

# Hoarding disorder and co-occurring mental health conditions: A systematic review

## Systematic Review Protocol

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### **Review question**

What other mental health conditions does Hoarding Disorder (HD) co-occur with?

### **Searches**

The following databases will be searched as part of this review: Pubmed Central, PsychINFO, Web of Science and CINAHL Ultimate. Searches will be conducted for papers published in English since 2014.

### **Search Terms:**

The only search term we are going to use will be hoard\*.

This is to ensure our search is as robust as possible and we do not miss relevant articles on the topic. This is a possibility if, for example, the authors of the study refer to the mental health condition with its actual name only (e.g., body dysmorphic disorder) but do not mention "mental health condition/disorder" anywhere in the title, abstract or first lines of the paper.

### **Types of study to be included**

Only quantitative studies will be included within this review. Mixed methods studies, where quantitative data can be extracted, will also be used.

### **Inclusion criteria:**

- 1) Studies were published in English in a peer-reviewed journal in or after 2014;
- 2) The sample of people who hoard/compulsive hoarders had been identified either through them having received a formal diagnosis of HD or through at least a single measure of hoarding disorder symptoms (e.g., using standardised psychometric measure(s) and/or a diagnostic clinical interview such as the Hoarding Disorder Rating Scale, Tolin et al., 2010; Savings Inventory-Revised, Frost et al., 2004);
- 3) The participants in the study are adults, aged 18+;
- 4) Participants' mental health was measured either via a validated screening tool (i.e., GAD 7; Spitzer et al., 2006) or a diagnostic instrument (either ICD-11, World Health Organization, 2021 or DSM-V, American Psychiatric Association, 2013, or earlier versions of these).

### **Exclusion criteria:**

- 1) The study was published before 2014;
- 2) The study is qualitative;
- 3) The study is not a case study (N=1), a review study, a conference proceeding, a book chapter or a report.
- 4) The study was published in any other language other than English;
- 5) The sample of people who hoard/compulsive hoarders was identified either through self-report or the report of someone else;
- 6) The participants in the study are children or adolescents, aged 0-17.
- 7) Participants' mental health was identified either through self-report or the report of someone else;

### **Condition or domain being studied**

According to ICD-11, hoarding disorder is characterised by accumulation of possessions that results in living spaces becoming cluttered to the point that their use or safety is compromised. Accumulation occurs due to both repetitive urges or behaviours related to amassing items and difficulty discarding possessions due to a perceived need to save items and distress associated with discarding them. If living areas are uncluttered this is only due to the intervention of third parties (e.g., family members, cleaners, authorities). Amassment may be passive (e.g., accumulation of incoming flyers or mail) or active (e.g., excessive acquisition of free, purchased, or stolen items). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

For the purpose of this review, we will use the ICD-11 classification of mental health conditions.

### **Participants/population**

1. The participants in the studies are adults, aged 18+;
2. The sample of people who hoard/compulsive hoarders was identified either through them having received a formal diagnosis of HD or through at least a single measure of hoarding disorder symptoms (e.g., using standardised psychometric measure(s) and/or a diagnostic clinical interview such as the Hoarding Disorder Rating Scale, Tolin et al., 2010; Savings Inventory-Revised, Frost et al., 2004);
3. Participants' mental health was measured either via a validated screening tool (i.e., GAD 7; Spitzer et al., 2006) or a diagnostic instrument (either ICD-11, World Health Organization, 2021 or DSM-V, American Psychiatric Association, 2013, or earlier versions of these).

### **Intervention(s), exposure(s)**

The present review does not evaluate intervention(s).

### **Comparator(s)/control**

Comparison groups are not required for inclusion, but if relevant, studies will involve a comparison of a 'hoarding disorder' group to one or more other groups (e.g., general population, clinical non-hoarders).

### **Main outcome(s)**

To identify which mental health conditions HD co-occurs with.

### **Additional outcome(s)**

Additionally, if such information is available, to comment on the risk factors/clinical correlates that might co-occur with both HD and the respective mental health condition(s).

### **Data extraction (selection and coding)**

First lines, titles and abstracts identified across the database searches will be exported using EndNote software. The total number found will be recorded and duplicates will be removed. The first author (SD) will review the remaining titles and abstracts against the inclusion and exclusion criteria.

The full text of those articles which meet the inclusion criteria will be examined again to ensure they meet all predefined inclusion criteria, while non-eligible studies will be excluded, recording the reasons why. A second researcher will review 50% of the full text papers that have been selected and any discrepancies regarding inclusion will be discussed and resolved. Finally, the results of the search will be presented in a PRISMA flowchart.

A data extraction table will be developed, based on the Cochrane template (Chandler et al., 2015). It will include:

- General study information: authors; title; year of publication.
- Methods: study design; location; sample size; measurements used.
- Type of analysis.
- Main findings of each study.

### **Risk of bias (quality) assessment**

Two reviewers will independently assess the quality of the included studies using a quality assessment rating tool, appropriate for the study design. For example, for observational cohort and cross-sectional studies we are going to use the Quality Assessment Tools of the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH) for Observational Cohort and Cross-sectional Studies (NHLBI, 2017). We will consider a study scored  $\geq 7$  indicative of good quality and a low risk of bias, while studies awarded  $\leq 4$  points will be considered of low quality and will be excluded from the review. Any disagreement between the two raters will be resolved by consensus, and if necessary, the other two authors (IR and SH) will be consulted.

### **Strategy for data synthesis**

Due to the expected heterogeneity between the studies, a narrative synthesis approach will be used. Data from individual studies will be presented visually in tables, including a table of descriptive data and a table of results. Narrative synthesis will then be used to report the overall findings and explore the similarities and differences between the individual studies. The quality assessment tool will be used to assess the relevance of each study to the review question and its rigour.

### **Analysis of subgroups or subsets**

None planned.

### **Contact details for further information**

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### **Type and method of review**

Narrative synthesis, Systematic review

### **Anticipated or actual start date**

25 March 2024

### **Anticipated completion date**

25 February 2025

### **Funding sources/sponsors**

University of East Anglia

### **Conflicts of interest**

### **Language**

English

**Country**

England

**Stage of review**

Review has not been started

**Subject index terms status**

Subject indexing assigned by CRD

**Subject index terms**

Humans; Mental Health; Hoarding

**Stage of review at time of this submission**

<b>Stage</b>	<b>Started</b>
Preliminary searches	No
Piloting of the study selection process	No
Formal screening of search results against eligibility criteria	No
Data extraction	No
Risk of bias (quality) assessment	No
Data analysis	No