrough in her career (Mansfield & Gioino, 2021). Her need to achieve excellency resulted in stress that was relieved by compulsive hoarding behaviours (Moses, 2019-present). However, Evelyn's HB caused frequent arguments with her family, leading to her sister, Ellen Brown, moving out (Moses, 2019-present). According to Ellen, Evelyn had been diagnosed with HD many years earlier, but her treatment reception is unclear (The New Zealand Herald [TNZH], 2021). After Evelyn's death, one neighbour reported to *The Daily News* (TDN) that Evelyn's home many years prior had appeared normal, potentially evidencing Evelyn's recovery (Roman et al., 2021).

As an unmarried older adult, Evelyn worked tirelessly as a set director and caregiver for her mother (Moses, 2019-present). Evelyn's mother died during the initial COVID-19 outbreak (Mansfield & Gioino, 2021). Neighbours noticed Evelyn exhibiting depressive and anxiety symptoms (Roman et al., 2021). She was often absent from work, submitted artwork late, and was frequently forgetful, malnourished, and unhygienic (Moses, 2019-present). Evelyn's HD became noticeable to neighbours as her items extended to her house's exterior, accompanied by an appalling stench (Roman et al., 2021). This led to conflict with her neighbours involving the police (Moses, 2019-present).

During the pandemic, Evelyn stopped working and refused to leave her home (ThatHoarder, 2020-present). Laraine Memola, Evelyn's close friend, stated that Evelyn exhibited isolation, anxiety, and uncertainty from lockdown measures (ThatHoarder, 2020-present). Evelyn was reported missing as of September 2020, and Laraine asked the police to check her residence (O'Neill, 2021). According to Roman et al. (2021) from TDN, the police unsuccessfully searched her home twice over the next six months. Images of her home's interior

in TDN showed highly stacked dishes, garbage bags and items blocking entrances, disorganized high piles of items, impassable walkways, objects dangling from tree branches, mouldy walls, and dusty living areas. During the first police visit, numerous dogs and cats were removed from the premises (Roman et al., 2021).

On March 30, 2021, a professional cleaner Ellen hired to declutter Evelyn's home found Evelyn's decomposed body hidden beneath agglomerated items (Mansfield & Gioino, 2021). Laraine was devastated by Evelyn's sudden death, but was shocked to discover Evelyn had HD, finally understanding why she had never been invited into Evelyn's home (O'Neill, 2021). The autopsy revealed that Evelyn had died from cardiovascular disease, but apparently from a slow death, preventable had she not been trapped beneath the assemblage of items (Mansfield & Gioino, 2021; TNZH, 2021).

## Discussion

The current case report described Evelyn's tragic death during the pandemic and found several factors contributing to her HD's exacerbation, including grief over her mother's death, increased social isolation, and pandemic-associated psychological symptoms (e.g., uncertainty, helplessness, and anxiety). Three implications are explored in light of Evelyn's death: early detection, timely interventions, and enhancing social connections during the COVID-19 pandemic.

### Early Detection

Fitzpatrick (2017) and Thomas (2016) suggest that individuals first exhibit HB early (11-15 years), which may be associated with living in poverty and poor attachment bonds. Although poverty in childhood has been hypothesized as a risk factor for HB (Landau et al., 2010), it is not supported by other study findings (Landau et al., 2010; Mataix-Cols & De la Cruz, 2018). Frost and Hartl (1996) hypothesized that older adults born between the 1930s and '60s might develop HD following childhood poverty and fear of deprivation. War rationing increases item saving, as resource allocation teaches children to save items against future deprivations (Frost & Hartl, 1996). These grown children teach their offspring the same practices. Extreme circumstances, such as the COVID-19 pandemic, likely triggered Evelyn to relive her childhood poverty, fearfully remembering her grandmother's advice. Perhaps, decades later, individuals with HD may trace linkage with their childhood uncertainties during COVID-19 lockdowns.

Rajkumar (2021) applied Bowlby's attachment theory to childhood attachment disorders and older adults with HD and found that children unable to bond to parents might form undue object affixation. Evelyn's childhood maternal deprivation potentially disrupts healthy attachment bond development, causing cognitive distortions and intimate connections with possessions (Kehoe & Egan, 2019).

