UNDERSTANDING YOUR DIAGNOSIS

Hoarding

Also called Hoarding Disorder

It feels impossible to let things go, and the piles have taken over rooms you used to be able to use.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 40 adults	In the teens, grows with age	Yes - skills therapy helps	Millions of US adults

What this is

- Hoarding disorder is a recognized medical condition. It is not laziness and it is not simply being messy.
- The hard part is letting go, not getting more. Throwing something out can feel like losing part of yourself.
- Collecting is organized and has limits. Hoarding fills the rooms you need for cooking, sleeping, or washing.
- Your things may hold memories, plans, or a sense of safety. That is real, and good treatment respects it.

What it can look and feel like

- Throwing something out brings a wave of dread, guilt, or the sense that you are wasting something useful.
- Piles have spread so the kitchen, bed, bathtub, or hallway cannot be used the way they were meant to be.
- You move items from one pile to another, over and over, but rarely finish deciding about any of them.
- You keep bringing more in - bargains, free items, papers, or things you might need again some day.
- You avoid having anyone over, and you dread a landlord, an inspector, or a relative seeing inside.
- Arguments with family about the clutter have become constant, and they never seem to change anything.
- It is getting harder to move around safely, find what you need, or keep the place clean and pest-free.

What is happening in your brain and body

- Deciding about your own belongings lights up brain areas tied to conflict and gut feeling far more than usual.
- Those same areas stay quiet when the item belongs to someone else, so the difficulty is specific to your things.
- Sorting, categorizing, and holding your attention are harder in hoarding, which makes the work genuinely slow.
- Keeping something switches off the distress right away, so your brain learns to keep. That loop grows stronger.
- Hoarding tends to get heavier each decade if nothing changes, so starting sooner is easier than starting later.

What can make it more likely

- It runs in families. About half of people with hoarding have a close relative with the same struggle.
- Loss, going without, or being let down by people often comes first and can deepen attachment to objects.
- Trouble with attention and low mood make sorting much harder, and both are common alongside hoarding.
- A brain injury or a memory illness can bring hoarding on later in life, so a medical check is worth doing.

What to expect

- This is slow, steady work. Most people improve, but the goal is progress and safety, not a perfect home.
- **Around 7 in 10** people improve with the right therapy, which usually runs **20 or more sessions**.
- Forced clean-outs feel like a violation and the clutter comes back. Skills last; a clean-out does not.
- Early wins are usually safety wins: clear exits, a stove you can use, and a path to the bathroom.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy for hoarding** is the best-supported treatment, often with visits at your home.
- You learn sorting and decision-making as real skills, practiced with your therapist, not just talked about.
- You practice not acquiring - going to a store or a sale on purpose and coming home without buying anything.
- Therapy works on beliefs like I might need this some day, or throwing it away would be wasteful.
- **Buried in Treasures** peer-led workshops work well and cost far less than one-to-one therapy.

Medicines

- No medicine is approved just for hoarding, so therapy leads the way and medicine plays a supporting role.
- **SSRI antidepressants** and venlafaxine give modest help for some people. Your prescriber decides the dose.
- Treating depression, anxiety, or attention problems makes the slow sorting work far more doable for you.
- **Stimulant medicines** may help with focus and follow-through when attention problems are also present.
- Expect medicine to take the edge off rather than clear the house. The therapy skills do that part.

Everyday things that help

- Start with one small, visible area - a chair, a walking path, a single shelf - not the whole room at once.
- Use a timer. Twenty minutes of sorting most days beats one exhausting weekend push that you dread.
- Set a rule for what comes in the door: nothing new arrives until something similar goes out.
- Take photos of items that hold memories. Many people find the memory was the part they needed to keep.
- Ask a helper to sit with you while you sort. Their job is company and pace, not deciding for you.

Get help right away if

- If life stops feeling worth living, call or text **988** (Suicide and Crisis Lifeline) right away.
- Get help now if exits are blocked, the stove cannot be used, or you are falling in your own home.
- Call your doctor if pests, mold, or waste in the home are making you or anyone else sick.

Questions to ask your care team

- *Do you do home visits, or can you connect me with someone who does?*
- *What is a realistic goal for my home over the next six months?*
- *How can my family help without threatening to throw my things away?*
- *Is there a Buried in Treasures workshop near me or online?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.