

# Comparison of Medication Treatment versus Cognitive Behavior Therapy of Hoarding Behaviors in Obsessive-Compulsive Disorder

Christine M. Powers\* and Timothy Quigley, MPH, PA-C

*Department of Physician Assistant, College of Health Professions*

**Abstract.** Obsessive-compulsive disorder (OCD) can be difficult to treat due to patient non-compliance and treatment efficacy. This anxiety disorder presents in behaviors such as checking, washing, repeating/counting, ordering/symmetry, harming obsessions, religious/sexual obsessions, obsessional slowness, pure obsessions and hoarding. Of these behaviors, hoarding is the most difficult to treat. Hoarding is defined as the inability to throw away items that are useless. **Objective:** To determine the best possible therapy for individuals with hoarding behaviors comparing the use of psychotropic medications, cognitive behavioral therapy (CBT) or both. **Method:** An extensive evidence-based medicine (EBM) literature review was conducted using Medline, PubMed, and FirstSearch databases. Included articles were published in English between 1995 and the present. Studies were then ranked from Levels 1 through 4 based on the quality of the study design. **Results:** Of the 19 studies that met the inclusion criteria in the EBM analysis, five were used primarily as background information, one supported the use of medication along with CBT, four supported the use of CBT alone, three did not support the use of medications, one did not support the use of CBT, one did not support either the use of medications or CBT, and four were inconclusive. **Conclusion:** This analysis reveals a Level C recommendation (inadequate number of Level 1, 2 or 3 studies) for use of medications with CBT, medication treatment alone or CBT alone.

## 1. Introduction

According to the DSM-IV, obsessive-compulsive disorder (OCD) is classified as an anxiety disorder involving repeated thoughts (obsessions) and behaviors (compulsions) in which the individual feels compelled to engage in, although they are aware that these thoughts and behaviors may not be rational or appropriate. Obsessions are images, thoughts, or impulses that cause a person anxiety; and compulsions are the acts that are repeated mentally or behaviorally in response to the anxiety caused by the obsessions. If these thoughts and behaviors are stopped, the person feels great distress. [1] Treatment for OCD is obtained by medication, CBT or a combination of both. The drugs of choice for this disorder are serotonin reuptake inhibitors (SSRIs). [2] If medication is discontinued, exacerbations of the symptoms usually occur because

of the chronic characteristic of this disorder.[3] Behavioral therapy involves gradual exposure to anxiety causing stimuli and prevention from engaging in their compulsions while cognitive techniques are used to correct thought processes that contribute to OCD symptoms.[4]

OCD can present in childhood or adulthood. This disorder can also present in a variety of behaviors such as checking, washing, repeating/counting, ordering/symmetry, harming obsessions, religious/sexual obsessions, obsessional slowness, pure obsessions and hoarding.[2] Although all of these behaviors are anxiety provoking, the one that has been shown to be the most difficult to treat is hoarding. Hoarding is defined as the inability to throw away items that are useless. Brain scans have shown specific patterns in the anterior cingulate gyrus in people with hoarding disorder in OCD. Abnormalities in this area interfere with cognitive and emotional functioning. [5] The following characteristics are present in the typical hoarder:

- The compulsive hoarder obtains and is unable to discard useless or invaluable items.
- The living space of the compulsive hoarder is cluttered to the extent that normal activity cannot be allowed in that space.
- Significant distress is caused by the hoarding activity to the extent that functioning is impaired. [5]

Not only is this behavior distressing to the individual, it also causes concerns of physical safety, fire risk, sanitation, failure to seek health care, and loss of important items. [5] One reason why this aspect of OCD is so difficult to treat is because of the noncompliance to treatment that these individuals often possess. [6] Poor response to CBT and medications is known to be related with this aspect of OCD. Anxiety levels are higher in people with hoarding symptoms and because of this their ability to gain insight on treatment benefits is decreased. [7] This leads to decreased compliance to treatment. The purpose of this study is to determine the best possible therapy for

individuals with hoarding behaviors regarding the use of medications, CBT or both.