Stumpf et al. (2018) found that older adults with HD often experienced a traumatic life event (TLE), seeking excessive, comforting emotional attachment to possessions and inhibiting their relinquishment. Interpersonal trauma (e.g., parental deprivation and bereavement) are the

TLEs most typically reported by older HD sufferers (Stumpf et al., 2018). In Tolin's study (2011), 55% of participants who experienced natural/manmade interpersonal trauma reported relapse/worsening HD from triggering events. Evelyn was an HD recoverer, but after her mother's death and COVID-19 pandemic-related psychological distress, she reverted to HD practices.

Child Saving Inventory (CSI) (Storch et al., 2011) and Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) (Storch et al., 2011) are commonly used to detect childhood hoarding behaviour. However, these two screening tools are unable to capture the severity of children's hoarding behaviour because parents can discard their child's hoarded items (Storch et al., 2011). CY-BOCS focuses on Obsessive-Compulsive Disease (OCD), but several works demonstrate that HD-patients present symptoms differently from others with OCD; hence validity issues may result (Boerema et al., 2019; Nakao & Kanba, 2019). The dearth of childhood-HD screening tools poses a threat across lifespans since many older adults reported childhood onset, but HD is not a transient problem that can be outgrown; reluctance to address childhood issues leads to chronic adulthood problems (Storch et al., 2011).

HCPs are vital in detecting HD in older adults and should perform HD assessments (e.g., Clutter Image Rating Scale (Ryninks et al., 2019) or Saving Inventory-Revised (Ryninks et al., 2019)), identify HD risk factors (e.g., trauma experiences, attachment issues), and observe behavioural cues implicitly indicating HD symptoms (e.g., hospital bedside table clutter) (Murphy, 2014). This would facilitate prompt treatment and prevent the progression of HB in older adults.

### **Timely Interventions**

There are no specific pharmacological treatments for HD. Selective serotonin reuptake inhibitors treat individuals with comorbidities, including anxiety/depressive disorder (Murphy, 2014). Tricyclic antidepressants may reduce anxiety/depressive symptoms in patients with HD (Murphy, 2014).

Non-pharmacological therapies have been utilized to treat HD. Frost and Hartl's (1996) cognitive-behavioural model explains the influence of an individual's cognitive deficits, avoidance behaviour, irrational beliefs concerning items, and undue emotional attachment on their developed hoarding. Cognitive behavioural therapy (CBT), built on Frost and Hartl's model, is the benchmark treatment for adult HD encompassing numerous therapies (Turner et al., 2010). The combination of motivational interviewing, cognitive restructuring, exposure to disposing of possessions, and skill acquisition in categorizing, sorting, and decision-making are proven to be the most effective in addressing the aforementioned vulnerabilities (Morris et al., 2015).

The interviewing therapist listens attentively, offers reassurance and advises patients to increase their awareness of their HD; and enhances their readiness to change (Turner et al., 2010). Cognitive restructuring redirects a patient's distorted thinking regarding their possessions and offers strategies to reduce emotional distress and confront fears associated with discarding

(Turner et al., 2010), focusing on skill acquisition regarding sorting, categorizing, and decision-making while teaching patients to select items for disposal/saving and organize saved items (Fitzpatrick, 2017).

A CBT approach applies similarly to pediatrics and adults but focuses on minimizing anthropomorphism (expressed by children, attributing life to inanimate objects) and caregiver burden (Morris et al., 2015). Increased caregiver education on HD, family-oriented sessions, item disposal practices, imaginal exposures, and desirable behaviour rewarding promote pediatric HD recovery (Morris et al., 2015). Low insight, poor adherence, and denial are ingrained behaviours of those with HD which restrict the CBT approach's success (Turner et al., 2010). HD demands multimethod solutions, and Storch et al. (2011), revealed through a case that CBT plus contingency management may improve pediatric recovery and prevent HD relapse. Worden et al. (2016) similarly examined the relationship between contingency management payments and hoarding symptoms, studying patients with HD receiving CBT for 16 weeks and monthly monetary incentives for decluttering performance. Worden et al. concluded that, as an adjunct to CBT, contingency payment is cost-effective, helping individuals with HD improve responses to CBT, reduce hoarding, activate readiness to change, and gain insight into hoarding.

