

HOARDING DISORDER: HOLD YOUR HORSES! A NEURODIVERGENT AND SOCIALLY MEDIATED CONDITION REQUIRING RETHINK AND REFORM

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SUMMARY

Background: Hoarding disorder (HD) is increasingly recognized as a distinct, multifactorial condition. Recent findings in neuroimaging, psychopathology, compulsive acquisition, suicidality, stigma, and social context call for a redefinition of HD beyond its traditional association with obsessive-compulsive disorder.

Subjects and methods: This narrative review synthesizes recent clinical, neurobiological, and sociocultural literature, including latent class analysis and resting-state fMRI studies, exploring cognitive dysfunction, comorbidities, suicidality, stigma, and environmental context.

Results: HD is characterized by impaired executive functioning, frequently comorbid with ADHD and compulsive buying-shopping disorder. Subtype profiles identified through latent class analysis reveal complex multisymptomatic presentations. High rates of suicidality, social exclusion, and stigma - especially among individuals hoarding purchased items - suggest a need for a broader clinical and public health framework.

Conclusions: HD should be conceptualized within a neurodivergent and socially mediated model. Treatment and policy should address neurocognitive deficits, emotional regulation, social determinants, and stigma through interdisciplinary and person-centered interventions.

Key words: Hoarding disorder; compulsive acquisition; ADHD; stigma; suicidality; executive function

Abbreviations: HD: Hoarding Disorder; ADHD: Attention-Deficit/Hyperactivity Disorder; CBSD: Compulsive Buying-Shopping Disorder; IFG: Inferior Frontal Gyrus; DLPFC: Dorsolateral Prefrontal Cortex; fMRI: Functional Magnetic Resonance Imaging

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INTRODUCTION

Hoarding disorder (HD) is characterized by persistent difficulty discarding possessions, regardless of their actual value, accompanied by distress and significant functional impairment due to clutter (American Psychiatric Association 2013). Recognized as a distinct clinical entity in the DSM-5 and ICD-11, HD affects approximately 2.5% of the general population (Tolin et al. 2019). Despite this, it remains underdiagnosed and poorly understood, often perceived as a behavioral eccentricity or a subtype of obsessive-compulsive disorder (OCD).

Recent advances have challenged this view, pointing to distinct neurobiological correlates, high comorbidity with attention-deficit/hyperactivity disorder (ADHD) and compulsive buying-shopping disorder (CBSD), and significant social stigma. This paper reviews key findings from recent literature - spanning neuroimaging, suicidality, sociocultural context, compulsive acquisition, latent class profiles, and community-level studies - and advocates for a redefinition of HD within a neurodivergent and socially embedded framework.

SUBJECTS AND METHODS

A narrative review methodology was employed, focusing on empirical studies published between 2012 and 2025 that address the clinical, cognitive, neuro-

biological, and social dimensions of HD. Special emphasis was placed on recent work involving neuroimaging, latent class analysis, and stigma research. Sources were identified through targeted searches of PubMed, Scopus, and reference lists, with a preference for peer-reviewed studies addressing HD comorbid with ADHD, CBSD, or suicidality.

RESULTS

Neurobiology and Executive Dysfunction

Resting-state fMRI studies show hypoactivity in the right inferior frontal gyrus (IFG) and disrupted connectivity with the dorsolateral prefrontal cortex (DLPFC) in individuals with HD, particularly those with ADHD (Tomiya et al. 2025). This supports earlier task-based findings implicating the anterior cingulate cortex, insula, and orbitofrontal cortex (Tolin et al. 2012; Hough et al. 2016). Together, these studies suggest widespread deficits in cognitive control networks.

Compulsive Acquisition and CBSD

In a recent study, 82% of individuals with CBSD and HD hoarded predominantly purchased items, suggesting a compulsive acquisition subtype (Varvaras et al. 2025). Cluster analyses reveal overlapping traits between hoarding and CBSD, including avoidance,

perfectionism, and emotional dysregulation (Schlegl et al. 2025). These traits are often intensified by material identity attachment and consumer culture influences.

Suicidality

Suicidality is a significant concern in HD populations. Nearly half of participants in one study reported passive suicidal ideation, while over a quarter experienced active ideation and 13% had attempted suicide (Gil-Hernández et al. 2025). These figures exceed general psychiatric populations and underscore the need for integrated mental health screening.

Social Ecology and Stigma

HD is associated with elevated perceived stigma, rejection, and professional bias (Chasson et al. 2018; Larkin et al. 2025). Community-level studies show greater exposure to neighborhood disorder and social exclusion (Williams et al. 2025), contributing to delayed help-seeking and treatment resistance.

Latent Class Profiles

Latent class analyses have identified HD subtypes based on symptom clustering and comorbidities. Nutley et al. (2025) reported that individuals with multisymptomatic profiles (e.g., hoarding plus anxiety, depression, and cognitive impairments) had worse functional outcomes and greater resistance to treatment.

DISCUSSION

The reviewed literature reveals that HD is best understood as a complex, multidimensional disorder with both neurocognitive and sociocultural determinants. Neuroimaging highlights disruptions in executive functioning, while behavioral analyses underscore the overlap with CBS and ADHD. The high prevalence of suicidality, especially in individuals with severe clutter and shame, necessitates urgent clinical attention.

Social context is critical to the lived experience of HD. Stigma, environmental stressors, and lack of awareness contribute to chronicity and exclusion. Moreover, latent class findings support moving beyond a categorical diagnosis toward a dimensional, personalized care model. Subtyping could inform treatment, resource allocation, and policy planning.

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CONCLUSION

Hoarding disorder is not merely an issue of excessive clutter but a serious psychiatric condition rooted in cognitive dysfunction, emotional regulation challenges, and socio-environmental adversity. It requires an interdisciplinary approach that addresses individual neurodevelopmental needs, community stigma, and public health infrastructure. Future research should explore longitudinal trajectories, personalized interventions, and systemic supports to reduce the burden of HD on individuals and society.

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