
Urgent attention to hoarding disorder among older adults in Brazil: a call for action

Atenção urgente ao transtorno de acumulação em pessoas idosas no Brasil: um chamado à ação

Atención urgente al trastorno de acumulación en personas mayores en Brasil: un llamado a la acción

1 Roberth Steven Gutiérrez-Murillo



[ORCID](#) – [Lattes](#)

Affiliation of author: 1 [Doutorando, Gerontologia Biomédica, Pontifícia Universidade Católica do Rio Grande do Sul, PUC-RS, Porto Alegre, RS, Brasil]

Chief Editor responsible for the article: Sérgio Tamai

Authors contributions according to the [Taxonomia CRediT](#): Gutiérrez-Murillo RS [1-14]

Disclosure of potential conflicts of interest: none

Funding: none

Approval Research Ethics Committee (REC): not applicable

Received on: 2025/07/18

Accepted on: 2025/09/19

Published on: 2025/09/28

How to cite: Gutiérrez-Murillo RS. Urgent attention to hoarding disorder among older adults in Brazil: a call for action. *Debates em Psiquiat.* 2025;15:1-5. <https://doi.org/10.25118/2763-9037.2025.v15.1491>

Abstract

Hoarding Disorder (HD) is a psychiatric condition that especially affects the older population, causing persistent difficulties in discarding objects, resulting in excessive accumulation and functional impairment. In Brazil, the lack of epidemiological data and specific public policies limits the recognition and appropriate treatment of HD. This issue poses individual and collective risks to health and quality of life, worsened by social isolation and comorbidities. International experiences show that intersectoral

approaches and multidisciplinary programs are effective. It is urgent to integrate HD into Brazilian geriatric health policies, including training, early diagnosis, and community interventions.

Keywords: mental health, interdisciplinary intervention, hoarding disorder, early diagnosis, gerontology.

Resumo

O Transtorno de Acumulação (TA) é uma condição psiquiátrica que afeta especialmente a população idosa, causando dificuldades persistentes para descartar objetos, resultando em acúmulo excessivo e comprometimento funcional. No Brasil, a falta de dados epidemiológicos e de políticas públicas específicas limita o reconhecimento e o tratamento adequado do TA. O problema gera riscos individuais e coletivos, saúde e qualidade de vida, agravados por isolamento social e comorbidades. Experiências internacionais mostram que abordagens intersectoriais e programas multidisciplinares são eficazes. É urgente integrar o TA nas políticas de saúde geriátrica brasileiras, com treinamento, diagnóstico precoce e intervenções comunitárias.

Palavras-chave: saúde mental, intervenção interdisciplinar, transtorno de acumulação, diagnóstico precoce, gerontologia.

Resumen

El Trastorno de Acumulación (TA) es una condición psiquiátrica que afecta especialmente a la población adulta mayor, causando dificultades persistentes para desechar objetos, lo que resulta en una acumulación excesiva y deterioro funcional. En Brasil, la falta de datos epidemiológicos y políticas públicas específicas limita el reconocimiento y el tratamiento adecuado del TA. Este problema genera riesgos individuales y colectivos para la salud y la calidad de vida, agravados por el aislamiento social y las comorbilidades. Las experiencias internacionales muestran que los enfoques intersectoriales y los programas multidisciplinares son efectivos. Es urgente integrar el TA en las políticas de salud geriátrica brasileñas, con capacitación, diagnóstico temprano e intervenciones comunitarias.

Palabras clave: Salud mental, intervención multidisciplinaria, trastorno de acumulación, diagnóstico temprano, gerontología.

Dear editors and readers of the journal **Debates em Psiquiatria**

I am writing to draw attention to an often overlooked but increasingly significant mental health issue affecting Brazil's aging population: Hoarding Disorder (HD) [1]. This condition, though recognized as a distinct psychiatric diagnosis in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), is now emerging as a serious public health concern, particularly among older adults [2].

Clinically, HD is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value, leading to accumulation that congests living spaces and impairs daily functioning. Unlike normative collecting behaviors, HD involves distress and substantial impairment in social, occupational, and personal domains. It is often associated with mood and anxiety disorders, and may coexist with cognitive decline, complicating both diagnosis and treatment [3].

International studies estimate the prevalence of HD to range between 2% and 6% of the general population, with higher rates reported among older adults [4]. In Brazil, however, systematic national data remains scarce. Small-scale studies suggest HD may be underdiagnosed and undertreated, with many older adults living in isolation, in unsafe environments, or under the radar of local healthcare systems [5]. HD has been associated with elevated risks of falls, fire hazards, poor hygiene, and hospitalizations. Cultural norms, stigma, and a lack of clinical awareness further exacerbate the condition [6 - 7].