Three types of emotion-focused coping include self-kindness, humour, and positive reframing (Stanislawski, 2019). Self-kindness involves a caring, loving relationship with oneself, focusing on one's strengths versus deficits (Stanislawski, 2019). Gurvich et al.'s (2021) study found that humour can cultivate equanimity; however, overuse of humour may reduce a problem's seriousness and inhibit resolution (Stanislawski, 2019). Positive reframing in CBT, as cognitive restructuring, refers to optimistically re-examining negative situations, facilitating personal growth (Stanislawski, 2019). Although Ben-Zur (2020) and Stanislawski (2019) determine that emotion-focusing is a positive coping approach to dealing with small-to-large-scale disturbances, its efficacy has not apparently been empirically tested on HD patients.

Tolin et al. (2008)'s findings suggested severe hoarding symptoms positively correlate with family support absence. Chasson et al. (2014) propose using the family as a motivator to foster positive coping mechanism acquisition to alleviate stress and burden on HD caregivers, likewise reducing compassion fatigue. FAM training diminishes caregivers' self-distraction and self-blame, improving positive reframing and resilience (Chasson et al., 2014).

The aforementioned interventions hold promise in guiding the practice of HCPs and improving the development of effective care plans for older adults with HD. HCPs should also promote coping skills acquisition, monitor underlining HD symptoms, and observe HD comorbidities (e.g., depression/anxiety) to enhance older adults' quality of life.

### **Enhancing Social Connections during the COVID-19 Pandemic**

Supulveda-Loyola et al. (2020) defined social participation as any activity facilitating social mingling and fulfilling higher-level needs (e.g., social inclusion). Medard and Kellett's (2014) study found 33% of those with HD never allow visitors into their homes, and 12% lack

outside social interaction. Research suggests that social communication is instrumental in decreasing anxiety, depression, and other mental illnesses (Harandi et al., 2017). Social ties increase an individual's sense of security, love, and happiness, preventing mental illness (Kawach & Berkman, 2001).

Loneliness, anxiety, insomnia, depression, and compulsive hoarding have been recognized among older adults experiencing prolonged social isolation without intervention (Bailey et al., 2021; Perissinotto et al., 2019). COVID-19 restrictions increased social isolation and loneliness in older adults (Baker & Clark, 2020; Government of Canada, 2022; Sepulveda-Loyola et al., 2020), and Bailey et al. (2021) found that 57% of older adults reported experiencing loneliness during COVID-19, which is 14% higher than the prior to the pandemic (43%). Evelyn coped with a lack of interpersonal relations (parental loss and reduced interaction with Laraine) by hoarding (Dozier & Ayers, 2021; Rajkumar, 2021). Thus, HD entails extreme psychological adaptation to overcome social isolation, especially during pandemic restrictions (Dubey et al., 2020; Tse et al., 2021).

The COVID-19 pandemic will be short-lived, but the negative impact of social isolation on mental health, including HD, may be long-lasting. HCPs can help older adults with HD increase social connection and enhance mental health, including (a) advising older adults to maintain physical activity, eat nutritiously, and regulate sleeping, (b) supporting patients' adherence to medication regimens, and (c) ensuring patients obtain accurate/relevant information on HD and the pandemic (Rajkumar, 2021; Sepulveda-Loyola, 2020). While digital technology has been utilized to bridge physical distance and decrease social isolation during the pandemic via video calls and other social media platforms, HCPs can play a critical role in facilitating older adults to maintain social connections via digital technology and use digital technology to provide continuous health care services (Rajkumar, 2021; Sepulveda-Loyola, 2020).

### **Conclusion**

The current case report described the accidental death of Evelyn Sakash caused by the exacerbation of HD symptoms during the COVID-19 pandemic. It is hoped that the implications of this current case report will increase awareness, expand knowledge, and develop timely interventions to address challenges that individuals living with HD encounter, especially older adults during the pandemic and beyond.

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