## 2. Experiment, Results, Discussion, and Significance

**Method:** The data for this study was collected by performing an evidence-based literature review. Only peer-reviewed literature was included and obtained by searching Medline, PubMed, and FirstSearch databases. The MeSH terms used in the search consisted of the following: hoarding, hoarding disorder, obsessive compulsive disorder, treatment of hoarding, and treatment of obsessive compulsive disorder. Articles for the study were chosen based on relevance of the data, study type, journal type and levels of evidence. Articles were also chosen based on how efficiently the data was linked to the hypothesis of the study. Some articles included in this literature review were used for the sole purpose of background information. All articles were required to be in English and were published between 1995 and the present. The exclusion criteria of this literature review consisted of the following: studies that did not investigate the treatment of hoarding in OCD, studies that provided no background on the topic of OCD and/or hoarding, and articles which focused primarily on the overall treatment of OCD but did not include the treatment of hoarding. **Results:** Of the studies included in the analysis, four supported the use of medication along with CBT, four supported the use of CBT alone, three did not support the use of medications, one did not support the use of CBT, one did not support either the use of medications or CBT and four were inconclusive.

**Discussion:** Of the articles used in the literature review, half were Level 1 (evidence obtained from at least one randomized controlled trial) or Level 2 (evidence obtained from one or more cohort study.). The need to include Level 3 (evidence obtained from one or more case-control study) and Level 4 (evidence obtained from case-series or expert opinion) articles was pertinent due to the lack of investigation of this particular topic. **Significance:** Based on this Evidence Based Medicine Literature Review, there is a lack of sufficient evidence as to the specific treatment of hoarding. A study needs to be conducted with a larger population to determine if treatment with medication, CBT or a combination of both would be clinically significant in the treatment of hoarding.

## 3. Conclusion

This study concludes that the data available regarding treatment of hoarding in OCD is inconclusive. More research must be performed and data obtained from Level 1 and 2 studies to search for the most effective treatment of hoarding. Because this patient population

often does not recognize the seriousness of their illness and the safety implications involved, they do not seek medical attention. For the patients who do seek medical attention for hoarding, they are often non-compliant in treatment due to only seeking medical treatment to appease family and friends who urge them to be treated. The individual and varying response to treatment of individuals with OCD involving hoarding disorder requires strict systematic study to conclude the best possible treatment in this life-altering mental illness.

## 4. Acknowledgement

I would like to thank my family and friends who supported me by showing me their love, patience and encouragement. I would also like to thank my advisor Tim Quigley for his guidance and encouragement throughout the completion of this project. Finally, I thank the staff of Wichita State University's Library in assisting me to obtain the articles needed for my Evidence Based Medicine Literature Review.

- [1]DSM-IV. (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition). American Psychiatric Association. 1994.
- [2]Neel J SV, Stewart J. Obsessive-compulsive disorder: Identification, neurobiology, and treatment. *JAOA*. February 2002;102(2):81-86.
- [3]Lenan MC ea. Psychiatric disorders in first degree relatives of children and adolescents with obsessive compulsive disorder. *J am Acad Child Adolesc Psychiatry*. 1990;29:407-412.
- [4]March JS ea. Treatment of obsessive-compulsive disorder. *J Clin Psychiatry*. 1997;58(4):1-73.
- [5]Newman B. Compulsive Hoarding: A Disease or a Sign of a Deeper Disorder? *Optometry*. September 2005;76(9):514-515.
- [6]Mataix-Cols D R-CM, Conceicao do Leckman J. A Multidimensional Model of Obsessive-Compulsive Disorder. *American Journal of Psychiatry*. February 2005;162(2):228-238.
- [7]Saxena S, Maidment KM, Vapnik T, et al. Obsessive-compulsive hoarding: symptom severity and response to multimodal treatment. *J Clin Psychiatry*. Jan 2002;63(1):21-27.