Older adults are particularly vulnerable due to factors such as bereavement, social isolation, physical limitations, and cognitive decline. The consequences extend beyond mental health, often leading to unsafe living conditions, decreased quality of life, and strain on emergency and social support services. Underreporting and misdiagnosis further obscures its true burden.

Several countries have developed policies and programs to address HD, particularly in older adults, through integrated health and social systems [8]. In the United States, local governments have established Hoarding Task Forces involving public health, fire departments, elder services, and housing agencies, with support from federal bodies. The United Kingdom's National Health System offers community-based Cognitive Behavioral Therapy and multidisciplinary interventions through local council hoarding protocols. Australia's state programs provide psychiatric outreach and coordinate clean-up support. Similarly, counties have created intersectoral

response teams supported by the Public Health Agency of Canada, focusing on aging in place and mental health.

These international models highlight the importance of multisectoral collaboration and can inform policy development within Brazil's Unified Health System (UHS). Nonetheless, the scarcity of epidemiological data presents a significant barrier to effective policy development. Without reliable prevalence estimates, demographic profiles, or regional patterns, Brazilian health authorities lack the necessary evidence to allocate resources, design targeted interventions, or integrate HD into broader mental health and aging strategies. This data gap leads to under recognition of the disorder in public health planning and contributes to its continued neglect in clinical settings. Furthermore, the absence of standardized surveillance hinders the ability to evaluate existing services or justify the expansion of multidisciplinary care programs, delaying systemic response and increasing long-term societal costs.

Therefore, public policy must respond proactively, at least in three key-areas. First, HD should be formally recognized in geriatric care protocols across primary health units and the UHS. Second, training for community health workers and mental health professionals is essential for early identification and culturally sensitive intervention. Third, multidisciplinary outreach programs, integrating psychiatry, social work, and public housing, must be developed to address hoarding in situ, reduce stigma, and promote aging in place with dignity.

Research funding, public health surveillance, and targeted policy interventions are to be mobilized to mitigate this growing challenge within this demographic.

References

- 1. Mueller A, Mitchell JE, Crosby RD, Glaesmer H, de Zwaan M. Prevalence of hoarding disorder across the lifespan: a meta-analysis. *Depress Anxiety*. 2019;36(9):760-70.
<https://doi.org/10.1002/da.22918>
- 2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5-TR. 5th ed. Washington, DC:

American Psychiatric Publishing; 2022.

<https://doi.org/10.1176/appi.books.9780890425787>

3. Steils N, Woolham J, Manthorpe J, Martineau S, Owen J, Stevens M, Tinelli M. What do we know about hoarding behaviour and treatment approaches for older people? a thematic review. London: NIHR Policy Research Unit in Health and Social Care Workforce; 2022. <https://doi.org/10.18742/pub01-083>
4. Grover S, Gupta BM. Global research on obsessive compulsive disorder and related disorders: a scientometric assessment of global research during 2002-2021. *Asian J Psychiatr*. 2022;72:103146. <https://doi.org/10.1016/j.ajp.2022.103146> PMID:35537321
5. De Moura RR, De Castro WAC, Farinhas JH, Da Cunha GR, Pegoraro MMDO, Kmetiuk LB, Santos AP, Biondo AW. Association of hoarding case identification and animal protection programs to socioeconomic indicators in a major metropolitan area of Brazil. *Front Vet Sci*. 2022;9:872777. <https://doi.org/10.3389/fvets.2022.872777> PMID:36262530 PMCID:PMC9574217
6. Bates S, Chang WC, Hamilton CE, Chasson GS. Hoarding disorder and co-occurring medical conditions: a systematic review. *J Obsessive Compuls Relat Disord*. 2021;30:100661. <https://doi.org/10.1016/j.jocrd.2021.100661>
7. Vieira LS, Guastello A, Nguyen B, Nutley SK, Ordway A, Simpson H, Zakrzewski J, Archer C, Liu N, Gilles MEJ, Nosheny R, Weiner M, Mackin RS, Mathews CA. Identifying psychiatric and neurological comorbidities associated with hoarding disorder through network analysis. *J Psychiatr Res*. 2022;156:16-24. <https://doi.org/10.1016/j.jpsychires.2022.09.005> PMID:36183602
8. Nordsletten AE, Fernández de la Cruz L, Aluco E, Alonso P, López-Solà C, Menchón JM, Nakao T, Kuwano M, Yamada S, Fontenelle LF, Campos-Lima AL, Mataix-Cols D. A transcultural study of hoarding disorder: Insights from the United Kingdom, Spain, Japan, and Brazil. *Transcult Psychiatry*. 2018;55(2):261-85. <https://doi.org/10.1177/1363461518759203> PMID:29508639